

## Highlights of the Aetna Critical Illness Plan

The Aetna Critical Illness plan pays benefits when you are diagnosed with a critical illness, including cancer and other conditions/illnesses. Rates are based on your current age but will increase as you move into a higher age-band. Eligible dependents' available benefits are based on 100% 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	Low 10K Plan Face Amount	Medium 20K Plan Face Amount	High 30K Plan Face Amount
<b>Employee, Spouse, Dependent Child(ren)</b>	\$10,000	\$20,000	\$30,000

Aetna Critical Illness Plan: <i>Childhood Critical Illness Benefits*</i>	Low 10K Plan Face Amount	Medium 20K Plan Face Amount	High 30K Plan Face Amount	Benefit Paid
<b>Cerebral Palsy</b>	\$5,000	\$10,000	\$15,000	50% of face amount
<b>Cleft Lip or Cleft Palate</b>	\$5,000	\$10,000	\$15,000	50% of face amount
<b>Cystic Fibrosis</b>	\$5,000	\$10,000	\$15,000	50% of face amount
<b>Down Syndrome</b>	\$5,000	\$10,000	\$15,000	50% of face amount
<b>Spina Bifida</b>	\$5,000	\$10,000	\$15,000	50% of face amount

*\*Benefits are only available to covered dependent children diagnosed after coverage effective date.*

Aetna Critical Illness Plan: <i>Cancer Benefits</i>	Low 10K Plan Face Amount	Medium 20K Plan Face Amount	High 30K Plan Face Amount	Benefit Paid
<b>Cancer (Invasive)</b>	\$10,000	\$20,000	\$30,000	100% of face amount
<b>Carcinoma in Situ (non-invasive)</b>	\$2,500	\$5,000	\$7,500	25% of face amount
<b>Skin Cancer (paid once per lifetime)</b>	\$1,000	\$1,000	\$1,000	Lum sum paid once per lifetime
<b>Recurrence Cancer* (invasive)</b>	\$10,000	\$20,000	\$30,000	100% of face amount
<b>Recurrence carcinoma in situ diagnosis**</b>	\$2,500	\$5,000	\$7,500	25% of face amount (100% of Carcinoma in Situ benefit)

*\*All recurrent critical illness and cancer diagnosis must occur after 180 treatment-free days in order for benefit to be paid.*

*\*\*If an insured person is initially diagnosed with and received a benefit for carcinoma in situ (non-invasive) under this plan, and is then diagnosed with any kind of carcinoma in situ (non-invasive) again at least 180 days later, Aetna will pay the stated percentage of the carcinoma in situ (non-invasive) as shown on the Schedule of Benefits for the carcinoma in situ (non-invasive) diagnosed.*

## More Highlights of the Aetna Critical Illness Plan

Aetna Critical Illness Plan	Low 10K Plan Face Amount	Medium 20K Plan Face Amount	High 30K Plan Face Amount	Benefit Paid
Heart Attack (Myocardial Infarction) or Stroke	\$10,000	\$20,000	\$30,000	100% of face amount
Major Organ or End-Stage Renal Failure	\$10,000	\$20,000	\$30,000	100% of face amount
Benign Brain Tumor	\$10,000	\$20,000	\$30,000	100% of face amount
Third Degree Burns	\$10,000	\$20,000	\$30,000	100% of face amount
Coma	\$10,000	\$20,000	\$30,000	100% of face amount
Loss of Hearing / Sight / Speech	\$10,000	\$20,000	\$30,000	100% of face amount
Paralysis	\$10,000	\$20,000	\$30,000	100% of face amount
Coronary Artery Condition Requiring Bypass Surgery	\$2,500	\$5,000	\$7,500	25% of face amount
Alzheimer's Disease, Parkinson's Disease, Lupus	\$2,500	\$5,000	\$7,500	25% of face amount
Muscular Dystrophy or Multiple Sclerosis (MS)	\$2,500	\$5,000	\$7,500	25% of face amount
Subsequent* Critical Illness Diagnosis Benefit	\$10,000	\$20,000	\$30,000	100% of face amount
Recurrence* Critical Illness Diagnosis Benefit	\$10,000	\$20,000	\$30,000	100% of face amount

*\*All subsequent and recurrent critical illness and cancer diagnosis must occur after 180 treatment-free days in order for benefit to be paid.*

## Get rewarded for taking better care of your health

Health screening benefit – The Aetna Critical Illness Plan pays a \$50 annual benefit to each covered member who completes 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

## Filing a claim couldn't be easier

After you become a member, you can review your benefits and file claims on our portal at [myaetnasupplemental.com](http://myaetnasupplemental.com). Or download the **My Aetna Supplemental** app to your smartphone or tablet, create an account and you can access your benefits and file claims right in the palm of your hand.

### **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 Plan 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:

1. 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);
2. 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;
3. Engaging in an assault, felony, illegal occupation or other criminal act;
4. Any act of war, whether declared or not, or voluntary participation in a riot, rebellion or civil insurrection.

## 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 1-800-607-3366. 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 1-800-607-3366 at no cost. (English)

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Para obtener asistencia lingüística en su idioma, llame sin cargo al 1-800-607-3366. (Spanish)

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欲取得以您的語言提供的語言協助，請撥打1-800-607-3366，無需付費。(Chinese)

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Pour une assistance linguistique dans votre langue, appeler le 1-800-607-3366 sans frais. (French)

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Para sa tulong sa inyong wika, tumawag sa 1-800-607-3366 nang walang bayad. (Tagalog)

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Hilfe oder Informationen in deutscher Sprache erhalten Sie kostenlos unter der Nummer 1-800-607-3366. (German)

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1-800-607-3366. (Arabic) للمساعدة اللغوية بلغتك الرجاء الاتصال على الرقم المجاني

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Pou jwenn asistans nan lang pa w, rele nimewo 1-800-607-3366 gratis. (French Creole)

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Per ricevere assistenza nella sua lingua, può chiamare gratuitamente il numero 1-800-607-3366. (Italian)

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日本語で援助をご希望の方は1-800-607-3366 (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 1-800-607-3366번으로 전화해 주십시오. (Korean)

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برای راهنمایی به زبان شما با شماره 1-800-607-3366 بدون هیچ هزینه ای تماس بگیرید. (Persian)

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Aby uzyskać pomoc w swoim języku, zadzwoń bezpłatnie pod numer 1-800-607-3366. (Polish)

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Para obter assistência no seu idioma, ligue gratuitamente para o 1-800-607-3366. (Portuguese)

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Чтобы получить помощь с переводом на ваш язык, позвоните по бесплатному номеру 1-800-607-3366. (Russian)

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Để được hỗ trợ ngôn ngữ bằng ngôn ngữ của bạn, hãy gọi miễn phí đến số 1-800-607-3366. (Vietnamese)

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