

# BENEFIT SUMMARY



Inova  
802329

## 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).

This is a summary of your benefits. See the plan documents for a complete description of the benefits, exclusions, limitations and conditions of coverage.

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. 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.

### Face amounts

Covered benefit	Low	Middle	High
Employee face amount	\$10,000	\$20,000	\$30,000
Spouse face amount	50% of Employee face amount		
Child(ren) face amount	50% of Employee face amount		

## Plan features

Feature	Percent of face amount:
<p><b>Subsequent critical illness diagnosis benefit</b></p> <p>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 is payable if the subsequent diagnosis occurs less than 180 days later.</p>	100%
<p><b>Recurrence critical illness diagnosis benefit</b></p> <p>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 is payable if the recurrence occurs less than 180 days later.</p>	100%
<p><b>Recurrence cancer (invasive) diagnosis benefit</b></p> <p>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 is payable if the recurrence occurs less than 180 days later.</p>	100%
<p><b>Recurrence carcinoma in situ diagnosis benefit (non-invasive)</b></p> <p>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.</p> <p>No benefit is payable if the recurrence occurs less than 180 days later.</p>	100%

## Critical illness conditions

Covered benefit	Percent of face amount (employee):
<p><b>Heart attack (Myocardial infarction)</b> Pays a benefit when you are diagnosed with a Heart attack (myocardial infarction) resulting from a blockage of one or more coronary arteries.</p>	100%
<p><b>Stroke</b> Pays a benefit when you are diagnosed with a Stroke resulting in paralysis or other measurable objective neurological defect persisting for at least <b>30 days</b>.</p>	100%
<p><b>Coronary artery condition requiring bypass surgery</b> Pays a benefit when you are diagnosed with a coronary artery condition requiring bypass surgery.</p>	25%
<p><b>Major organ failure</b> 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.</p>	100%
<p><b>End-stage renal failure</b> 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.</p>	100%
<p><b>Paralysis</b> 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 <b>60 consecutive days</b>.</p>	100%
<p><b>Loss of sight (blindness)</b> 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 <b>90 consecutive days</b>.</p>	100%
<p><b>Loss of speech</b> 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 <b>90 consecutive days</b>.</p>	100%
<p><b>Loss of hearing</b> 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 <b>90 consecutive days</b>.</p>	100%
<p><b>Occupational HIV</b> 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 <b>180 days</b> between the two tests.</p>	100%

Covered benefit	Percent of face amount (employee):
<p><b>Coma</b> 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 <b>14 or more consecutive days</b>.</p>	100%
<p><b>Benign brain tumor</b> Pays a benefit when you are diagnosed with a Benign brain tumor by a physician.</p>	100%
<p><b>Third-degree burns</b> Pays a benefit when you are diagnosed with a third degree burn, that covers more than <b>10%</b> of total body surface (also called full-thickness burn).</p>	100%
<p><b>Alzheimer's disease</b> Pays a benefit when you are diagnosed with Alzheimer's disease, by a psychiatrist or neurologist.</p>	25%
<p><b>Parkinson's disease</b> Pays a benefit when you are diagnosed with Parkinson's disease, by a psychiatrist or neurologist.</p>	25%
<p><b>Lupus</b> Pays a benefit when you are diagnosed with lupus by a physician.</p>	25%
<p><b>Multiple sclerosis</b> Pays a benefit when you are diagnosed with multiple sclerosis by a physician.</p>	25%
<p><b>Muscular dystrophy</b> Pays a benefit when you are diagnosed with muscular dystrophy by a physician.</p>	25%

## Additional critical illness conditions

Covered benefit	Percent of face amount (employee):
<p><b>Sudden cardiac arrest</b> Pays a benefit when you are diagnosed with sudden cardiac arrest by a physician. Sudden cardiac arrest does not include heart attack. The sudden cardiac arrest benefit is not payable if the sudden cardiac arrest is caused by, or contributed to by, a heart attack.</p>	100%

## Cancer benefits

Covered benefit	Percent of face amount (employee):
<p><b>Cancer (invasive)</b> 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%
<p><b>Carcinoma in situ (non-invasive)</b> 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%
<p><b>Skin cancer</b> 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. <i>Skin cancer benefit provides coverage for invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic.</i></p>	\$1,000

Cancer is not a critical illness under this plan.

## Covered health screenings:

### Health screening benefit

**\$75**

Pays a lump sum benefit if an insured person receive any of the approved health screening tests. A charge must be incurred for the care of an insured person due to the health screening; and the service must not be rendered or received to diagnose or treat a suspected or identified sickness.

**Maximum 1** health screening, per plan year

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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></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><li>• Serum protein electrophoresis (blood test for myeloma)</li></ul> |
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**Note: COVID-19 testing is covered as an eligible health screening benefit.**

## 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. This exclusion does not apply to the posttraumatic stress disorder (PTSD) benefit.

## 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.

## Frequently asked questions (FAQs) 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're 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.

### **Who receives the benefit?**

You (the member) receives the benefits.

### **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?**

We want you to understand these benefits before you decide to enroll. Reach out to us. Call toll-free at **1-800-607-3366, Monday through Friday, 8 a.m. to 6 p.m.** 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.



## Important information about your benefits

**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.

### **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**.

**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**). 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**.

**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>.**

This material is for information only and is not an offer or invitation to contract. Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. 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)**.

**Policy forms issued in Idaho include:** GR-96843, GR-96844.

**Policy forms issued in Missouri include:** GR-96844 01; GR-96843 01.

**Policy forms issued in Oklahoma include:** GR-96843, GR-96844.

