

Aetna Supplemental Health Plans

Prepare for the unexpected

Would you be financially ready if you had an accidental injury or a serious illness? What about a hospital stay — expected or unexpected? The **Aetna Accident, Critical Illness and Hospital Indemnity Plans** can help supplement your medical coverage.

How are these plans different from a major medical plan?

Medical plans pay **doctors and hospitals** directly for treatment related to your care. Unfortunately, medical plans usually don't cover 100% of the costs, leaving you to come up with the rest.

Medical plans also don't cover other expenses health events might impact, like daycare, rent and more if you're out of work. However, Aetna Supplemental Health Plans pay benefits directly to **you**, providing extra cash when you need it most. They can help fill in the gaps, making them a great companion to your major medical plan.

How can you use the cash benefits? It's completely up to you. You can put the

money toward:

- Deductibles or co-pays
- Mortgage or rent
- Groceries or utility bills

And so much more! Use the benefits any way you choose.

Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna). Policy forms issued in Idaho include: Accident plan GR-96842, Critical illness plan GR-96844, Hospital plan GR-96172, AL VOL HPOL-Hosp 01.





Preparing for the unexpected

An Aetna Accident Plan can help

Accidents happen when you least expect them. But an Aetna Accident Plan can help you be more financially prepared. It pays you cash benefits when you or a covered family member are faced with a covered accidental injury on or off the job.

Be ready for when real life happens

Jorge's story*

"My 10-year-old son recently took a major tumble during a school soccer match and ended up with a broken leg." "Between the ER visit, surgery, countless doctors' appointments, and physical therapy, the bills really added up. But my accident plan helped us make ends meet." "It paid me cash to use toward my deductible, copays, and bills — even my car payment. And, filing a claim on the app was a breeze!"









Your plan — your benefits

Here's what your plan would pay if you're a member of the **accidental injury insurance plan** and experienced a situation like Jorge's.

Covered care	Benefit
Initial treatment — ER	\$400
X-ray	\$250
Broken leg (surgically repaired, open reduction)	\$6,500
Appliances (crutches)	\$150
Follow-up care visit	\$125
Physical therapy (6 visits)	\$450
Organized sports (25% additional)	\$1,968.75
Total benefits paid	\$9,843.75

Covered accidental injury insurance benefits

The accidental injury insurance plan helps you stay on top of your bills while you recover. Take a look at some of the benefits:

- Initial & follow-up care
- Hospital stay & surgical care
- Dislocations & fractures
- Burns
- Concussions
- Paralysis
- Accidental death & dismemberment
- Organized sports**
- \$75 Health screening



Want to learn more? Limits apply to the number of times a benefit is payable. 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.

^{**}The plan pays a higher percentage of benefits if a member is injured while participating as a registered member of an organized sporting activity. Some benefits are excluded from the additional benefit percentage.

Facing a serious diagnosis

An Aetna Critical Illness Plan can help

Nobody is ever ready to receive a diagnosis of a serious illness. But an Aetna Critical Illness Plan pays cash benefits to you if you're diagnosed with a covered illness or condition, after the coverage effective date. The extra money can provide some financial help, so you can focus on the road to recovery.

Support in times of need

Loretta's story*

"After a routine mammogram, I was diagnosed with breast cancer. Who can ever plan for something like that?" "After surgery, chemo and many visits to the oncologist, my out-of-pocket medical costs really added up." "Filing a claim online was so fast and easy. And the benefit was deposited directly into my account. The cash helped pay medical bills — plus childcare and groceries."









Your plan — your benefits

Here's what your plan would pay if you're a member of the **Option 1 \$10,000 critical illness plan** and experienced a situation like Loretta's.

