



FOCUS ON YOUR RECOVERY, NOT YOUR FINANCES.

**Flexible Choice Cancer and
Heart Attack & Stroke insurance.**

Together, all the way.®



Insured by Loyal American Life Insurance Company.

Flexible Choice helps add financial protection

Everyone wants to live a happy, healthy life. But cancer, a heart attack or stroke can happen at any time. Having a heart attack or stroke or being diagnosed with cancer can quickly cause financial problems. That's why it pays to plan ahead.

What our base policy offers

- › Flexible lump-sum benefits from \$5,000 to \$75,000 to use any way you like
- › Cash payment can be paid directly to you or to anyone you choose
- › Coverage for you, your spouse and/or your family
- › Issue ages from 18–99
- › Guaranteed renewable for life¹
- › Not affected by any other insurance you may have

Your money, your choice. You decide how to use it.

Once you have received a lump-sum payment, you can use this money to pay for your out-of-pocket expenses, including medical costs that may not be covered by medical insurance, and living expenses.²

- › Deductibles/coinsurance
- › Prescription drugs
- › Rehabilitation
- › Extended hospital stays
- › Experimental therapy
- › Mortgage payments
- › Child care
- › Ride shares
- › Unexpected expense



Meet Elizabeth

Elizabeth is a teacher at a local elementary school. During a regular self-exam, she felt something on her breast and scheduled an appointment with her health care provider. She was diagnosed with breast cancer. Three years before her diagnosis, Elizabeth purchased a \$25,000 Flexible Choice Cancer policy which paid her 100% of her \$25,000 selected benefit amount to help pay her expenses as she received treatment.

With her benefits, Elizabeth was able to hire a nanny to watch her daughter and help around the house while she was recovering from her treatments. She used the rest of her benefits to pay her medical insurance deductible and some household expenses. This support let Elizabeth focus more on her recovery and less on how she was going to pay her bills.

Presented for illustration only.



Cancer insurance

A Cancer insurance policy can help pay for treatment costs or any other expenses. So you can focus on your recovery – instead of your financial situation.

Your Cancer policy

A Flexible Choice Cancer insurance policy pays 100% of your selected benefit amount, from \$5,000 to \$75,000, if you are diagnosed with cancer or carcinoma in situ while your policy is in force.

You can use this money to help pay out-of-pocket medical expenses or for any other purpose.

Please refer to page four for qualifying event definitions and exclusions and limitations.

While private insurance takes care of many of the costs associated with cancer, patient out-of-pocket costs are nearly \$4 billion per year.³

Heart Attack & Stroke insurance

The costs associated with an unexpected heart attack, stroke or other heart-related surgery can be overwhelming. A Heart Attack & Stroke policy can help you spend less time worrying about money and more time working on your recovery.

Your Heart Attack & Stroke policy

With our Flexible Choice Heart Attack & Stroke insurance policy, you can receive a percentage of your selected benefit amount (\$5,000 to \$75,000) if you receive a diagnosis for one of the qualifying events shown. Benefits can be paid up to the maximum amount of your selected benefit amount.

For example, if you selected a \$20,000 benefit amount and needed aortic surgery, you would receive 25% of your maximum benefit amount, or \$5,000. If you then suffered a stroke, you would receive 100% of the remaining balance of your benefit amount, or \$15,000.

Please refer to page four for qualifying event definitions and exclusions and limitations.

Qualifying events	% of benefit amount payable for each event	Max. % of benefit amount payable
Heart attack	100%	100%
Heart transplant	100%	
Stroke	100%	
Coronary artery bypass surgery ⁴	25%	
Aortic surgery ⁴	25%	
Heart valve replacement/repair ⁴	25%	
Angioplasty ⁴	10%	
Stent ⁴	10%	

Exclusions, limitations and reductions

Limited Benefit Lump Sum Cancer Coverage

If you happen to be diagnosed within the first 30 days following the effective date of the policy and/or rider, the benefit amount payable will be reduced to 10% of the selected benefit amount, and your coverage will be terminated. (Not applicable on Cancer Recurrence Benefit Rider and Radiation and Chemotherapy Benefit Rider.)

In addition to any benefit-specific conditions, limitations or exclusions, no benefits will be payable under the policy and/or rider for:

1. Any disease, sickness or incapacity other than cancer as defined;
2. Loss that begins prior to the policy and/or rider effective date, subject to the time limit on certain defenses provision; or
3. Any illness specifically excluded from the definition of cancer or carcinoma in situ.

