

# BENEFIT SUMMARY

## Aetna Critical Illness Plus with Cancer

**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](http://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

Insured	Low Plan	High Plan
Employee	\$10,000	\$20,000
Spouse 50% of Employee face amount	\$5,000	\$10,000
Child(ren) 50% of Employee face amount	\$5,000	\$10,000

### Critical Illness Benefits covered at 100% of face amount

Heart Attack (Myocardial Infarction)	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 test.
Stroke	Coma
Major Organ Failure	Loss of Hearing continued for a period of 90 consecutive days
End-Stage Renal Failure	Loss of Sight (Blindness) continued for a period of 90 consecutive days
Benign Brain Tumor	Loss of Speech continued for a period of 90 consecutive days
Third Degree Burns	Paralysis continued for a period of 60 consecutive days

## Critical Illness Benefits covered at 25% of face amount

Coronary Artery Condition Requiring Bypass Surgery

(In order for benefits to be payable, **bypass surgery must be done** while coverage for the insured person is in force.)

Muscular Dystrophy

Alzheimer's Disease

Multiple Sclerosis (MS)

Lupus

Parkinson's Disease

## Cancer Benefit

Cancer (Invasive)

100% of face amount

Carcinoma in Situ

25% of face amount

Skin Cancer\*

Pays \$1,000 once per lifetime.

\*Skin cancer benefit provides coverage for invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic.

Cancer is not a critical illness under this plan.

## Subsequent Critical Illness Diagnosis Benefit - applies only to Critical Illness Benefits

**Employee / Spouse / Child(ren)**

100% of face amount after 180 days

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.

## Recurrence Critical Illness Diagnosis Benefit

**Employee / Spouse / Child(ren)**

100% of face amount after 180 days

If an insured person has been initially diagnosed with and received a benefit for a critical illness and then is diagnosed with the same critical illness again at least 180 days later, we will pay the above 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.

## Recurrence Cancer (invasive) and Carcinoma in Situ Diagnosis Benefit

**Employee / Spouse / Child(ren)**

100% of face amount after 180 days

If an insured person has been initially diagnosed with and received a benefit for cancer (invasive) and is subsequently diagnosed with any kind of cancer (invasive) again at least 180 days later, we will pay the above 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.

## Health Screening Benefit

We will pay the amount shown for one of the following preventive tests performed within a 12 month period.

### Employee / Spouse / Child(ren)

\$100

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- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Lipoprotein profile (serum plus HDL, LDL and triglycerides)</li><li>• Fasting blood glucose test</li><li>• Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)</li><li>• Carotid Doppler Ultrasound</li><li>• Electrocardiogram (EKG, ECG)</li><li>• Echocardiogram (ECHO)</li><li>• Chest x-ray (CXR)</li><li>• Thermography</li><li>• Ultrasound screening for abdominal aortic aneurysms</li><li>• Bone marrow screening</li><li>• Adult and child immunizations</li><li>• HPV vaccine (Human Papillomavirus)</li><li>• Bone mass density measurement (DEXA, DXA)</li><li>• Skin cancer screening</li><li>• Serum protein electrophoresis (blood test for myeloma)</li></ul> | <ul style="list-style-type: none"><li>• Prostate Specific Antigen (PSA) Test</li><li>• Flexible sigmoidoscopy</li><li>• Digital rectal exams (DRE)</li><li>• Hemoccult stool analysis</li><li>• Colonoscopy</li><li>• Virtual colonoscopy</li><li>• Carcinoembryonic Antigen (CEA)</li><li>• Cancer Antigen (CA) Test 15-3 (breast cancer)</li><li>• Mammography</li><li>• Breast Ultrasound</li><li>• Cancer Antigen (CA) Test 125 (ovarian cancer)</li><li>• Pap smears</li><li>• Cytologic Screening</li><li>• ThinPrep Pap Test</li></ul> |
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## 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:

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.

## Portability

Your plan includes a Portability option which allows you to keep your existing coverage by making direct payments to the carrier. You may exercise this option, if your employment ceases for any reason. Refer to your Certificate for additional Portability provisions.

## Questions and Answers about the Critical Illness Plan

### **Do I have to be actively at work to enroll in coverage?**

*Yes, you must be actively at work in order to enroll and for coverage to take effect. You are actively at work if you are working, or are available to work, and meet the criteria set by your employer to be eligible to enroll.*

### **How do I know if I'm considered a tobacco user and should select the tobacco rates?**

*You are a Tobacco User if you currently use or have used any tobacco products in the past 12 months. Tobacco products include, but are not limited to, cigarettes, cigars, snuff, dip, chew, pipe and/or any nicotine delivery system.*

### **Can I have more than one Critical Illness Plan?**

*No, you are not allowed to have more than one Aetna Critical Illness Plan.*

### **What does Face Amount mean?**

*Face Amount means the maximum fixed dollar amount you could receive for each critical illness benefit. The Face Amount for your spouse and each of your dependents is a percentage of the Employee's Face Amount. Some benefits pay a fixed amount that equates to a percentage of the Face Amount. Benefit amounts vary, based on your plan design.*

