

# BENEFIT SUMMARY



**AUTONATION INC**

**802532**

## 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](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

Covered Benefit	Option 1	Option 2	Option 3	Option 4
<b>Employee Face Amount</b>	\$10,000	\$20,000	\$30,000	\$40,000
<b>Spouse Face Amount</b>	50% of Employee Face Amount	50% of Employee Face Amount	50% of Employee Face Amount	50% of Employee Face Amount
<b>Child(ren) Face Amount</b>	50% of Employee Face Amount	50% of Employee Face Amount	50% of Employee Face Amount	50% of Employee Face Amount

### Critical Illness Conditions

Covered Benefit	Percent of Face Amount:
<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.	100%
<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 30 days.	100%
<b>Coronary Artery Condition Requiring Bypass Surgery</b> Pays a benefit when you are diagnosed with a Coronary artery condition requiring bypass surgery.	100%
<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.	100%
<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.	100%

Covered Benefit	Percent of Face Amount:
<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 60 consecutive days;</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 90 consecutive days.</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 90 consecutive days.</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 90 consecutive days.</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 180 days between the two tests.</p>	100%
<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 14 or more consecutive days.</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 10% 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, diagnosis of the disease by a psychiatrist or neurologist.</p>	100%
<p><b>Parkinson's Disease</b> Pays a benefit when you are diagnosed with Parkinson's disease by a psychiatrist or neurologist.</p>	100%
<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%

Covered Benefit	Percent of Face Amount:
<p><b>Subsequent Critical Illness Diagnosis Benefit</b></p> <p>The Subsequent diagnosis benefit is payable if the insured person has been diagnosed with and received a benefit for a critical illness and is subsequently diagnosed with a different critical illness.</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 payable if the recurrence occurs less than 180 days later.</p>	100%

## Additional Critical Illness Conditions

Covered Benefit	Percent of Face Amount:
<p><b>Acute respiratory distress syndrome (ARDS)</b></p> <p>Pays a benefit when you are diagnosed with Acute respiratory distress syndrome (ARDS) by a physician.</p>	25%
<p><b>Addison's disease (adrenal hypofunction)</b></p> <p>Pays a benefit when you are diagnosed with Addison's disease (adrenal hypofunction) by a physician. This does not include adrenal insufficiency resulting from prolonged corticosteroid treatment.</p>	25%
<p><b>Advanced Amyotrophic Lateral Sclerosis (ALS)</b></p> <p>Pays a benefit when you are diagnosed with Advanced amyotrophic lateral sclerosis (ALS), also known as "Lou Gehrig's disease" by a physician. ALS does not include other motor neuron diseases.</p>	25%
<p><b>Bacterial Meningitis</b></p> <p>Pays a benefit when you are diagnosed with Bacterial meningitis by a physician.</p>	25%
<p><b>Cholera</b></p> <p>Pays a benefit when you are diagnosed with Cholera by a physician.</p>	25%
<p><b>Diphtheria</b></p> <p>Pays a benefit when you are diagnosed with Diphtheria by a physician.</p>	25%
<p><b>Encephalitis</b></p> <p>Pays a benefit when you are diagnosed with Encephalitis by a physician. Encephalitis does not include encephalitis resulting from any human immuno-deficiency virus (HIV) infection or other ancillary infections resulting from the HIV infection.</p>	25%
<p><b>Huntington's Disease</b></p> <p>Pays a benefit when you are diagnosed with Huntington's Disease by a physician.</p>	25%
<p><b>Legionnaire's Disease</b></p> <p>Pays a benefit when you are diagnosed with Legionnaire's disease by a physician.</p>	25%
<p><b>Malaria</b></p> <p>Pays a benefit when you are diagnosed with Malaria by a physician.</p>	25%

