

BENEFIT SUMMARY



ESC Region 3

802632

Critical Illness Plus with Cancer with Recurrence

THIS IS NOT A MEDICARE SUPPLEMENT (MEDIGAP) PLAN. If you are or will become eligible for Medicare, review the free Guide to Health Insurance for People with Medicare available at www.medicare.gov.

Insurance plans are underwritten by Aetna Life Insurance Company.

The benefits in the table below will be paid when you are diagnosed with a covered Critical Illness. Unless otherwise indicated, all benefits and limitations are per covered person.

Face Amounts

Covered Benefit	Low	High
Employee Face Amount	\$10,000	\$20,000
Spouse Face Amount	50% of Employee Face Amount	50% of Employee Face Amount
Child(ren) Face Amount	50% of Employee Face Amount	50% of Employee Face Amount

Critical Illness Conditions

Covered Benefit	Percent of Face Amount:
Heart Attack (Myocardial Infarction) Pays a benefit when you are diagnosed with a Heart attack (Myocardial Infarction) resulting from a blockage of one or more coronary arteries.	100%
Stroke Pays a benefit when you are diagnosed with a Stroke resulting in paralysis or other measurable objective neurological defect persisting for at least 30 days.	100%
Coronary Artery Condition Requiring Bypass Surgery Pays a benefit when you are diagnosed with a Coronary artery condition requiring bypass surgery.	25%
Major Organ Failure Pays a benefit when you are diagnosed with a Major organ failure of the heart, kidney, liver, lung, or pancreas resulting in the insured person being placed on the UNOS (United Network for Organ Sharing) list for a transplant.	100%
End-Stage Renal Failure Pays a benefit when you are diagnosed with End stage renal failure, and the insured person has to undergo regular hemodialysis or peritoneal dialysis at least weekly.	100%
Paralysis Pays a benefit when you are diagnosed with Paralysis, resulting in paraplegia or quadriplegia (complete, total and permanent loss of use of two or more limbs) confirmed by the insured person's attending physician. The paralysis has to continue for a period of 60 consecutive days;	100%
Loss of Sight (Blindness) Pays a benefit when you are diagnosed with Loss of sight (blindness) that is total and irrecoverable loss of sight in both eyes. Loss of sight (blindness), has to continue for a period of 90 consecutive days.	100%
Loss of Speech Pays a benefit when you are diagnosed with Loss of speech that cannot be corrected to any functional degree by any procedure, aid or device. Loss of speech has to continue for a period of 90 consecutive days.	100%
Loss of Hearing Pays a benefit when you are diagnosed with Loss of hearing in both ears that cannot be corrected to any functional degree by any procedure, aid or device. Loss of hearing has to continue for a period of 90 consecutive days.	100%
Occupational HIV Pays a benefit when you are diagnosed with Occupational HIV. The date of a positive antibody test for HIV subsequent to a prior negative test for the same condition with a lapse of between 180 days between the two tests.	100%
Coma Pays a benefit when you are diagnosed with Coma, characterized by the absence of eye opening, verbal response and motor response, and the individual requires intubation for respiratory assistance (a medically induced coma is not covered). The Coma must last for a period of 14 or more consecutive days.	100%
Benign Brain Tumor Pays a benefit when you are diagnosed with a Benign brain tumor by a physician.	100%
Third-Degree Burns Pays a benefit when you are diagnosed with a Third degree burn that covers more than 10% of total body surface (also called full-thickness burn).	100%

<p>Alzheimer's Disease Pays a benefit when you are diagnosed with Alzheimer's disease, diagnosis of the disease by a psychiatrist or neurologist.</p>	25%
<p>Parkinson's Disease Pays a benefit when you are diagnosed with Parkinson's disease by a psychiatrist or neurologist.</p>	25%
<p>Lupus Pays a benefit when you are diagnosed with Lupus by a physician.</p>	25%
<p>Multiple Sclerosis Pays a benefit when you are diagnosed with Multiple sclerosis by a physician.</p>	25%
<p>Muscular Dystrophy Pays a benefit when you are diagnosed with Muscular dystrophy by a physician.</p>	25%
<p>Subsequent Critical Illness Diagnosis Benefit Subsequent diagnosis of a different covered Critical Illness is payable at the original amount if it occurs at least 180 days after the previous date of diagnosis for which a benefit was paid. No benefit payable if the subsequent diagnosis occurs less than 180 days later.</p>	100% after 180 days
<p>Recurrence Critical Illness Diagnosis Benefit If an insured person has been initially diagnosed with and received a benefit under this plan for a critical illness and then is diagnosed with the same critical illness again at least 180 days later, we will pay the stated percentage of the benefit as shown in the Schedule of Benefits for the recurring critical illness diagnosed. No benefit payable if the recurrence occurs less than 180 days later.</p>	100% after 180 days