Covered diagnosis	Benefit
Health screening	\$75
Cancer diagnosis (invasive)	\$10,000
Total benefits paid	\$10,075

Covered Aetna Critical Illness Plan benefits

An Aetna Critical Illness Plan can help ease some financial worries. Take a look at some of the benefits:

- Heart attack & stroke
- Major organ failure
- Invasive & non-invasive cancers
- Alzheimer's & lupus
- Childhood conditions
- Infectious diseases (including coronavirus**)
- Recurrence*** & subsequent illnesses
- \$75 Health screening



Want to learn more? You have a choice of plan options. If you or a covered dependent are diagnosed with two or more critical illnesses on the same day, we will pay the diagnosis with the highest benefit amount. Limits may apply to the number of times a benefit is payable. 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.
- **Some infectious diseases, including coronavirus, require a hospital stay of at least five days for benefits to be paid.
- ***Recurrence (same) illness diagnoses must occur at least 180 days after the initial diagnosis. Recurrence of cancer must be at least 180 *treatment-free* days after initial diagnosis.

Facing a serious diagnosis

An Aetna Critical Illness Plan can help

Nobody is ever ready to receive a diagnosis of a serious illness. But an Aetna Critical Illness Plan pays cash benefits to you if you're diagnosed with a covered illness or condition, after the coverage effective date. The extra money can provide some financial help, so you can focus on the road to recovery.

Support in times of need

Hung's story*

"I knew my family had a history of heart disease. But I try to eat right and exercise, so my heart attack still took me by surprise. So did the stroke I had the following day." "I'm expected to make a full recovery, but man — those bills! That's where my critical illness plan helped the most." "Filing a claim online was fast and easy. And the benefits were deposited directly into my account. I used the cash for medical bills — plus it helped pay my mortgage."











Your plan — your benefits

Here's what your plan would pay if you're a member of the **Option 2 \$20,000 critical illness plan** and experienced a situation like Hung's.

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

Covered Aetna Critical Illness Plan benefits

An Aetna Critical Illness Plan can help ease some financial worries. Take a look at some of the benefits:

- Heart attack & stroke
- Major organ failure
- Invasive & non-invasive cancers
- Alzheimer's & lupus
- Childhood conditions
- Infectious diseases (including coronavirus**)
- Recurrence & subsequent illnesses***
- \$75 Health screening



Want to learn more? You have a choice of plan options. Limits may apply to the number of times a benefit is payable. If you or a covered dependent are diagnosed with two or more critical illnesses on the same day, we will pay the diagnosis with the highest benefit amount. Check out your 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.
- **Some infectious diseases, including coronavirus, require a hospital stay of at least five days for benefits to be paid.
- ***Recurrence (same) illness diagnoses must occur at least 180 days after the initial diagnosis. Recurrence of cancer must be at least 180 treatment-free days after initial diagnosis. Subsequent (different) illness diagnoses require no waiting period.

Be prepared for the road ahead

An Aetna Hospital Indemnity Plan can help

Maybe you're expecting to have a hospital stay — or maybe not. The Aetna Hospital Indemnity Plan pays benefits when you have a hospital stay due to an illness, injury, surgery or delivering a baby. It's an extra layer of financial protection when you really need it.

Make your stay a bit easier

Manuel's story*

"Instead of spending my vacation on the beach, I spent it in the hospital with appendicitis!" "The only thing more painful than my burst appendix was the hospital bill after being admitted for emergency surgery." "Thankfully, my hospital indemnity plan paid me cash to use towards my out-of-pocket medical costs — plus my car payment."









Your plan — your benefits

Here's what your plan would pay if you're a member of the **hospital indemnity plan** and experienced a situation like Manuel's.

Covered hospitalization	Benefit
Hospital admission (initial day of stay)	\$1,000
Daily hospital stay (non-ICU, 2 days total)	\$400
Total benefits paid	\$1,400

Covered Aetna Hospital Indemnity Plan benefits

An Aetna Hospital Indemnity Plan provides benefits when you have a covered hospital stay. Take a look at some of the benefits:

- Hospital admission**
- Daily hospital stays ICU/non-ICU***
- Rehabilitation, mental disorder, & substance abuse stays***
- Newborn routine daily care (normal pregnancy)
- Follow-up care for maternity (normal pregnancy)
- Observation care (one day per plan year)
- \$75 Health screening



Want to learn more? Limits apply to the number of times a benefit is payable per plan year. 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.
- **Admission benefits are paid for the initial day of a hospital stay. Admissions are unlimited but must be separated by at least 30 days in a row. Admission to the hospital for delivering a child will be paid even if the maximum admission benefit has been exceeded.
- ***Daily stays start on day one of an inpatient stay and count toward a combined maximum of 60 days per plan year. ICU daily stays pay higher benefits. Hospitalization for delivering a child is paid for at least two days (or a minimum of four days for a Cesarean delivery), even if the maximum daily stay has been exceeded.
- [†]Newborn daily stay starts on day one for a minimum, of two days (or a minimum of four days for Cesarean delivery) and counts toward the combined maximum daily stays.
- ^{††}Maternity follow-up care pays a daily benefit for treatment received in a medical or home health care setting under certain circumstances. See your policy certificates for details.

