Life changing

Aetna Critical Illness Plan

Life's ups and downs. One day you're in a wedding dress — and the next a hospital gown. You're worried about your health and missing weeks of work. How are you going to pay for everything? Be better prepared for moments like these with an Aetna Critical Illness Plan.



We pay *you* cash benefits



It's your money to spend

Our critical illness plan pays you lump-sum cash benefits for a wide range of covered conditions — including a heart attack, a stroke, cancer and more. Use the money to help pay medical bills or everyday living expenses like groceries or rent. The choice is yours. You can also sign up for direct deposit to get your benefits faster.

Our plan works with your health plan

We won't deny coverage based on your health. There are no doctor exams to take or medical questions to answer. And we pay you even if you have other insurance coverage. This means it pairs well with your major medical plan.

Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna). Policy forms issued in Idaho include: GR-96844.

2376952-01-01

aetna®

An Aetna Simplified Claims Experience™

To file a claim, it takes about 90 seconds or less. If you've got Aetna® medical, you typically don't need to provide any documents. We'll access your medical records to help process your claim.* That's less paperwork for you. Don't have Aetna medical? No problem. Just upload a PDF or picture of your medical bill. If your claim is approved, we'll mail you a check or deposit cash directly into your bank account.

Manage your plan online

After you become a member, register at **MyAetnaSupplemental.com** or on the **My Aetna Supplemental** app. Or simply scan the QR code. Use your personal email address to continue to access your account and receive important reminders — even if you leave your company.

It happened to me — it could happen to you

"I'm on the mend. But when I had my heart attack, I forgot I had the Aetna Critical Illness Plan — until I got an email reminding me. I went online, signed up for direct deposit and filed a claim. I got my money fast. I used some of it to help cover out-of-pocket treatment costs. And the rest to take a long belated honeymoon."*

— Danielle*



*FOR CLAIM PROCESSING: Sometimes you may need to provide documentation if the benefit doesn't create a medical claim, or we need more details to process your claim.
*FOR COVERAGE LIMITATIONS: Benefits paid for covered critical illness diagnoses that occur on or after the coverage effective date.
*FOR MEMBER TESTIMONIAL: The above member story is for illustrative purposes and doesn't reflect events experienced by actual participants.

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

This plan provides limited benefits. It pays 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. Members are responsible for making sure the providers' bills get paid. These benefits are paid in addition to any other health coverage members may have.

THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT.

Policies are insured by Aetna Life Insurance Company (Aetna). Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Plan features and availability may vary by location and are subject to change. Refer to **Aetna.com** for more information about Aetna plans.

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

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2376952-01-01

BENEFIT SUMMARY

Banner Health

802395

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.

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	Low	Middle	High
Employee Face Amount	$10,000	$20,000	$30,000
Spouse Face Amount	50% of Employee Face Amount	50% of Employee Face Amount	50% of Employee Face Amount
Child(ren) 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:
Heart Attack (Myocardial Infarction) Pays a benefit when you are diagnosed with a Heart attack (Myocardial Infarction) resulting from a blockage of one or more coronary arteries.	100%
Stroke 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%
Coronary Artery Condition Requiring Bypass Surgery Pays a benefit when you are diagnosed with a Coronary artery condition requiring bypass surgery.	25%
Major Organ Failure 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%
End-Stage Renal Failure 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%

Proprietary

Covered Benefit	Percent of Face Amount:
Paralysis 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;	100%
Loss of Sight (Blindness) 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.	100%
Loss of Speech 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.	100%
Loss of Hearing 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.	100%
Occupational HIV 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.	100%
Coma 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 coms is not covered). The Coma must last for a period of 14 or more consecutive days.	100%
Benign Brain Tumor Pays a benefit when you are diagnosed with a Benign brain tumor by a physician.	100%
Third-Degree Burns 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).	100%
Alzheimer's Disease Pays a benefit when you are diagnosed with Alzheimer's disease, diagnosis of the disease by a psychiatrist or neurologist.	25%
Parkinson's Disease Pays a benefit when you are diagnosed with Parkinson's disease by a psychiatrist or neurologist.	25%
Lupus Pays a benefit when you are diagnosed with Lupus by a physician.	25%
Multiple Sclerosis Pays a benefit when you are diagnosed with Multiple sclerosis by a physician.	25%
Muscular Dystrophy Pays a benefit when you are diagnosed with Muscular dystrophy by a physician.	25%

Proprietary

Covered Benefit	Percent of Face Amount:
Subsequent Critical Illness Diagnosis Benefit 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 payable if the subsequent diagnosis occurs less than 180 days later.	100% after 180 days
Recurrence Critical Illness Diagnosis Benefit 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.	50% after 180 days

Additional Critical Illness Conditions

Covered Benefit	Percent of Face Amount:
Acute respiratory distress syndrome (ARDS) Pays a benefit when you are diagnosed with Acute respiratory distress syndrome (ARDS) by a physician.	25%

Proprietary

Cancer Benefits

Covered Benefit	Benefit Amount
Cancer (invasive) 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.	100%
Carcinoma in Situ (non-invasive) 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.	25%
Skin Cancer (Lifetime Maximum per Insured) 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.	$1,000
Recurrence Cancer (invasive) Diagnosis Benefit 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.	50% after 180 days
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.	50% after 180 days

Proprietary

Additional Plan Benefits

Covered Benefit	Benefit Amount
Health Screening	$50

Pays once per plan year, per member for one of the preventive tests listed below.

Note: Your plan year may not be based on the calendar year.

Maximum 1 day per plan year

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)
- 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, 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.

Proprietary

Portability

Your plan includes a 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.

