



Offered by Life Insurance Company of North America, a Cigna company

Employee-Paid

ACCIDENTAL INJURY INSURANCE

SUMMARY OF BENEFITS

Prepared for: Zovio Inc.

Accidental Injury coverage provides a benefit according to the schedule below when a Covered Person suffers Covered 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:

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 and their Spouse and Dependent Children who are United States citizens or permanent resident aliens and who are residing in the United States.

First of month after 30 days from date of hire or Active Service.

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 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

Available Coverage: This Accidental Injury plan provides off the job only coverage.

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred. 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.

Initial & Emergency Care	Plan 1	Plan 2
Ground Ambulance/Air Ambulance	\$200/\$750	\$300/\$1,000
Emergency Care Treatment	\$50	\$100
Diagnostic Exam (x-ray or lab)	\$10	\$50
Physician Office Visit	\$50	\$100
Hospitalization Benefits	Plan 1	Plan 2
Hospital Admission	\$500	\$1,000
Hospital Stay (per day)	\$100	\$200
Intensive Care Unit Stay (per day)	\$200	\$400
Fractures and Dislocations	Plan 1	Plan 2
Per covered surgically-repaired fracture	\$100-\$6,000	\$200-\$10,000
Per covered non-surgically-repaired fracture	\$50-\$3,000	\$100-\$5,000
Chip Fracture (percent of fracture benefit)	25%	25%
Per covered surgically-repaired dislocation	\$100-\$6,000	\$200-\$6,000
Per covered non-surgically-repaired dislocation	\$50-\$3,000	\$100-\$3,000
Follow-Up Care	Plan 1	Plan 2
Follow-up visit to the doctor	\$50	\$75
Follow-up physical therapy visits	\$25	\$25
<i>Plus up to 22 additional benefits - See certificate for details, including limitations and exclusions.</i>		
Wellness, Health Screening Test, or Preventive Care Benefit*	Plan 1	Plan 2
Examples include (but are not limited to) routine gynecological exams, general health exams, mammography, and certain blood tests.	\$50 once per person, per calendar year	\$50 once per person, per calendar year

NOTE: This insurance is NOT a substitute for comprehensive or major medical insurance coverage.

Available Coverage — continued

Accidental Death and Dismemberment Rider: Pays benefits for Accidental Death and Dismemberment. Examples of benefits include (but are not limited to) payment for death from Automobile accident or total and permanent loss of speech or hearing in both ears. Actual benefit amount paid depends on the type of Covered Loss. To receive benefits, the death or loss must occur within 365 days of the covered accident.

Benefit — Specific Conditions, Exclusions, Limitations & Reductions

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 than 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. Benefit Amounts for the Covered Person's will reduce to 50% at age 70, but child benefits if applicable, will not reduce. This is not a complete list. See certificate for complete details, including limitations and exclusions that apply to this benefit.

Portability Feature: You, your spouse, 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. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

Bi-Weekly Cost of Coverage:

Tier	Plan 1	Plan 2
Employee	\$3.44	\$6.34
Employee and spouse	\$5.10	\$9.55
Employee and child(ren)	\$6.51	\$12.20
Family	\$8.31	\$15.42

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, external 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 the result, directly and independently of other causes, from a Covered Accident suffered by the Covered Person within the applicable time period described in the Policy.

Hospital: An institution that is licensed 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; or the aged, drug addicts or alcoholics.

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. 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 an assault or 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 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; and • injuries that occur during the course of any employment for pay, benefit or profit. Actual policy terms may vary depending on your plan design and location.

Specific Benefit Exclusions & Limitations:*

Ground 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; limit 1 benefit per month; only one benefit will be paid ground/air, whichever is greater.

Emergency Care Treatment: Treatment must occur within 30 days of the Covered Accident. **Limits:** payable once per Covered Accident, per Covered Person; limit 1 Covered Accidents per month. **Excludes:** treatment provided by an Immediate family member, clinic, or doctor's office. **Diagnostic Exam:** payable once per Covered Accident, per Covered Person; Treatment must occur within 90 days of the Covered Accident. **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 Age 60 and older, visits for Mental or Nervous Disorders, and visits by a surgeon while Confined to a Hospital. **Hospital Admission:** Inpatient admission must occur within 90 days of the Covered Accident due to such accident; **Limits:** payable once per Covered Accident; limit 1 benefit per month. **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; 1 benefit per month; 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. **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:** 365 days per Covered Accident, 1 benefit per month; 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 one 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 visit to the doctor/Follow-up physical therapy visits: **Limits:** 10 benefits for each Covered Person per Covered Accident for both visits to the doctor and also physical therapy visits; limit 1 Covered Accident per month for a Covered Person. Must be examined, treated or prescribed by physician. Examination or treatment must be provided within 90 days and 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. **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. **Concussion:** Must be diagnosed by a physician within 90 days of the Covered Accident. **Limits:** payable 1 time per Covered Accident. **Wellness, Health Screen Test and Preventive Care Benefit:** **Limit:** 1 health screening per year per Covered Person.

*State Variations

Spouse definition includes civil union partners in New Hampshire and Vermont. **Specific Benefit Exclusions and Limitations** The timeframe to obtain services following a covered accident is extended in SD and WA. **Common Exclusions** may vary for residents of MN, SC, SD, and WA. See your Certificate for detail. **Wellness, Health Screen Test and Preventive Care Benefit** is not available to residents of NH and ND. **Portability** in VT is referred to as Continuation due to loss of eligibility. VT residents are not subject to the age limit to continue coverage.

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

Series 1.1/1.2

Terms and conditions of coverage for Accidental Injury insurance are set forth in Group Policy No. AI 961072. This is not intended as a complete description of the insurance coverage offered. Please see your Plan Sponsor to obtain a copy of the Policy. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability, costs, benefits, riders, covered conditions and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form GAI-00-1000.00. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192

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