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Employee-Paid

ACCIDENTAL INJURY INSURANCE

SUMMARY OF BENEFITS

Prepared for: Pla-Fit Franchise, LLC

Accidental Injury coverage provides a fixed cash benefit according to the schedule below when a Covered Person suffers certain Injuries or undergoes a broad range of medical treatments or care resulting from a Covered Accident. *See State Variations (marked by *) below.*

Who Can Elect Coverage:

Eligibility for You, Your Spouse/Domestic Partner and Your Children will be considered by Your employer.
You: All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 30 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens or non-United States citizens legally working and living in the United States (Inpats) and their Spouse/Domestic Partner and Dependent Children who are United States citizens or permanent resident aliens or Spouse/Domestic Partner or Dependent Child Inpats and who are legally residing in the United States.
You will be eligible immediately.
Your Spouse/Domestic Partner: Up to age 100, as long as you apply for and are approved for coverage yourself.
Your Child(ren): Birth to age 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

Available Coverage: This Accidental Injury plan provides 24 hour coverage.
The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred and are paid on a per day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

Benefit Percentage Amount (unless otherwise indicated)	Employee	Employee and Spouse/Domestic Partner	Children
	100% of benefits shown	100% of benefits shown	100% of benefits shown

Initial & Emergency Care	Plan
Emergency Care Treatment	$200
Physician Office Visit (includes urgent care)	$100
Diagnostic Exam (x-ray or lab)	$75
Ground or Water Ambulance/Air Ambulance	$400/$1,600
Hospitalization Benefits	**Plan**
Hospital Admission	$1,000
Hospital Stay	$200
Intensive Care Unit Stay	$400
Fractures and Dislocations	**Plan**
Per covered surgically-repaired fracture	$200-$8,000
Per covered non-surgically-repaired fracture	$100-$4,000
Chip Fracture (percent of fracture benefit)	25%
Per covered surgically-repaired dislocation	$200-$6,000
Per covered non-surgically-repaired dislocation	$100-$3,000
Follow-Up Care	**Plan**
Follow-up Physician (or medical professional) Office Visit	$75
Follow-up Physical Therapy Visit	$50

Enhanced Accident Benefits	Plan
Examples:	
Small Lacerations (Less than or equal to 6 inches long and requires 2 or more sutures)	$100
Large Lacerations (more than 6 inches long and requires 2 or more sutures)	$600
Concussion	$150
Coma (lasting 7 days with no response)	$10,000

Additional Accidental Injury benefits included - See certificate for details, including limitations & exclusions. Virtual Care accepted for Initial Physician Office Visit and Follow-Up Care.

Accidental Death and Dismemberment Benefit	Plan
Examples of benefits include (but are not limited to) payment for death from Automobile accident; total and permanent loss of speech or hearing in both ears. Actual benefit amount paid depends on the type of Covered Loss. The Spouse and Child benefit is 100% and 100% respective of the benefit shown.	Loss of Life: $50,000 - $100,000 Dismemberment: $2,000 - $30,000

Sports Accident Benefit	Plan
Organized and Personal Sports Activity Limited to 10 per year	25% of the qualified benefit

Portability Feature: You, your spouse/domestic partner, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Only available to United States Citizens, Permanent Resident Aliens and non-United States Citizens working in the United States lawfully (Inpats) while residing in the United States.

Employee's Cost of Coverage:

Tier	Monthly	Bi-weekly	Weekly
Employee	$ 6.74	$ 3.11	$ 1.56
Employee and Spouse/Domestic Partner	$ 12.03	$ 5.55	$ 2.78
Employee and Child(ren)	$ 15.46	$ 7.14	$ 3.57
Employee and Family	$ 20.76	$ 9.58	$ 4.79

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

Important Definitions and Policy Provisions:

Coverage Type: Benefits are paid when a covered injury results, directly and independently of all other causes, from a Covered Accident.
Covered Accident: A sudden, unforeseeable event that results directly and independently of all other causes, in a Covered Injury or Covered Loss and occurs while the Covered Person is insured under this Policy; is not contributed to by disease, sickness, mental or bodily infirmity; and is not otherwise excluded under the terms of this Policy.
Covered Injury: Any bodily harm that results directly and independently of all other causes from a Covered Accident.
Covered Person: An eligible person who is enrolled for coverage under this Policy.
Covered Loss: A loss that is one of the Covered Conditions suffered by the Covered Person within the applicable time period described in the Policy.
Hospital: An institution that is operating as a hospital pursuant to applicable law; primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of medical doctors; provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); and has medical, diagnostic and treatment facilities with major surgical facilities on its premises, or available to it on a prearranged basis, and charges for its services. The term Hospital does not include a clinic, facility, or unit of a Hospital for: rehabilitation, convalescent, custodial, educational, or nursing care; the aged, treatment of drug or alcohol addiction.
When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, or the first of the month following the date your completed enrollment form is received unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date. Coverage for all Covered Persons will not begin on the effective date if hospital, facility or home confined, disabled or receiving disability benefits or unable to perform activities of daily living.
When your coverage ends: Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)
30 Day Right To Examine Certificate: If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

Benefit Conditions and Limitations: This document provides only the highlights. All claims for a covered loss must meet specific Benefit Conditions and Limitations and are otherwise subject to all other terms set forth in the group policy.