Questions and Answers about the Critical Illness Plan

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?

The face amount is the maximum benefit a plan pays for a covered diagnosis for a member. Your benefits are based on a percentage of the face amount, or a specific dollar amount, as shown. Your dependents' benefits are based on a percentage of your benefits.

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** *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.

Proprietary

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.
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/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.

Proprietary

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, 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**). 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**.

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**.

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.

Proprietary

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

Benefits:

Employee Face Amount	**$10,000, $20,000 or $30,000**
Insured Spouse/Domestic Partner Face Amount	**50% of the employee Face Amount**
Insured Children Face Amount	**50% of the employee Face Amount**

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.

Critical Illness Benefit	**Percentage of Face Amount**
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
Coronary Artery Condition Requiring Bypass Surgery	25%
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	25%
Parkinson's Disease	25%
Lupus	25%
Multiple Sclerosis	25%
Muscular Dystrophy	25%
Acute respiratory distress syndrome (ARDS)	25%

Proprietary

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**.

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

Proprietary

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 **Plan Year**	1

Proprietary

4. 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:
   - 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.

Proprietary

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 80;
- 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**.

Proprietary

Discrimination is Against the Law

Aetna Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with 45 CFR § 92.101(a)(2)). Aetna Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aetna Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 1-800-872-3862 (TTY: 711) or the number on the back of your ID card.

If you believe that Aetna Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator
Attn: 1557 Coordinator
CVS Pharmacy, Inc.
1 CVS Drive, MC 2332,
Woonsocket, RI 02895

Phone: 1-800-648-7817, TTY: 711
Email: CRCoordinator@aetna.com

You can file a grievance in person, by mail, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
This notice is available at Aetna Inc.'s website: https://www.aetna.com/

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TTY: **711**

English	**To access language services at no cost to you, call** 1-888-772-9682 **.**
Amharic	እርስዎ ወጪ ሳያወጡ የቋንቋ አገልግሎቶችን ለመድረስ ወደ 1-888-772-9682 ይደውሉ።
Arabic	للحصول على خدمات اللغة مجانًا، اتصل على 1-888-772-9682
Armenian	Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք հեռախոսահամարով: 1-888-772-9682
Carolinian (Kapasal Falawasch)	ngere aukke ghut alillis reel kapasal Falawasch au fafaingi tilifon ye 1-888-772-9682 .
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang 1-888-772-9682 .
Chinese Traditional	如欲使用免費語言服務，請致電 1-888-772-9682 .
Cushitic-Oromo	Tajaajila afaanii bilisaan argachuuf, 1-888-772-9682 irratti bilbilaa.
French	Afin d'accéder aux services langagiers sans frais, composez le 1-888-772-9682 .
French Creole (Haitian)	Pou w jwenn aksè ak sèvis lang gratis pou ou, rele 1-888-772-9682 .
German	Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie 1-888-772-9682 an.
Greek	Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό 1-888-772-9682 .
Gujarati	તમારે કોઇ તના ખર્ચ વના ભાષાની સેવાઓની પહચ માટે, કોલ કરો 1-888-772-9682 .
Hindi	आपके लए बना कसी कमत के भाषा सेवाआ का उपयोग करने के लए, 1-888-772-9682 पर कॉल करे।
Hmong	Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu 1-888-772-9682 .
Italian	Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-888-772-9682 .
Japanese	無料の言語サービスをご利用いただくには、1-888-772-9682 にお電話ください。
Karen	လၫကမၤနှဲ့ ကျိာ်တၢ်မၤစၢၤတၢ်မၤ လၫတလိဉ်လာ်ဘူဉ်လာ်စုၤ လၫနဂီၢ်အဂီၢ်, 1-888-772-9682 .
Korean	무료로 언어 서비스를 이용하려면 1-888-772-9682 번으로 전화하세요
Laotian	ເພື່ອເຂົ້າເຖິງການບໍລິການພາສາໂດຍບເສຍຄ່າໃຊ້ຈ່າຍໃດໆແກ່ທ່ານ, ໃຫ້ໂທຫາ 1-888-772-9682 .
Mon-Khmer, Cambodian	ដើម្បីទទួលនេសវាផ្នែនកភាសាដោយមិនគិតៃថ្លលពីអ្នែនកសូមទូរសព្ទទេលខ 1-888-772-9682 ។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bą́ą́h ílínígóó kojį' hólne' 1-888-772-9682 .
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff 1-888-772-9682 .
Persian-Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-888-772-9682 تماس بگیرید.
Polish	Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod numer 1-888-772-9682 .
Portuguese	Ligue para 1-888-772-9682 para receber assistência linguística gratuita.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, 1-888-772-9682 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Russian	Чтобы получить бесплатные языковые услуги, позвоните по номеру 1-888-772-9682 .
Samoan	Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala'au le 1-888-772-9682 .
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite 1-888-772-9682 .
Spanish	Para acceder a los servicios de idiomas sin costo, llame al 1-888-772-9682 .
Syriac-Assyrian	ܒܗ، ܡܒܪܟ ܠܟ ܒܫܘܬܦܐ ܕܫܝܪܘܬ ܠܫܢܐ ܕܠܐ ܡܫܟܚ ܥܠ ܝܠܦ ܠܟ ܒܠܫܢ ܕܡܬܝܠ ܠܟ ܐܢ ܬܨܠ ܠ 1-888-772-9682 .
Tagalog	Upang ma-access ang mga serbisyo sa wika nang wala kang babayaran, tumawag sa 1-888-772-9682 .
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร 1-888-772-9682 .
Ukrainian	Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером 1-888-772-9682 .
Vietnamese	Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-888-772-9682 .

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