Be prepared for the road ahead

An Aetna Hospital Indemnity Plan can help

Maybe you're expecting to have a hospital stay — or maybe not. The Aetna Hospital Indemnity Plan pays benefits when you have a hospital stay due to an illness, injury, surgery or delivering a baby. It's an extra layer of financial protection when you really need it.

Make your stay a bit easier

Monique's story*

"My spouse and I were excited when we found out we were expecting. And to double the good news, we had twins!" "As first-time parents, there was a lot for us to prepare for. We appreciated any help we could get, especially financial help." "Thankfully, my hospital indemnity plan paid me cash to help pay out-of-pocket medical bills and for some furnishings for our nursery."











Your plan — your benefits

Here's what your plan would pay if you're a member of the **hospital indemnity plan** and experienced a situation like Monique's.

Covered hospitalization	Benefit
Hospital admission (initial day of stay)	\$1,000
Daily hospital stay (non-ICU, 3 days total)	\$600
Newborn routine daily care (2 births/2 days)	\$1,200
Follow-up maternity care (2 days)	\$40
Total benefits paid	\$2,840

Covered Aetna Hospital Indemnity Plan benefits

An Aetna Hospital Indemnity Plan provides benefits when you have a covered hospital stay. Take a look at some of the benefits:

- Hospital admission**
- Daily hospital stays ICU/non-ICU***
- Rehabilitation, mental disorder, & substance abuse stays***
- Newborn hospital admission**
- Newborn routine hospital stay[†]
- Follow-up care maternity care^{††}
- Observation care (one day per plan year)
- \$75 Health screening



Want to learn more? Limits apply to the number of times a benefit is payable per plan year. 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.
- **Admission benefits are paid for the initial day of a hospital stay. Admissions are unlimited but must be separated by at least 30 days in a row. Admission to the hospital for delivering a child will be paid even if the maximum admission benefit has been exceeded.
- ***Daily stays start on day one of an inpatient stay and count toward a combined maximum of 60 days per plan year. ICU daily stays pay higher benefits. Hospitalization for delivering a child is paid for at least two days (or a minimum of four days for a Cesarean delivery), even if the maximum daily stay has been exceeded.
- [†]Newborn daily stay starts on day one for a minimum, of two days (or a minimum of four days for Cesarean delivery) and counts toward the combined maximum daily stays.
- ††Maternity follow-up care pays a daily benefit for treatment received in a medical or home health care setting under certain circumstances. See your policy certificates for details.

Aetna Supplemental Health Plans

We make it simple

If you're eligible to enroll and apply for coverage, your acceptance is guaranteed. Cash benefits are paid directly to you and are not reduced by other insurance benefits you may have. You get access to negotiated group rates and the convenience of payroll deductions to pay your premiums. And, if you leave your company, you can take your plan with you.

More great benefits

- Health screening: The Aetna® Accident, Critical Illness and Hospital Indemnity Plans include a \$75 benefit for a covered health screening. You could receive up to \$225 per member per plan year if you're enrolled in all three plans. You can file a claim for mammograms, immunizations, dental and vision exams, lipid panels and more. Don't forget to submit your claim for your Quest biometric screening if you have not already filed your annual health screening claim. See the complete list of covered screenings in the benefit summaries posted on the Aetna portal or mobile app under "My Documents".
- Organized sports: The Aetna Accident Plan pays an additional 25% of total benefits if a
 member is injured while participating as a registered member of an organized sporting
 activity. Some benefits are excluded from the additional benefit percentage. See the
 complete list of exclusions in your benefit summary.
- **Childhood conditions:** The Aetna Critical Illness Plan pays benefits for childhood conditions such as cerebral palsy, congenital heart defects, cystic fibrosis, autism and more. See the complete list of covered childhood conditions in your benefit summary.