Preexisting condition(s): The benefits of the policy and/or rider will not be payable during the first 12 months that coverage is in force with respect to an insured person for any loss caused by preexisting condition(s) subject to the time limit on certain defenses provision. This 12-month period is measured from the policy and/or rider effective date for each insured person. Preexisting condition means a condition/conditions diagnosed or for which medical advice or treatment was recommended by or received from a physician within the six months prior to the policy and/or rider effective date.

While not an exhaustive list, the following premalignant conditions or conditions with malignant potential are not to be construed as cancer in interpreting the policy and/or rider: premalignant lesions (such as intraepithelial neoplasia); benign tumors or polyps; any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).

The term carcinoma in situ does not include: Other skin malignancies; premalignant lesions (such as intraepithelial neoplasia); or benign tumors or polyps.

Limited Benefit Lump Sum Heart and Stroke Coverage

If the date of diagnosis for two or more qualifying events is the same day, we will pay the larger of the qualifying event benefits diagnosed on that day. If you have two or more surgical treatments at the same time (through a common incision or entry point are considered one operation), we will pay the larger of the qualifying event benefits performed at the same time.

In addition to any benefit-specific conditions, limitations or exclusions, no benefits will be payable under this policy and/or rider for:

1. Any disease, sickness or incapacity other than qualifying events as defined;
2. Loss that begins prior to the policy and/or rider effective date, subject to the time limit on certain defenses provision;

3. A qualifying event diagnosed during the waiting period;
4. Intentionally self-inflicted injury, suicide or any attempt;
5. Loss sustained or contracted in consequence of the insured's being intoxicated, or under the influence of any narcotic unless administered on the advice of a physician; or
6. Any illness specifically excluded from the definition of qualifying events listed in the policy and/or rider.

Waiting period: The policy and riders have a 30-day waiting period. Waiting period means the first 30 days following an insured person's policy and/or rider effective date. No benefits will be paid for a qualifying event that is diagnosed during the waiting period.

Preexisting condition(s): The benefits of the policy and/or rider will not be payable during the first 12 months that coverage is in force with respect to an insured person for any loss caused by preexisting condition(s). This 12-month period is measured from the policy and/or rider effective date for each insured person. Preexisting condition means a condition diagnosed or for which medical advice or treatment was recommended by or received from a physician within the six months prior to the policy and/or rider effective date.

The definition of heart attack excludes the following conditions: Congestive heart failure, atherosclerotic heart disease, an EKG change consistent with transient ischemic change, angina, chance finding of EKG changes suggestive of a previous heart attack, coronary artery disease or any other dysfunction of the cardiovascular system, or death of the heart muscle coincident with death of an insured person from other causes.

The definition of stroke excludes the following conditions: Transient ischemic attacks, attacks of vertebrobasilar ischemia, head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits, as well as an acute cerebral vascular accident persisting for less than 30 days.

Termination of an insured person's coverage

Coverage under the Limited Benefit Lump Sum Cancer Coverage will terminate on the earliest of: The date premiums are not received when due, subject to the grace period provision; the date you specify in your written request for termination; the date an insured person dies; the date the reduced cancer diagnosis benefit is paid during the first 30 days immediately following the policy effective date; or the date the cancer diagnosis benefit amount is paid.

Coverage under the Limited Benefit Lump Sum Heart and Stroke Coverage will terminate on the earliest of: The date premiums are not received when due, subject to the grace period provision; the date you specify in your written request for termination; the date an insured person dies; the date a qualifying event is diagnosed within the waiting period; or the date the maximum percentage of the heart and stroke diagnosis benefit amount is paid for an insured.



1. Subject to the company's right to increase premiums on a class basis.
2. Benefits received in excess of medical expenses may be considered taxable income. Consult your tax advisor.
3. American Cancer Society. The Costs of Cancer, April 2017.
4. Payable only once in an insured person's lifetime.
5. Based on the amount you selected at the time of application.
6. Diagnosis must be made within the United States.
7. Subject to the company's right to raise premiums on a class basis.

Loyal American Life Insurance Company, PO Box 5700, Scranton, PA, 18505. Loyal American Life Insurance Company is a proud member of the Cigna family of companies.

THE LUMP SUM CANCER POLICY IS A CANCER ONLY POLICY. THESE POLICIES PAY LIMITED BENEFITS ONLY. THEY DO NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

This brochure is designed as a marketing aid and is not to be construed as a contract for Limited Benefit Lump Sum Cancer Coverage or Limited Benefit Lump Sum Heart and Stroke Coverage. The full terms and conditions of coverage are stated in, and governed by, an issued policy. The brochure provides a brief description of the important features of policy form series LY-LSC-BA and LY-LSH-BA. This is a solicitation for insurance. An insurance agent/producer may contact you.

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