

# Be prepared for what happens next

## An Aetna Critical Illness Plan can help

**“Surviving a heart attack was tough, but it didn’t deplete my savings.”**

Nobody is prepared for a heart attack or ready to receive a diagnosis of a serious illness. An Aetna Critical Illness Plan pays benefits to help keep you afloat financially so you can focus on recovery. Rates begin at **\$5.56 per month for employee only coverage**. And if you buy coverage for yourself, you can buy coverage for your family.

### Ben’s story\*

“I exercise regularly and take pretty good care of my health, but my family has a history of heart disease. So, when the critical illness plan was offered at work last year, I figured it would be smart to sign up.

And good thing I did. This summer I was out jogging with my dog and had a heart attack. I’m expected to make a full recovery, but man — those bills! My out-of-pocket medical costs:

**\$5,600**

The cash paid directly to me covered my medical deductible. And it helped pay my mortgage and other bills while I was getting treatment. Not worrying so much about money let me focus on recovery. And the claims process was so simple — right on Aetna’s website.”

\*Here’s an example sharing some common things covered by the 20K plan option. But check out the benefit summary for more details. It shows what the plan covers, including exclusions and limitations that apply.

### Ben’s critical illness benefits

Health screening	<b>\$100</b>
Heart attack	<b>\$20,000</b>



**\$20,100**

**Ben’s total benefits from the \$20K plan**

**aetna®**

# Highlights of the Aetna Critical Illness Plan

The Aetna Critical Illness plan pays benefits when you are diagnosed with a critical illness and other conditions/illnesses. Rates are based on your current age but will increase as you move into a higher age-band. Rates are also based on your tobacco usage. If you enroll your eligible dependents, their available benefits will be based on **50%** of your available benefits. Below are some of the available benefits. For more details, including exclusions and limitations that apply, review your benefit summary.

Insured	Plan 1 -10K Face Amount	Plan 2 - 20K Face Amount	Plan 3 - 30K Face Amount
Employee	\$10,000	\$20,000	\$30,000
Spouse <i>(50% of employee's face amount)</i>	\$5,000	\$10,000	\$15,000
Child(ren) <i>(50% of employee's face amount)</i>	\$5,000	\$10,000	\$15,000

Aetna Critical Illness Plan	Benefits related to a critical illness
Heart attack (myocardial infarction)	Covered at 100% of face amount
Stroke	Covered at 100% of face amount
Coronary artery condition requiring bypass surgery	Covered at 25% of face amount
Major organ failure	Covered at 100% of face amount
End stage renal failure	Covered at 100% of face amount
Subsequent critical illness benefit (Diagnosis of a different Critical Illness)*	Covered at 100% of face amount
Recurrent critical illness benefit (Diagnosis of the same Critical Illness)*	Covered at 100% of face amount

\*Subsequent and recurrence benefits are paid if diagnosis is at least 180 days after initial diagnosis.

## Get rewarded for taking better care of your health

**Health screening benefit** – Pays a benefit of **\$100** annually per member for all covered members of the Critical Illness plan for specific preventive health screening tests. See complete listing in your benefit summary.

## **We make it simple**

If you're eligible to enroll and apply for coverage, your acceptance is guaranteed. We don't ask you any questions about your health. Cash benefits are paid directly to you and are not reduced by other insurance benefits you may have. And there's more:

- You get access to negotiated group rates.
- You'll enjoy the convenience of payroll deduction to pay premiums.
- If you leave your company, you can take your plan with you.

## **Questions? Need assistance?**

For more information, call us at 800-607-3366 with questions.

## **Filing a claim couldn't be easier**

After you become a member, you can review your benefits and file claims on our member portal at [myaetnasupplemental.com](https://myaetnasupplemental.com). If you're an Aetna medical plan member, you don't typically need to provide medical paperwork to process a claim. Not an Aetna medical plan member? No problem. Just fill out the online form and upload your medical paperwork.

**THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.**

This plan provides limited benefits. It pays fixed dollar benefits for covered services without regard to the health care provider's actual charges. The benefits payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have.

This material is for information only. Insurance plans contain exclusions and limitations. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features, rates, eligibility and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to [aetna.com](http://aetna.com).

**Critical Illness Policy form numbers issued in Oklahoma include:** GR-96843, GR-96844.

**Critical Illness Policy form numbers issued in Idaho include:** GR-96843.

**Critical Illness Policy form numbers issued in Missouri include:** GR-96844 01.

**Critical Illness: Exclusions and Limitations**

This plan has exclusions and limitations. Refer to the actual booklet certificate and schedule of benefits to determine which services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, the plan may contain exceptions to this list based on state mandates or the plan design purchased.