### **To whom are benefits paid?**

*Benefits are paid to you, the member.*

### **Is my Aetna Critical Illness policy compatible with a Health Savings Account (HSA)?**

*Yes, Aetna Critical Illness policies are compatible with Health Savings Accounts.*

### **How do I submit a claim?**

*Go to [myaetnasupplemental.com](http://myaetnasupplemental.com) and either "Log In" or "Register", depending on if you've set up your account. Click the "Create a new claim" button and answer a few quick questions. You can even save your claim to finish later. You can also print/mail in form(s) to: Aetna Voluntary Plans, PO Box 14079, Lexington, KY 40512-4079, or you can ask us to mail you a printed form.*

### **What if I don't understand something I've read here, or have more questions?**

*Please call us. We want you to understand these benefits before you decide to enroll. You may reach one of our Customer Service representatives **Monday through Friday, 8 a.m. to 6 p.m.**, by calling **1-800-607-3366**. We're here to answer questions before and after you enroll.*

### **What should I do in case of an emergency?**

*In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.*

### **What happens if I lose my employment, can I take the Critical Illness Plan with me?**

*Yes, you are able to continue coverage under the Portability provision; however, you will need to pay premiums directly to Aetna.*

**THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE PLANS ARE A SUPPLEMENT TO HEALTH INSURANCE AND ARE NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. These plans provide limited benefits. They pay fixed dollar benefits for covered services without regard to the health care provider's actual charges. These benefit 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.**

**In order for benefits to be payable, the date of diagnosis must occur while coverage for the insured person is in force; you must be diagnosed while your coverage is in effect.**

### **Complaints and appeals**

Please tell us if you are not satisfied with a response you received from us or with how we do business. Call Member Services to file a verbal complaint or to ask for the address to mail a written complaint. You can also e-mail Member Services through the secure member website. If you're not satisfied after talking to a Member Services representative, you can ask us to send your issue to the appropriate department.

If you don't agree with a denied claim, you can file an appeal. To file an appeal, follow the directions in the letter or explanation of benefits statement that explains that your claim was denied. The letter also tells you what we need from you and how soon we will respond.

## **We protect your privacy**

We consider personal information to be private. Our policies protect your personal information from unlawful use. By “personal information,” we mean information that can identify you as a person, as well as your financial and health information. Personal information does not include what is available to the public. For example, anyone can access information about what the plan covers. It also does not include reports that do not identify you.

When necessary for your care or treatment, the operation of our health plans or other related activities, we use personal information within our company, share it with our affiliates and may disclose it to: your doctors, dentists, pharmacies, hospitals and other caregivers, other insurers, vendors, government departments and third-party administrators (TPAs).

We obtain information from many different sources —particularly you, your employer or benefits plan sponsor if applicable, other insurers, health maintenance organizations or TPAs, and health care providers.

These parties are required to keep your information private as required by law. Some of the ways in which we may use your information include: Paying claims, making decisions about what the plan covers, coordination of payments with other insurers, quality assessment, activities to improve our plans and audits.

We consider these activities key for the operation of our plans. When allowed by law, we use and disclose your personal information in the ways explained above without your permission. Our privacy notice includes a complete explanation of the ways we use and disclose your information. It also explains when we need your permission to use or disclose your information.

We are required to give you access to your information. If you think there is something wrong or missing in your personal information, you can ask that it be changed. We must complete your request within a reasonable amount of time. If we don't agree with the change, you can file an appeal.

If you'd like a copy of our privacy notice, call **1-800-607-3366** or visit us at **[www.aetna.com](http://www.aetna.com)**.

**If you require language assistance, please call Member Services at 1-800-607-3366 and an Aetna representative will connect you with an interpreter. If you're deaf or hard of hearing, use your TTY and dial 711 for the Telecommunications Relay Service. Once connected, please enter or provide the Aetna telephone number you're calling.**

**Si usted necesita asistencia lingüística, llame al Servicios al Miembro a 1-800-607-3366 y un representante de Aetna le conectará con un intérprete. Si usted es sordo o tiene problemas de audición, use su TTY y marque 711 para el Servicio de Retransmisión de Telecomunicaciones (TRS). Una vez conectado, por favor entrar o proporcionar el número de teléfono de Aetna que está llamando.**

**ATTENTION MASSACHUSETTS RESIDENTS:** As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at **1-877-MA-ENROLL (1-877-623-6765)** or visit the Connector website (**[www.mahealthconnector.org](http://www.mahealthconnector.org)**). THIS POLICY, ALONE, DOES NOT MEET MINIMUM CREDITABLE COVERAGE STANDARDS. If you have questions about this notice, you may contact the Division of Insurance by calling **1-617-521-7794** or visiting its website at **[www.mass.gov/doi](http://www.mass.gov/doi)**.

Plans are underwritten by Aetna Life Insurance Company (Aetna). This material is for information only and is not an offer or invitation to contract. Each insurer has sole financial responsibility for its own products. Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. 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. 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 Idaho, Oklahoma and Missouri include: GR-96843, GR-96844.