Covered Benefit	Percent of Face Amount:
<b>Myasthenia Gravis</b> Pays a benefit when you are diagnosed with Myasthenia gravis by a physician.	25%
<b>Necrotizing Fasciitis</b> Pays a benefit when you are diagnosed with Necrotizing fasciitis, commonly known as flesh-eating disease or flesh-eating bacteria syndrome, and requiring a surgical procedure to be performed by a physician.	25%
<b>Occupational Hepatitis</b> Pays a benefit when you are diagnosed with Occupational hepatitis B, C, or D resulting from accidental exposure by contaminated body fluids.	25%
<b>Osteomyelitis</b> Pays a benefit when you are diagnosed with Osteomyelitis by a physician.	25%
<b>Primary Sclerosing Cholangitis (PSC)</b> Pays a benefit when you are diagnosed with Primary sclerosing cholangitis (PSC), also known as "Walter Payton's disease," by a physician.	25%
<b>Rabies</b> Pays a benefit when you are diagnosed with Rabies by a physician.	25%
<b>Rocky Mountain Spotted Fever (RMSF)</b> Pays a benefit when you are diagnosed with Rocky mountain spotted fever (RMSF) by a physician.	25%
<b>Sickle Cell Anemia</b> Pays a benefit when you are diagnosed with Sickle cell anemia by a physician.	25%
<b>Systemic Sclerosis (scleroderma)</b> Pays a benefit when you are diagnosed with Systemic sclerosis (scleroderma) by a physician.	25%
<b>Tetanus</b> Pays a benefit when you are diagnosed with Tetanus by a physician.	25%
<b>Transient Ischemic Attack (TIA)</b> Pays a benefit when you are diagnosed with Transient ischemic attack (TIA) by a physician. TIA does not include a stroke.	25%
<b>Tuberculosis (TB)</b> Pays a benefit when you are diagnosed with Tuberculosis (TB) by a physician.	25%

## Childhood Critical Illness Conditions

Covered Benefit	Percent of Face Amount:
<b>Cerebral Palsy</b> Pays a benefit when you are diagnosed with Cerebral palsy by a physician. Diagnosis must be made before the insured child reaches the age of 5. Other similar conditions that can be outgrown, are not included in this definition.	25%
<b>Cleft Lip or Cleft Palate</b> Pays a benefit when you are diagnosed with a Cleft Lip or Cleft Palate after live birth by a physician.	25%

Covered Benefit	Percent of Face Amount:
<p><b>Cystic Fibrosis</b> Pays a benefit when you are diagnosed with Cystic fibrosis by a physician. The diagnosis must be confirmed with sweat chloride concentrations greater than 60 mmol/L.</p>	25%
<p><b>Down Syndrome</b> Pays a benefit when you are diagnosed with Down Syndrome, the first date after live birth and based on the physician's study of the 21st chromosome revealing trisomy 21, translocation, or mosaicism.</p>	25%
<p><b>Poliomyelitis</b> Pays a benefit when you are diagnosed with Poliomyelitis resulting from poliovirus type 1, 2, or 3 that is characterized by fever, paralysis and atrophy of skeletal muscles by a physician.</p>	25%
<p><b>Spina Bifida</b> Pays a benefit when you are diagnosed with Spina bifida by a specialist physician and must be associated with neurologic symptoms including motor impairment. Spina bifida does not include spina bifida occulta.</p>	25%

## Cancer Benefits

Covered Benefit	Percent of Face Amount:
<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 (Lifetime Maximum per Insured)</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. Skin cancer benefit provides coverage for invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic. (Once per lifetime)</p>	\$1,000
<p><b>Recurrence Cancer (invasive) Diagnosis Benefit</b> 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%

Covered Benefit	Percent of Face Amount:
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**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.

100%

**Additional Plan Benefits**

Covered Benefit	Benefit Amount
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**Bone Marrow Transplant Benefit**

We will pay the Bone Marrow Transplant Benefit shown on the Schedule of Benefits when a physician determines that the transplant is necessary or would be recommended if the insured person were well enough to undergo the surgery.

\$1,000

**Health Screening**

Pays a lump sum benefit for each day you receive any of the approved health screening tests.

\$50

**\*Covered Health Screenings:**

*Maximum 1 day per plan year*

- 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)
- Hemoccult 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**

## 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 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 provisions.

### **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?**

*Should you lose your job, you are able to continue coverage under the Portability provision. 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. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. 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.**

Please review your Cancer buyer's guides:

[http://demo.avpenroll.com/media/1591/maine-nh-prod\\_serv\\_consumer\\_guide\\_cancer.pdf](http://demo.avpenroll.com/media/1591/maine-nh-prod_serv_consumer_guide_cancer.pdf)

[http://demo.avpenroll.com/media/1590/aetna-utah\\_ci\\_buyersguide.pdf](http://demo.avpenroll.com/media/1590/aetna-utah_ci_buyersguide.pdf)

### **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, por favor 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 marcar 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.



