

Aetna Critical Illness Plan

Plan Description

Aetna's critical illness plan provides cash benefits to help cover out-of-pocket costs that come with a covered critical illness such as heart attack, stroke or major organ failure.

Plan Eligibility

- Employee eligibility as defined by the Client. A minimum of at least 15 hours per week is required
- Eligible dependents include: Legal spouse, domestic partner, children under age 26 and provided they meet the definition of dependent child as defined by the state
- Retirees are not considered actively at work and therefore not eligible for this plan

Plan Highlights

- Guaranteed Issue
- Rate Guarantee for 36 months subject to all other terms in this Proposal
- Tobacco/Non-Tobacco rates
- Attained age bands
- 4 Tier Coverage options include: Employee, Employee & Spouse, Employee & Children, and Family
- Pre-ex waived
- HSA compatible
- Benefits paid to the employee
- Simplified Claims Process for Aetna medical members
- Online claims process for employees not enrolled in an Aetna medical plan
- Participation Requirement Waived

Plan Features

- Spouse Face Amount: 50%
- Child(ren) Face Amount: 50%
- Subsequent Critical Illness Diagnosis Benefit: 100% after 180 days
- Recurrence Critical Illness Diagnosis Benefit: 100% after 180 days
- Recurrence Cancer (invasive) Diagnosis Benefit: 100% after 180 days
- Recurrence Carcinoma in Situ Diagnosis Benefit (non-invasive): 100% after 180 days
- Plan pays for conditions not offered by most competitors including Lupus, Multiple Sclerosis, and Muscular Dystrophy
- Health Screening Benefit
- Portable

Value Added Programs

Access to Aetna Discount Programs: including blood pressure monitors, gym memberships, weight-loss programs, books and magazine subscriptions, eye care, hearing and dental products and more.

Critical Illness Plan Benefits

Face Amounts

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

Plan Features

Feature	Percent of Face Amount:	Percent of Face Amount:
Subsequent Critical Illness Diagnosis Benefit <i>Diagnosis of a different Critical Illness</i>	100% after 180 days	100% after 180 days
Recurrence Critical Illness Diagnosis Benefit <i>Diagnosis of the same Critical Illness</i>	100% after 180 days	100% after 180 days
Recurrence Cancer (invasive) Diagnosis Benefit	100% after 180 days	100% after 180 days
Recurrence Carcinoma in Situ Diagnosis Benefit (non-invasive) <i>Diagnosis of another cancer (invasive) or carcinoma in situ</i>	100% after 180 days	100% after 180 days

Critical Illness Benefits

Covered Benefit	Percent of Face Amount:	Percent of Face Amount:
Heart Attack (Myocardial Infarction)	100%	100%
Stroke	100%	100%
Coronary Artery Condition Requiring Bypass Surgery	25%	25%
Major Organ Failure	100%	100%
End-Stage Renal Failure	100%	100%
Paralysis	100%	100%
Loss of Sight (Blindness)	100%	100%
Loss of Speech	100%	100%
Loss of Hearing	100%	100%
Occupational HIV	100%	100%
Coma	100%	100%
Benign Brain Tumor	100%	100%
Third-Degree Burns	100%	100%
Alzheimer's Disease	25%	25%
Parkinson's Disease	25%	25%
Lupus	25%	25%
Multiple Sclerosis	25%	25%
Muscular Dystrophy	25%	25%

Cancer Benefits

Covered Benefit	Low	High
Cancer (invasive)	100%	100%
Carcinoma in Situ (non-invasive)	25%	25%
Skin Cancer (Lifetime Maximum per Insured)	\$1,000	\$1,000

Additional Plan Benefits

Covered Benefit	Low	High
Health Screening <i>Maximum 1 day per plan year</i>	\$50	\$50

*Covered Health Screenings

- Lipoprotein profile (serum plus HDL, LDL and triglycerides)
- Fasting blood glucose test
- Digital rectal exams (DRE)
- Carotid Doppler Ultrasound
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Chest x-ray (CXR)
- Thermography
- Ultrasound screening for abdominal aortic aneurysms
- Bone marrow screening
- Adult [and child] immunizations
- HPV vaccine (Human Papillomavirus)
- Bone mass density measurement (DEXA, DXA)
- Hemocult stool analysis
- Doppler screenings for peripheral vascular disease/arteriosclerosis
- Prostate Specific Antigen (PSA) Test
- Flexible sigmoidoscopy
- Colonoscopy
- Virtual colonoscopy
- Carcinoembryonic Antigen (CEA)
- Cancer Antigen (CA) Test 15-3 (breast cancer)
- Mammography
- Breast Ultrasound
- Cancer Antigen (CA) Test 125 (ovarian cancer)
- Pap smears
- Cytologic Screening
- ThinPrep Pap Test
- Skin cancer screening
- Serum protein electrophoresis (blood test for myeloma)

Note: COVID-19 testing is covered as an eligible health screening benefit

Monthly Rates – Critical Illness Plan

Quoted Rates are guaranteed for 90 days from the date of this Proposal.

06/03/2020

Commission Percentage	65% / 5%
Employer Contribution	0%

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

Any changes in benefit level or conditions stated above may result in a change in rates. The quoted rates are anticipated to be valid as of the Effective Date and apply only to the benefit level and conditions stated above and are subject to the terms and conditions set forth in the policy, and related documents for each product as well as applicable law.

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.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

This plan provides limited benefits. The 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.

This plan does not count as Minimum Essential Coverage under the Affordable Care Act.