Common Exclusions:* In addition to any benefit specific exclusions, no payments will be made for losses which directly or indirectly, is caused by or results from: • intentionally self-inflicted injury, including suicide or any attempted suicide; • committing a felony; • bungee jumping; parachuting; skydiving; parasailing; hang-gliding; • declared or undeclared war or act of war; • aircraft or air travel, except as a commercial passenger or Aircraft used by the Air Mobility Command (unless owned, leased or controlled by policy holder/subscriber); • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment, except bacterial infection from an accidental external cut or wound or accidental ingestion of contaminated food; • activities of active military duty, except Reserve or National Guard active duty training lasting 31 days or less; • operating any vehicle under the influence of alcohol or any drug, narcotic or other intoxicant; • voluntary use of drugs, unless taken as prescribed and under direction of a physician; • services or treatment rendered by a physician, nurse or any other person who is: employed by the subscriber, living with or immediate family of the Covered Person, or providing alternative medical treatments. Actual policy terms may vary depending on your plan design and location.

Specific Benefit Exclusions & Limitations: *

Emergency Care Treatment: Treatment must occur within 30 days of the Covered Accident. Limits: payable once per Covered Accident, per Covered Person; Excludes: treatment provided by an immediate family member, clinic, or doctor's office. **Physician Office Visit:** Must be diagnosed and treated by a Physician within 90 days of the Covered Accident. Limits: payable once per Covered Accident, per Covered Person; not payable if a Covered Person is eligible to receive a benefit under Emergency Treatment. Excludes: routine health examinations or immunizations for Covered Persons aged 60 and older, visits for Mental or Nervous Disorders, and visits by a surgeon while Confined to a Hospital. **Diagnostic Exam:** payable once per Covered Accident, per Covered Person; Treatment must occur within 90 days of the Covered Accident. **Ground or Water Ambulance/Air Ambulance:** Services must be provided from the scene of the Covered Accident or within 90 days of Covered Accident. Limits: payable once per Covered Accident, per Covered Person; only one benefit will be paid ground or water/air, whichever is greater. **Hospital Admission:** Inpatient must occur within 90 days of the Covered Accident due to such accident. Limits:payable once per Covered Accident; Excludes: treatment in an emergency room, provided on an Outpatient basis, or for re-admission for the same Covered Accident. **Hospital Stay per day:** Must be admitted for at least 23 hours or admitted inpatient and confined within 90 days of the Covered Accident. Limits: 365 days per Covered Accident; not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 180 days for the same or a related Covered Accident are considered one Stay. **Intensive Care Unit Stay per day:** Must be admitted for at least 23 hours or admitted inpatient and confined within 90 days of the Covered Accident. Limits: 365days per Covered Accident, not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 90 days for the same or a related Covered Accident are considered one Stay. **Fracture/Dislocation:** If more than fracture, only one benefit will be paid, whichever is the greater amount. Chip fracture not paid in addition to closed fracture. Limits: Both fractures and dislocations are limited to 1 per accident. Must be diagnosed and treated by a physician within 90 days of the Covered Accident. **Follow-up Physician Office Visit:** Limits:10 follow up visit(s) for each Covered Person per Covered Accident for follow up physician office visits; limit 1 Covered Accident per month for a Covered Person. Must be examined, treated or prescribed by physician. First examination or treatment must be provided within 90 days of the Covered Accident. Subsequent follow up treatment must be completed within 365 days of the Covered Accident. Follow Up Office Visit can include treatment by providers that are appropriately licensed professionals practicing chiropractic care, speech therapy, occupational therapy, vocational therapy, respiratory therapy, and mental health treatment associated with traumatic Covered Accidents. **Follow-up Physical Therapy Visit:** Limits:10follow up visit(s) for each Covered Person per Covered Accident for follow up physical therapy visits; limit 1 Covered Accident per month for a Covered Person. Must be examined, treated or prescribed by physician. First examination or treatment must be provided within 120 days of the Covered Accident. Subsequent follow up treatment must be completed within 365 days of the Covered Accident. **Large Lacerations:** Treatment by Physician must be received within 90 days of the Covered Accident. Limits: payable 1 time per Covered Person, Per Covered Accident; Multiple lacerations pay a maximum of 2 times the benefit. **Concussion:** Must be diagnosed by a physician within 90 days of the Covered Accident. Limits: payable 1 time per Covered Accident. **Coma:** Limits: payable 1 time per Covered Accident. Must be unconscious for 7 days or more with no response to external stimuli and requiring artificial respiratory or life support. Excludes: medically induced coma. **Accidental Death and Dismemberment Rider:** To receive benefits, the death or loss must occur within 365 days of the covered accident. The exclusions that apply to this benefit are in the Common Exclusions Section. If a Covered Person dies as a result of an automobile accident other loss of life benefits will not be paid. If the driver, he/she must hold a current and valid driver's license. If total and permanent loss of speech or hearing in both ears is payable, no benefits will be paid under the dismemberment benefit and total benefits will not exceed the loss of life death benefit. This is not a complete list. See certificate for complete details, including limitations and exclusions that apply to this benefit. **Sports Accident Benefit:** This coverage is payable if a Covered Person sustains a Covered Injury resulting directly and independently of all other causes from a covered Organized Sports Activity or covered Personal Sports Activity. **Organized Sports Activity:** A scholastic or amateur athletic competition or supervised organized practice for competition that takes place on a regularly occurring and scheduled basis. The competition must be overseen by a legal entity, including but not limited to, a public and private school system, sports conference, municipality, or religious or charitable organization and requires formal registration to participate. The term Organized Sports Activity does not include: play such as pick-up games and spontaneous play; coaching or officiating for pay; personal or trained workouts; participation in any sport or sporting activity for wage, compensation or profit; and racing any type of vehicle in an organized event. **Personal Sports Activity:** Any sport or physical activity with the goal to improve physical fitness and wellness, not meant for competition. Personal Sports Activity does not include: coaching or officiating for pay, participation in any sport or sporting activity for wage, compensation or profit; and racing any type of vehicle in an organized event.