**AETNA LIFE INSURANCE COMPANY**

**LIMITED BENEFIT HEALTH COVERAGE**

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES**

**OUTLINE OF COVERAGE**

Policy form GR-96844/Certificate form GR-96843

**Some notes on how we use words**

- When we say “**you**” and “**your**”, **we** mean the **employee**.
- When we say “**us**”, “**we**”, and “**our**”, **we** mean **Aetna**.
- Some words appear in **bold** type. **We** define them in the *Glossary* section of **your** Certificate.

1. Read **Your** Policy/Certificate Carefully – This outline of coverage provides a very brief description of the important features of **your** Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both **you** and **us**. It is, therefore, important that **you** READ **YOUR** POLICY/CERTIFICATE CAREFULLY!
2. Limited benefit health coverage is designed to provide, to **insured persons**, limited or supplemental coverage.
3. **You** may contact the Idaho Department of Insurance at any time:  
 Consumer Affairs  
 700 W State Street, 3rd Floor  
 PO Box 83720  
 Boise ID 83720-0043  
 1-800-721-3272 or 208-334-4250 or [www.DOI.Idaho.gov](http://www.DOI.Idaho.gov)

Benefits:

<b>Employee Face Amount</b>	<b>\$10,000, \$20,000, \$30,000 or \$40,000</b>
<b>Insured Spouse/Domestic Partner Face Amount</b>	<b>50% of the employee Face Amount</b>
<b>Insured Children Face Amount</b>	<b>50% of the employee Face Amount</b>

**We** reserve the right to request that a **physician** of **our** choice review any **diagnosis** in the event of a dispute or disagreement regarding the appropriateness or correctness of a **diagnosis**. **We** reserve the right to request that an independent and acknowledged expert in the applicable field of medicine review the evidence used in making any disputed **diagnosis**. **We** will pay for any such requested examination or review.

### Critical Illness Benefit

We will pay the applicable benefit shown on the Schedule of Benefits if an **insured person** is **diagnosed** with a **critical illness**, and:

1. The **date of diagnosis** must occur while coverage for the **insured person** is in force; and
2. The **critical illness** is not excluded by name or specific description in the Certificate.

<b>Critical Illness Benefit</b>	<b>Percentage of Face Amount</b>
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
Coronary Artery Condition Requiring Bypass Surgery	100%
Major Organ Failure	100%
End-Stage Renal Failure	100%
Coma	100%
Paralysis	100%
Occupational Human Immunodeficiency Virus (HIV)	100%
Benign Brain Tumor	100%
Loss of Sight (Blindness)	100%
Loss of Hearing	100%
Loss of Speech	100%
Third Degree Burns	100%
Alzheimer's Disease	100%
Parkinson's Disease	100%
Lupus	25%
Multiple Sclerosis	25%
Muscular Dystrophy	25%
Acute respiratory distress syndrome (ARDS)	25%
Addison's disease (adrenal hypofunction)	25%
Advanced Amyotrophic Lateral Sclerosis (ALS)	25%

<b>Critical Illness Benefit</b>	<b>Percentage of Face Amount</b>
Bacterial Meningitis	25%
Cerebral Palsy	25%
Cholera	25%
Cleft Lip or Cleft Palate	25%
Cystic Fibrosis	25%
Diphtheria	25%
Down Syndrome	25%
Encephalitis	25%
Huntington's Disease	25%
Legionnaire's Disease	25%
Malaria	25%
Myasthenia Gravis	25%
Necrotizing Fasciitis	25%
Occupational Hepatitis	25%
Osteomyelitis	25%
Poliomyelitis	25%
Primary Sclerosing Cholangitis (PSC)	25%
Rabies	25%
Rocky Mountain Spotted Fever (RMSF)	25%
Ruptured Aneurysm	25%
Sickle Cell Anemia	25%
Spina Bifida	25%
Systemic Sclerosis (scleroderma)	25%
Tetanus	25%
Tuberculosis (TB)	25%

**Cancer Benefit**

**We** will pay the applicable Cancer Benefit when an **insured person** is initially **diagnosed** as having **cancer (invasive), carcinoma in situ or skin cancer** if:

1. The **date of diagnosis for cancer (invasive), carcinoma in situ or skin cancer** must occur while coverage for the **insured person** is in force; and
2. The **cancer (invasive), carcinoma in situ or skin cancer** is not excluded by name or specific description in the Certificate.

