

# Facing a serious diagnosis

## An Aetna Critical Illness Plan can help

No one is ever ready for a diagnosis of a serious illness. But an Aetna Critical Illness Plan pays cash benefits if you're diagnosed with a covered illness or condition, on or after the effective date of coverage. The extra money provides some financial help so you can focus on the road to recovery.

### Support in times of need

#### Loretta's story\*

"After a routine mammogram, I was diagnosed with breast cancer. Who can ever plan for something like that?"

"I had surgery, chemo and many visits to the oncologist. So, my out-of-pocket medical costs really added up."

"Filing a claim was fast and easy. And the benefit went right into my bank account. The cash helped pay medical bills, groceries and more."



#### Your plan — your benefits

Here's what the **\$15K** plan pays if you're a member and face a situation like Loretta's.

Covered diagnosis	Benefit
Health screening	\$50
Cancer diagnosis ( <i>invasive</i> )	\$15,000
<b>Total benefits paid</b>	<b>\$15,050</b>

#### Aetna Critical Illness Plan benefits

An Aetna Critical Illness Plan helps ease some financial worries. It pays benefits for these diagnoses, conditions, and more:

- Heart attack & stroke
- Major organ failure
- Invasive & non-invasive cancers
- Alzheimer's & lupus
- Childhood illnesses
- Infectious diseases (*including coronavirus\*\**)
- Recurrence (*same*) & subsequent (*different*) diagnosis\*\*\*
- **\$50** health screening



**Want to learn more?** You have a choice of plan options. Limits may apply to the number of times we pay a benefit. If you or a covered dependent are diagnosed with two or more critical illnesses on the same day, we will pay the diagnosis with the highest benefit amount. Check out your plan summary for a complete list of benefits, details, exclusions and limitations.

\*The above member story illustrates how the plan works but does not reflect events of real participants.

\*\*Some infectious diseases, including coronavirus, require a hospital stay of at least five days for benefits to be paid.

\*\*\*Recurrence illness diagnosis needs to occur at least 90 days after the initial diagnosis. Recurrence of cancer needs to occur at least 90 *treatment-free* days after the initial diagnosis.

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### Support in times of need

#### Hung's story\*

"I knew my family had a history of heart disease. But I try to eat right and exercise. So, my heart attack took me by surprise. So did the stroke I had later."

"I'm expected to make a full recovery. But man — those bills! That's where my critical illness plan helped the most."

"Filing a claim online was fast and easy. And the benefits went directly into my bank account. I used the cash for medical bills. Plus, it helped pay my mortgage."



#### Your plan — your benefits

Here's what the **\$20K** plan pays if you're a member and face a situation like Hung's.

Covered diagnosis	Benefit
Heart attack	\$20,000
Stroke (subsequent diagnosis)	\$20,000
<b>Total benefits paid</b>	<b>\$40,000</b>

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# Aetna Supplemental Health Plans

## We make it simple

If you're eligible to enroll and apply for coverage, we guarantee your acceptance. We pay cash benefits directly to you. And we don't reduce those benefits due to any other insurance you may have. You get access to group rates and the ease of payroll deductions to pay your premiums. And, if you leave your employer, you can take your plans with you.

### More great benefits

**Health screening:** The Aetna Critical Illness Plan pays you a **\$50** benefit once per member per year per plan for a covered health screening. See the full list of covered tests in your plan summary.

**Childhood illnesses:** The Aetna Critical Illness Plan pays benefits if your dependent child is diagnosed after the coverage effective date with illnesses and conditions, such as cerebral palsy, congenital heart defect and cystic fibrosis. See the full list of covered childhood conditions in your plan summary.

### Aetna Easy File™

After you become a member, you'll enjoy an Aetna Simplified Claims Experience™ on our member portal at **[MyAetnaSupplemental.com](https://www.MyAetnaSupplemental.com)** or on the **My Aetna Supplemental** app. You can file a claim, sign up for direct deposit, access discounts and view your plan documents.

To file a claim, just answer a few questions and upload or take a picture of your medical bill. You can also print and mail a paper claim form to Aetna Voluntary Plans.

### Questions? Ready to enroll?

Visit your enrollment website to view more coverage details. You'll also find rates and instructions on how to sign up. If you have questions about the plans, call Aetna Member Services at **1-800-607-3366 (TTY: 711)**, Monday through Friday, 8 AM to 6 PM.

# Exclusions and limitations

These plans have exclusions and limitations. Refer to the actual policy and certificate to see which benefits are not payable. The following is a partial list of services and supplies that are generally not covered. But the plans may contain exceptions to this list based on state mandates or the plan design purchased. Benefits under the policy will not be payable for anything related to:

## **Aetna Critical Illness Plan exclusions and limitations**

1. Act of war, riot, war;
2. Care provided by immediate family members or any household member;
3. Suicide or attempt at suicide, intentionally self-inflicted injury, or any attempt at self-inflicted injury, or any form of intentional asphyxiation, except when resulting from a diagnosed disorder;
4. Being under the influence of a stimulant (such as amphetamines), depressant, hallucinogen, narcotic or any other drug intoxicant, including those prescribed by a physician that are misused by the covered person, except when resulting from a diagnosed disorder;

The diagnosis must be on or after the effective date of coverage, while coverage is in force. It must take place in the United States or its territories.

**Critical Illness Policy form issued in Oklahoma include:** GR-96843, AL HCOC-VOL CI 01, and AL HPOL-VOL CI 01

**Critical Illness Policy form issued in Missouri and Wyoming include:** GR-96844 01, AL HCOC-VOL CI 01 and AL HPOL-VOL CI 01

**THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND 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. 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. Refer to [Aetna.com](https://www.aetna.com) for more information about Aetna plans.