Exclusions: Benefits under the Policy will not be payable for any critical illness [, cancer (invasive), carcinoma in situ or skin cancer] that is diagnosed or for which care was received outside the United States and its territories, or for any loss caused in whole or in part by or resulting in whole or part from the following:

Suicide or attempt at suicide, intentional self-inflicted injury or sickness, any attempt at intentional self-inflicted injury, injury caused by a self-inflicted act or sickness, while sane or insane; except when resulting from a diagnosed disorder in the most current version of the Diagnostic and Statistical Manual (DSM)

Being under the influence of a stimulant (such as amphetamines or pitrates), depressant, hallucinogen, narcotic or any other drug intoxicant, including those prescribed by a physician that are misused by the insured person; except when resulting from a diagnosed disorder in the most current version of the DSM

Engaging in an assault, felony, illegal occupation or other criminal act

Any act of war, whether declared or not, or voluntary participation in a riot, rebellion or civil insurrection [This exclusion does not apply to the posttraumatic stress disorder (PTSD) benefit]

Limitation: We will not pay any benefits for a pre-existing condition until the insured person's coverage has been in force under this certificate for 365 days. Pre-existing condition means those conditions for which medical advice, diagnosis or care was received or recommended within the 365 day period before the insured person's effective date of coverage.

Clear Creek ISD 2019





# RATE SHEET

*Rates shown are based on monthly deductions. Your payroll deductions will be taken after taxes are taken.*



## Critical Illness Plan\*

*You may enroll in one option only.*

### Non-Tobacco

#### Employee Face Amount: \$10,000

#### Employee Face Amount: \$20,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family	Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<20	\$3.08	\$6.42	\$3.08	\$6.42	<20	\$3.36	\$6.90	\$3.36	\$6.90
20-24	\$3.22	\$6.64	\$3.22	\$6.64	20-24	\$3.60	\$7.32	\$3.60	\$7.32
25-29	\$3.40	\$6.96	\$3.40	\$6.96	25-29	\$3.98	\$8.00	\$3.98	\$8.00
30-34	\$3.70	\$7.50	\$3.70	\$7.50	30-34	\$4.58	\$9.08	\$4.58	\$9.08
35-39	\$4.20	\$8.38	\$4.20	\$8.38	35-39	\$5.56	\$10.82	\$5.56	\$10.82
40-44	\$4.94	\$9.80	\$4.94	\$9.80	40-44	\$7.06	\$13.64	\$7.06	\$13.64
45-49	\$6.16	\$12.06	\$6.16	\$12.06	45-49	\$9.50	\$18.18	\$9.50	\$18.18
50-54	\$8.06	\$15.54	\$8.06	\$15.54	50-54	\$13.28	\$25.16	\$13.28	\$25.16
55-59	\$11.04	\$20.74	\$11.04	\$20.74	55-59	\$19.26	\$35.54	\$19.26	\$35.54
60-64	\$15.76	\$28.12	\$15.76	\$28.12	60-64	\$28.68	\$50.30	\$28.68	\$50.30
65-69	\$22.54	\$37.74	\$22.54	\$37.74	65-69	\$42.24	\$69.54	\$42.24	\$69.54
70+	\$30.56	\$48.76	\$30.56	\$48.76	70+	\$58.28	\$91.58	\$58.28	\$91.58

Employee Face Amount: \$30,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<20	\$3.62	\$7.38	\$3.62	\$7.38
20-24	\$4.00	\$8.02	\$4.00	\$8.02
25-29	\$4.54	\$9.02	\$4.54	\$9.02
30-34	\$5.46	\$10.64	\$5.46	\$10.64
35-39	\$6.92	\$13.26	\$6.92	\$13.26
40-44	\$9.18	\$17.50	\$9.18	\$17.50
45-49	\$12.84	\$24.28	\$12.84	\$24.28
50-54	\$18.52	\$34.76	\$18.52	\$34.76
55-59	\$27.46	\$50.34	\$27.46	\$50.34
60-64	\$41.62	\$72.50	\$41.62	\$72.50
65-69	\$61.96	\$101.34	\$61.96	\$101.34
70+	\$86.02	\$134.40	\$86.02	\$134.40