***State Variations**

Spouse definition includes civil union partners in New Hampshire and Vermont, but excludes civil union partners for Idaho residents. **Specific Benefit Exclusions and Limitations:** The timeframe to obtain services following a covered accident is extended in NM, VT and WA, the exclusion for Physician Office Visit does not apply to residents of ID. For residents of TX Emergency Care exclusion is limited to treatment provided by an Immediate Family Member and does not apply to a licensed dentist. **Hospital/ICU Stay** requires a 31-day minimum for Idaho residents. See your Certificate for detail. For residents of NH Hospital/ICU stays within 180 days for the same or a related Covered Accident are considered one Stay. Common Exclusions may vary for residents of AK, ID, LA, MN, NC, NM, SC, SD, VT and WA. The coverage effective date will not be deferred for residents of TX if receiving chemotherapy or radiation treatment and deferring due to disability or ADLS only applies to the Spouse. For residents of ID the effective date won't be deferred due to ability to perform ADLs. Ground or Water Ambulance/Air Ambulance benefits may differ for residents of CT. **Portability** in TX and VT is referred to as Continuation due to loss of eligibility. VT residents are not subject to the age limit to continue coverage. Portability conditions may differ for residents of AK, AR, CT, FL, ID, LA, ME, MD, MS, NH, NC, ND, SC, TX, VT, WA, and WI. **Physician Office Visit** will always be available to residents of AK, VT, and WA. Emergency Care Treatment, Diagnostic Exam, and Ambulance benefit(s) will always be available to residents of VT and WA. **Hospital Stay/Intensive Care Unit Stay** benefit(s) will always be available to residents of VT. **Hospital Stay/Intensive Care Unit Stay** additional benefits may be available to resident of ID and NH. **Covered Accident** definition differs for residents of AR, ID, NM, VT and WA. Benefits may not be available or may be limited to residents of NM. Covered Injury definition differs for residents of NM. Covered Loss definition differs for residents of NM, VT. Hospital definition differs for residents of NH and VT. **Accidental Death and Dismemberment:** Benefit a minimum benefit of $1,000 for Loss of Finger or Loss of Toe will be available for residents of NH. Sports Benefit is not available to residents of WA.

Series 1.0

Terms and conditions of coverage for Accidental Insurance are set forth in Group Policy No. AI112512. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Please see your Plan Sponsor to obtain a copy of the Group Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability, benefits, riders, covered conditions and/or features may vary by state. Please keep this material as a reference.

THIS POLICY PAYS LIMITED BENEFITS ONLY. IT IS NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DOES NOT COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

Product availability may vary by location and plan type and is subject to change. All group insurance policies may contain exclusions, limitations, reduction in benefits, and terms under which the policy may be continued in force or discontinued. An appeal of an adverse benefit determination before Cigna shall be a condition precedent to any legal or equitable action seeking the enforcement of rights under the Policy or plan, or any other remedies relating directly or indirectly to the claim under the Policy or plan. For costs and details of coverage, review your plan documents. Policies are distributed exclusively by or through operating subsidiaries of Cigna Corporation and are administered and insured by Cigna Health and Life Insurance Company (Bloomfield, CT). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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