

Facing a serious diagnosis

An AutoNation Cancer Insurance Plan can help

Nobody is ready to receive a diagnosis of a serious illness. But an Aetna Cancer Plan pays benefits when you are diagnosed with a covered illness or condition, after your coverage effective date. This can help you feel a little more financially prepared to focus on the road to recovery.

Support in times of need

Loretta's* story

“After a routine mammogram, being diagnosed with breast cancer was not something I’d expected. Who can ever plan for something like that?”

“After surgery, chemo and many visits to the oncologist, my out-of-pocket medical costs really added up. My critical illness plan helped my finances.”

“Filing a claim online was fast and easy. And the benefits were deposited directly into my account. I used the cash for medical bills – plus extras, like childcare and groceries.”



Your plan – your benefits

Here’s what your plan would pay if you experienced a situation like Loretta’s.

Covered diagnosis	Benefit
Cancer	\$5,000
Total benefits paid	\$5,000

Covered benefits

A cancer plan can help ease some financial worries. Take a look at some of the covered conditions and benefits.

- Invasive cancer
- Carcinoma in situ (non-invasive cancer)
- Skin cancer
- Recurrent diagnosis**
- Dependent coverage



Want to learn more? Check out your benefit summary for a complete list of benefits, details, exclusions, and limitations that apply.

*The above member story is for illustrative purposes and does not reflect events experienced by actual participants.

**Recurrent diagnoses must occur at least 180 treatment-free days after initial diagnosis.

AutoNation

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Exclusions and Limitations

Cancer 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 cancer (invasive), carcinoma in situ or skin cancer that is diagnosed or for which care was received 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.

Critical Illness Policy form issued in Oklahoma include: GR-96843.

Critical Illness Policy form issued in Missouri include: GR-96844 01.

THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE ARE A SUPPLEMENT TO HEALTH INSURANCE AND 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. 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. For more information about Aetna plans, refer to **Aetna.com**.