**Cancer (invasive), carcinoma in situ or skin cancer** must be **diagnosed** by either **pathological diagnosis or clinical diagnosis**. In addition to the required **pathological diagnosis or clinical diagnosis, we** may require additional information from the attending **physician and hospital**.

<b>Cancer Benefit</b>	<b>Percentage of Face Amount/Benefit Amount</b>
Cancer (invasive)	100%
Carcinoma in Situ	25%
Skin Cancer	\$1,000
Maximum	once per <b>insured person's</b> lifetime

**Additional Benefits**

Health Screening Benefit

**We** will pay the Health Screening Benefit if an **insured person** receives any of the below named Covered Health Screenings, and:

1. A charge must be incurred for the **care** of an **insured person** due to the screening.
2. The date of service must occur while coverage for the **insured person** is in force.
3. The service or supply must not be to **diagnose** or treat a suspected or identified **sickness**.

Covered Health Screenings:

- Lipoprotein profile (serum plus HDL, LDL and triglycerides)
- Fasting blood glucose test
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- 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)
- Skin cancer screening
- Serum protein electrophoresis (blood test for myeloma)
- Prostate Specific Antigen (PSA) Test
- Flexible sigmoidoscopy
- Digital rectal exams (DRE)
- Hemoccult stool analysis
- 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

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

Additional Benefits	Benefit Amount
Health Screening Benefit	\$50
Maximum per <b>Plan Year</b>	1

Bone Marrow Donation Surgery Benefit

**We** will pay the Bone Marrow Donation Benefit when an **insured person** undergoes **bone marrow donation surgery** for the purpose of donating their bone marrow to another **insured person**.

Additional Benefit	Benefit Amount
Bone Marrow Donation Surgery Benefit	\$1,000
Maximum Donation	once per <b>insured person's</b> lifetime

4. **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:
- 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);
  - Any act of war, whether declared or not, or voluntary participation in a riot, rebellion or civil insurrection.

**Congenital anomalies of insured dependent** children are not excluded.

5. **Additional Information:**

- **Renewability** – The policy is optionally renewable.
- **Premium Changes** – The premium rates may be changed by **us**. If the rates are changed, **we** will give at least 31 days advance written notice.
- **Portability** – If **your** employment ceases and as a result **your** coverage under the Policy terminates, **we** will provide portability coverage. Such coverage will be available to **you** and any of **your insured dependents**.

**You** must complete the Portability Coverage Election Form and return it to **us** along with payment the first premium for the portability coverage not later than 30 calendar days after **your** coverage under the Policy terminates. Portability coverage will be effective on the day after benefits under the Policy terminates.

The benefits, terms and conditions of portability coverage will be the same as those provided under the Policy on the date **your** coverage terminated. Any changes made to the Policy after **you** are covered under the Portability Provision will not apply to **you** unless required by law.

The initial premium rates will be based on the premium rates in effect at the time **you** apply for portability coverage. **You** must also pay any portion of the premium previously paid by **your employer** for the coverage.

A grace period of 31 days after the premium due date will be allowed for the payment of each premium. We will not pay benefits under the Certificate in the absence of payment of current premium, subject to this grace period.



Portability coverage will end on the earliest of the following dates:

- The date the Policy terminates;
- The date of the **insured person's** death;
- The date **you** attain age 120;
- The end of the portability grace period following the date the **insured person** fails to pay the required premium contribution;
- The end of the month on or following the date **you** are again covered under the Policy;
- The date coverage under this Portability Provision is cancelled or terminated by **us** for any reason upon 31 days advanced notice;
- The date **your** class of coverage is terminated;
- With respect to any **insured dependents**:
  1. The date **your** coverage terminates;
  2. The date **you** and **your insured spouse/domestic partner** divorce, end **your** or domestic partnership;
  3. The date **your insured dependent** ceases to be an eligible dependent under the Policy.

An **insured child** whose portability coverage terminates when he or she reaches the age limit may apply for portability coverage in his or her own name, or he or she is otherwise eligible.