Cancer Benefits

Covered Benefit	Low	High
<p>Cancer (invasive) Pays a benefit when you are diagnosed with Cancer (invasive) that is identified by the presence of malignant cells or a malignant tumor characterized by the uncontrolled and abnormal growth and spread of invasive malignant cells.</p>	100%	100%
<p>Carcinoma in Situ (non-invasive) Pays a benefit when you are diagnosed with Carcinoma in situ that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue. Skin cancer will not be considered carcinoma in situ for purposes of this Certificate.</p>	25%	25%
<p>Skin Cancer (Lifetime Maximum per Insured) Pays a benefit when you are diagnosed with Skin Cancer (melanoma of Clark's Level I or II Breslow less than .75mm); basal cell carcinoma; or squamous cell carcinoma of the skin. Skin cancer benefit provides coverage for invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic.</p>	\$1,000 (Once per lifetime)	\$1,000 (Once per lifetime)
<p>Recurrence Cancer (invasive) Diagnosis Benefit If an insured person has been initially diagnosed with and received a benefit for cancer (invasive) under this plan and is then diagnosed with any kind of cancer (invasive) again at least 180 days later, we will pay the stated percentage of the Cancer Benefit for Cancer (invasive) as shown on the Schedule of Benefits for the cancer (invasive) diagnosed. No benefit payable if the recurrence occurs less than 180 days later.</p>	100% after 180 days	100% after 180 days
<p>Recurrence Carcinoma in Situ Diagnosis Benefit (non-invasive) If an insured person has been 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, we 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. No benefit payable if the recurrence occurs less than 180 days later.</p>	100% after 180 days	100% after 180 days

Non-Tobacco Rates

Age Band:	\$10,000 Face Amount				\$20,000 Face Amount			
	Employee	Employee & Spouse	Employee & Children	Family	Employee	Employee & Spouse	Employee & Children	Family
<20	\$2.65	\$5.10	\$2.65	\$5.10	\$4.00	\$7.47	\$4.00	\$7.47
20-24	\$3.04	\$5.71	\$3.04	\$5.71	\$4.78	\$8.69	\$4.78	\$8.69
25-29	\$3.53	\$6.52	\$3.53	\$6.52	\$5.77	\$10.32	\$5.77	\$10.32
30-34	\$4.25	\$7.65	\$4.25	\$7.65	\$7.21	\$12.58	\$7.21	\$12.58
35-39	\$5.36	\$9.42	\$5.36	\$9.42	\$9.43	\$16.11	\$9.43	\$16.11
40-44	\$7.27	\$12.54	\$7.27	\$12.54	\$13.25	\$22.35	\$13.25	\$22.35
45-49	\$10.28	\$17.61	\$10.28	\$17.61	\$19.26	\$32.49	\$19.26	\$32.49
50-54	\$15.69	\$26.22	\$15.69	\$26.22	\$30.08	\$49.71	\$30.08	\$49.71
55-59	\$22.75	\$38.18	\$22.75	\$38.18	\$44.21	\$73.63	\$44.21	\$73.63
60-64	\$33.51	\$54.44	\$33.51	\$54.44	\$65.73	\$106.16	\$65.73	\$106.16
65-69	\$46.45	\$74.50	\$46.45	\$74.50	\$91.60	\$146.27	\$91.60	\$146.27
70+	\$60.30	\$94.47	\$60.30	\$94.47	\$119.30	\$186.21	\$119.30	\$186.21

Tobacco Rates

Age Band:	\$10,000 Face Amount				\$20,000 Face Amount			
	Employee	Employee & Spouse	Employee & Children	Family	Employee	Employee & Spouse	Employee & Children	Family
<20	\$3.57	\$6.72	\$3.57	\$6.72	\$5.84	\$10.71	\$5.84	\$10.71
20-24	\$4.23	\$7.75	\$4.23	\$7.75	\$7.17	\$12.77	\$7.17	\$12.77
25-29	\$5.06	\$9.12	\$5.06	\$9.12	\$8.83	\$15.51	\$8.83	\$15.51
30-34	\$6.28	\$11.03	\$6.28	\$11.03	\$11.25	\$19.33	\$11.25	\$19.33
35-39	\$8.15	\$14.00	\$8.15	\$14.00	\$15.00	\$25.28	\$15.00	\$25.28
40-44	\$11.37	\$19.26	\$11.37	\$19.26	\$21.43	\$35.79	\$21.43	\$35.79
45-49	\$16.43	\$27.80	\$16.43	\$27.80	\$31.56	\$52.87	\$31.56	\$52.87
50-54	\$25.54	\$42.31	\$25.54	\$42.31	\$49.79	\$81.88	\$49.79	\$81.88
55-59	\$37.45	\$62.46	\$37.45	\$62.46	\$73.59	\$122.20	\$73.59	\$122.20
60-64	\$55.58	\$89.87	\$55.58	\$89.87	\$109.86	\$177.00	\$109.86	\$177.00
65-69	\$77.38	\$123.66	\$77.38	\$123.66	\$153.46	\$244.59	\$153.46	\$244.59
70+	\$100.71	\$157.30	\$100.71	\$157.30	\$200.12	\$311.87	\$200.12	\$311.87