AutoNation Critical Illness Frequently Asked Questions

1. **What is Critical Illness insurance?**
   Cigna Critical Illness insurance pays you (or whoever you designate) a fixed, lump-sum cash benefit for a diagnosis (after the coverage effective date) of a covered Critical Illness or specified event like a heart attack or stroke. It can help you pay for expenses such as travel, room and board, transportation, child care or treatment options not covered by traditional insurance. What you do with the money is up to you.

2. **What conditions are covered under the Critical Illness plan?**
   The Benefit Summary will provide a full listing of covered Conditions and Illnesses. However, some examples include: Cancer, Heart Attack, Stroke, Coronary Artery Disease, Crohn's Disease, Severe Sepsis, Advanced Obesity, Benign Brain Tumor, Pulmonary Embolism, Multiple Sclerosis, Parkinson's, Alzheimer's, Loss of Hearing, Loss of Speech, Blindness, Cerebral Palsy and Cystic Fibrosis, to name a few.

3. **If I was previously diagnosed with cancer, will a Cancer benefit ever be paid again?**
   Yes. If you are diagnosed with a new cancer, this will be covered as long as the diagnosis occurs after your coverage effective date with Cigna. If you are diagnosed with the same cancer as before (after your coverage effective date), this may be covered as long as you have completed your physician recommended treatment and the physician confirms there is no evidence of active primary malignant disease. Maintenance medications are not considered treatment.

4. **If I am enrolled in the Voluntary Critical Illness plan and I am diagnosed with Cancer, can I receive coverage under both the AutoNation company-paid Cancer Insurance plan AND the Critical Illness Plan?**
   Yes. You will only need to file a claim under the Critical Illness Insurance plan for a cancer diagnosis and Cigna will automatically pay your company-paid Cancer Insurance plan benefits if your claim is approved. You won't even need to file a separate claim.

5. **Can I cover my spouse or dependents?**
   Yes. If you purchase coverage, you can buy coverage for your spouse and/or eligible dependent children, up to age 26.

6. **Are there limitations on how to use the money received?**
   No. There are no restrictions on what you do with money you receive. Benefits are paid directly to you and can be used however you see fit. For example, it can help you pay for expenses such as rehabilitation, transportation, child care, rent or groceries. What you do with the money is up to you.

7. **Is my Critical Illness policy compatible with a Health Savings Account (HSA)?**
   Yes. Critical Illness policies are compatible with any Flexible Spending Plan (FSA) or Health Savings Account (HSA). The money in a FSA or HSA can only be spent on out-of-pocket medical expenses. Any benefits you receive from the Critical Illness Plan do not coordinate with and are not reduced by your HSA money or health insurance benefits and you can use your Critical Illness Plan benefits in any way you want or need.

8. **Do I need to have medical insurance in order to purchase this plan?**
   No. You do not need to be enrolled in major medical insurance to purchase this plan.

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9. **Can I enroll in these plans after the enrollment period has ended?**
   No. You can only enroll during your annual open enrollment period unless you have a qualifying life event or are a new hire within your eligibility period.

10. **How does the Wellness Benefit work?**
    The additional wellness benefit adds long-term value to your Critical Illness plan by paying a $50 benefit to a covered person who receives a Wellness Screening, Health Screening, or Preventive Care Exam. This benefit pays out once per covered person, per calendar year.

11. **Will I be covered if I'm outside of the United States when I'm diagnosed with a Critical Illness?**
    Yes. Benefits under this plan are not limited to Covered Critical Illnesses within the United States. Eligibility and Standard exclusions still apply, and are listed out in your benefit summary or policy. When submitting a claim, we do require that the medical records be provided by the claimant and be sent in English.

12. **What happens to my coverage if I leave AutoNation?**
    Your plan is portable. If you leave AutoNation, you will be able to continue your coverage on your own. Once Cigna receives a termination indicator, Cigna will send a letter to your home with the option of continuing coverage on a direct bill basis. Benefits and rates will remain the same as the inforce master policy. However, your premium may change if you move to the next age band.

13. **How do I file a claim?**
    Claims should be reported as soon as possible. Claims can be reported by one of the following methods.
    - Online: Visit **SuppHealthClaims.com**
    - Phone: Call **800.754.3207,** Monday–Friday, 8:00 am–8:00 pm ET, to speak to one of our dedicated customer service representatives
    - Download a claim form from **SuppHealthClaims.com** and submit via:
      - Fax: Send completed documents to **866.304.3001**
      - Email: Send scanned, completed documents to **SuppHealthClaims@Cigna.com**
      - Mail: Send completed documents to:
        Supplemental Health Solutions
        P.O. Box 188028
        Chattanooga, TN 37422

14. **When should I file a claim?**
    You should report a claim to Cigna as soon as possible. Typically, claims should be reported within 31 days, however, claims must be reported no later than 15 months from the date of diagnosis.

15. **What information will I need to file my claim**?
    Please have the following information handy:
    - Personal information: name, date of birth, social security number and email address
    - Illness information: date of diagnosis, Doctor's names and hospital information (name, address and phone number of each doctor or hospital you're using for this illness)

16. **What happens after I file my claim?**
    Within 10 business days of receiving your claim submission, a designated claim advocate will review the information received to determine its eligibility. If he/she has any questions or if additional information is needed, he/she will contact the person who submitted the claim, the beneficiary or the provider to obtain the additional information required. Note: Cigna will make three attempts to obtain medical documentation. If a response is not received by the third attempt, the claim will be closed and reopened if information is received at a future date.

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17. **How am I notified of the decision and/or paid?**
    If the claim is approved, you will receive your check, along with an explanation of benefits (EOB) or an approval letter advising you of the decision. If the claim is denied, you'll receive an EOB or a letter explaining why the claim was denied, along with instructions on how to appeal the denial. Benefits are paid directly to you* for a covered critical illness, accidental injury or hospitalization.**

18. **Who will receive the benefit?**
    Benefits may be paid directly to you or anyone you designate, such as a hospital, upon assignment.

19. **How do I contact Customer Service if I have any additional questions?**
    For questions, or to check on the status of your claim, call 800.754.3207 from 8:00 am to 8:00 pm (EST).

* Benefits may be paid directly to anyone the covered employee designates, such as a hospital, upon assignment.

**The term "Hospital" does not include a clinic, facility, or unit of a Hospital for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug or alcohol addiction; or (3) a facility primarily or solely providing psychiatric services to mentally ill patients.

THESE POLICIES PAY LIMITED BENEFITS ONLY. THEY ARE NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DO NOT COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMIUM 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. For costs and details of coverage, contact your Cigna representative.