Once portability coverage is cancelled or terminated, it cannot be reinstated.



Please review the below notice for Aetna Supplemental Health plan members who reside in the state of New Mexico.

**ATTENTION NEW MEXICO RESIDENTS**

The coverage provided under your benefits plan or policy underwritten by Aetna Life Insurance Company is limited in nature and may not provide financial protection for significant costs that you could incur for the diagnosis or treatment of COVID-19 ("Corona virus") related illness.

If you do not have comprehensive major medical coverage, in addition to the plan or policy issued by our company, you may incur significant uninsured medical expenses associated with the diagnosis and treatment of illness caused by COVID-19.

Major medical plans offer robust consumer protections, and are required to waive all deductibles, co-pays and other cost sharing expenses for the diagnosis or treatment of COVID-19 related illness. Your policy or plan with us is not a major medical plan and does not provide such protections.

If you do not have major medical coverage, you may:

1. Contact a licensed insurance broker or agent to see about major medical coverage availability.
2. To see if you are eligible for a special enrollment period for major medical coverage through the New Mexico Health Insurance Exchange, contact beWellnm toll-free at **1-833-862-3935**.
3. To see if you are eligible for Medicaid coverage and to complete an application, please call the Human Services Department's Medicaid Expansion Hotline toll-free at **1-855-637-6574** or visit **<https://www.yes.state.nm.us/yesnm/home/index>**.
4. To see if you are eligible for high risk pool coverage, please contact the New Mexico Medical Insurance Pool (the "High Risk Pool") at **1-844-728-7896** or **<https://nmmip.org/>**". If you are uninsured and have a COVID-19 diagnosis, your condition qualifies you for Pool coverage.

The Centers for Disease Control and the New Mexico Department of Health each have websites with considerable information on COVID-19. Visit each website at **<https://www.cdc.gov/>** or **<http://cv.nmhealth.org/>**.

Individuals who have symptoms consistent with COVID-19 should immediately call the NM Department of Health at **1-855-600-3453**.

# Non-Discrimination Notice

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call 1-888-772-9682.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512  
1-800-648-7817, TTY: 711, Fax: 859-425-3379, [CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

## Availability of Language Assistance Services

TTY: 711

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For language assistance in your language call 1-888-772-9682 at no cost. (English)

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Para obtener asistencia lingüística en su idioma, llame sin cargo al 1-888-772-9682. (Spanish)

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欲取得以您的語言提供的語言協助，請撥打1-888-772-9682，無需付費。(Chinese)

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Pour une assistance linguistique dans votre langue, appeler le 1-888-772-9682 sans frais. (French)

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Para sa tulong sa inyong wika, tumawag sa 1-888-772-9682 nang walang bayad. (Tagalog)

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Hilfe oder Informationen in deutscher Sprache erhalten Sie kostenlos unter der Nummer 1-888-772-9682. (German)

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للمساعدة اللغوية بلغتك الرجاء الاتصال على الرقم المجاني 1-888-772-9682. (Arabic)

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Pou jwenn asistans nan lang pa w, rele nimewo 1-888-772-9682 gratis. (French Creole)

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Per ricevere assistenza nella sua lingua, può chiamare gratuitamente il numero 1-888-772-9682. (Italian)

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日本語で援助をご希望の方は 1-888-772-9682 (フリーダイヤル) までお電話ください。 (Japanese)

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본인의 언어로 통역 서비스를 받고 싶으시면 비용 부담 없이 1-888-772-9682번으로 전화해 주십시오. (Korean)

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برای راهنمایی به زبان شما با شماره 1-888-772-9682 بدون هیچ هزینه ای تماس بگیرید. (Persian)

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Aby uzyskać pomoc w swoim języku, zadzwoń bezpłatnie pod numer 1-888-772-9682. (Polish)

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Para obter assistência no seu idioma, ligue gratuitamente para o 1-888-772-9682. (Portuguese)

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Чтобы получить помощь с переводом на ваш язык, позвоните по бесплатному номеру 1-888-772-9682. (Russian)

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Để được hỗ trợ ngôn ngữ bằng ngôn ngữ của bạn, hãy gọi miễn phí đến số 1-888-772-9682. (Vietnamese)

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