*\*Rates are based on your (the subscriber's) current age.*

Tobacco

Employee Face Amount: \$10,000

Employee Face Amount: \$20,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family	Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<20	\$3.26	\$6.74	\$3.26	\$6.74	<20	\$3.72	\$7.56	\$3.72	\$7.56
20-24	\$3.48	\$7.10	\$3.48	\$7.10	20-24	\$4.14	\$8.28	\$4.14	\$8.28
25-29	\$3.80	\$7.66	\$3.80	\$7.66	25-29	\$4.76	\$9.40	\$4.76	\$9.40
30-34	\$4.32	\$8.58	\$4.32	\$8.58	30-34	\$5.80	\$11.22	\$5.80	\$11.22
35-39	\$5.12	\$10.06	\$5.12	\$10.06	35-39	\$7.42	\$14.16	\$7.42	\$14.16
40-44	\$6.40	\$12.44	\$6.40	\$12.44	40-44	\$9.96	\$18.92	\$9.96	\$18.92
45-49	\$8.44	\$16.24	\$8.44	\$16.24	45-49	\$14.06	\$26.56	\$14.06	\$26.56
50-54	\$11.64	\$22.12	\$11.64	\$22.12	50-54	\$20.46	\$38.32	\$20.46	\$38.32
55-59	\$16.66	\$30.88	\$16.66	\$30.88	55-59	\$30.50	\$55.82	\$30.50	\$55.82
60-64	\$24.60	\$43.32	\$24.60	\$43.32	60-64	\$46.40	\$80.70	\$46.40	\$80.70
65-69	\$36.04	\$59.52	\$36.04	\$59.52	65-69	\$69.26	\$113.10	\$69.26	\$113.10
70+	\$49.54	\$78.10	\$49.54	\$78.10	70+	\$96.26	\$150.24	\$96.26	\$150.24

Employee Face Amount: \$30,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<20	\$4.16	\$8.36	\$4.16	\$8.36
20-24	\$4.80	\$9.44	\$4.80	\$9.44
25-29	\$5.72	\$11.12	\$5.72	\$11.12
30-34	\$7.28	\$13.86	\$7.28	\$13.86
35-39	\$9.74	\$18.28	\$9.74	\$18.28
40-44	\$13.54	\$25.42	\$13.54	\$25.42
45-49	\$19.68	\$36.86	\$19.68	\$36.86
50-54	\$29.26	\$54.50	\$29.26	\$54.50
55-59	\$44.34	\$80.76	\$44.34	\$80.76
60-64	\$68.18	\$118.08	\$68.18	\$118.08
65-69	\$102.46	\$166.68	\$102.46	\$166.68
70+	\$142.98	\$222.40	\$142.98	\$222.40

*\*Rates are based on your (the subscriber's) current age.*

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**THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE ARE A SUPPLEMENT TO HEALTH INSURANCE AND NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.**

Plans are underwritten by **Aetna Life Insurance Company (Aetna)**. Insurance plans contain exclusions and limitations. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Policies may not be available in all states, and rates and benefits may vary by location. Supplemental health plans provide limited benefits. The benefit payments are not intended to cover the full cost of medical care. Providers are independent contractors and are not agents of Aetna. This material is for information only and is not an offer or invitation to contract. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

**Financial Sanctions Exclusions Clause:** If coverage provided by this policy violates or will violate any US economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the United States, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit <http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

**Policy forms issued in Oklahoma and Idaho include:** GR-96843 and/or GR-96844.



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# Non-Discrimination Notice

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call 1-888-772-9682.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512  
1-800-648-7817, TTY: 711, Fax: 859-425-3379, [CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

## Availability of Language Assistance Services

TTY: 711

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For language assistance in your language call 1-888-772-9682 at no cost. (English)

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Para obtener asistencia lingüística en su idioma, llame sin cargo al 1-888-772-9682. (Spanish)

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欲取得以您的語言提供的語言協助，請撥打1-888-772-9682，無需付費。(Chinese)

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Pour une assistance linguistique dans votre langue, appeler le 1-888-772-9682 sans frais. (French)

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Para sa tulong sa inyong wika, tumawag sa 1-888-772-9682 nang walang bayad. (Tagalog)

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Hilfe oder Informationen in deutscher Sprache erhalten Sie kostenlos unter der Nummer 1-888-772-9682. (German)

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للمساعدة اللغوية بلغتك الرجاء الاتصال على الرقم المجاني 1-888-772-9682. (Arabic)

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Pou jwenn asistans nan lang pa w, rele nimewo 1-888-772-9682 gratis. (French Creole)

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Per ricevere assistenza nella sua lingua, può chiamare gratuitamente il numero 1-888-772-9682. (Italian)

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日本語で援助をご希望の方は 1-888-772-9682 (フリーダイヤル) までお電話ください。 (Japanese)

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본인의 언어로 통역 서비스를 받고 싶으시면 비용 부담 없이 1-888-772-9682번으로 전화해 주십시오. (Korean)

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برای راهنمایی به زبان شما با شماره 1-888-772-9682 بدون هیچ هزینه ای تماس بگیرید. (Persian)

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Aby uzyskać pomoc w swoim języku, zadzwoń bezpłatnie pod numer 1-888-772-9682. (Polish)

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Para obter assistência no seu idioma, ligue gratuitamente para o 1-888-772-9682. (Portuguese)

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Чтобы получить помощь с переводом на ваш язык, позвоните по бесплатному номеру 1-888-772-9682. (Russian)

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Để được hỗ trợ ngôn ngữ bằng ngôn ngữ của bạn, hãy gọi miễn phí đến số 1-888-772-9682. (Vietnamese)

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