Please note: The plans don't pay benefits for care, treatment, hospitalizations, diagnoses, or services that occur before the plan's effective date.

Aetna Easy File™

After you become a member, you'll enjoy an Aetna Simplified Claims ExperienceTM on the **My Aetna Supplemental** app, or on our member portal at **Myaetnasupplemental.com**. Filing claims is easy; just answer a few short questions online. You can also view your coverage and sign up for direct deposit.

Got questions? Ready to enroll?

If you want more information on these benefits, call Member Services at **1-800-998-3797 (TTY: 711)**, Monday through Friday, 8 AM to 6 PM.

Visit your enrollment website at www.benefitsgo.com/parker to enroll.

Exclusions and limitations

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

Aetna Accident Plan exclusions and limitations

- 1. Certain competitive or recreational activities, including but not limited to: ballooning, bungee jumping,
- 2. parachuting, skydiving;
- 3. Any semi-professional or professional competitive athletic contest, including officiating or coaching, for which you receive any payment;
- 4. Act of war, riot, war;
- 5. Operating, learning to operate or serving as a pilot or crew member of any aircraft, whether motorized or not;
- 6. Assault, felony, illegal occupation, or other criminal act;
- 7. Bacterial infections that are not caused by a cut or wound from an accidental injury;
- 8. Care provided by immediate family members or any household member;
- 9. Elective or cosmetic surgery:
- 10. Nutritional supplements;
- 11. Suicide or attempt at suicide, intentionally self-inflicted injury, or any attempt at self-inflicted injury, or any form of intentional asphyxiation, except when resulting from a diagnosed disorder;
- 12. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
- 13. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant, including those prescribed by a physician that are misused.

We will not pay any benefits for a service or supply rendered or received that are not specifically covered or not related to an accidental injury.

The stay, visit, or service must be on or after the effective date of coverage, while coverage is in force and take place in the United States or its territories.

Accident Policy form issued in Oklahoma include: GR-96841, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01 Accident Policy form issued in Missouri and Wyoming include: GR-96842 01, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01

Accident Policy forms issued in Washington include: GR-96842 01

Aetna Critical Illness Plan exclusions and limitations

Benefits under the policy will not be payable for a diagnosis related to the following:

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

The critical illness date of diagnosis must be on or after the effective date of the certificate and while coverage is in force.

The diagnosis must be given or received in the United States or its territories.

Critical Illness Policy form issued in Oklahoma include: GR-96843, AL HCOC-VOL CI 01, and AL HPOL-VOL CI 01 Critical Illness Policy form issued in Missouri and Wyoming include: GR-96844 01, AL HCOC-VOL CI 01 and AL HPOL-VOL CI 01

Aetna Hospital Indemnity Plan exclusions and limitations

Benefits will not be paid for any stay or other service for an illness or accidental injury related to the following:

- 1. Certain competitive or recreational activities, including but not limited to: Ballooning, bungee jumping, parachuting, skydiving;
- 2. Any semi-professional or professional competitive athletic contest, including officiating or coaching, for which you receive any payment;
- 3. Act of war, riot, war;
- 4. Operating, learning to operate or serving as a pilot or crew member of any aircraft, whether motorized or not;
- 5. Assault, felony, illegal occupation, or other criminal act;
- 6. Care provided by a spouse, parent, child, sibling or any other household member;
- 7. Cosmetic services and plastic surgery, with certain exceptions;
- 8. Custodial care:
- 9. Hospice services, except as specifically provided in the Benefits under your plan section of the certificate;
- 10. Self-harm, suicide, except when resulting from a diagnosed disorder;
- 11. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
- 12. Care or services received outside the United States or its territories;
- 13. Experimental or investigational drugs, devices, treatments, or procedures;
- 14. Education, training or retraining services or testing;
- 15. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant;
- 16. Exams except as specifically provided in the Benefits under your plan section of the certificate;
- 17. Dental and orthodontic care and treatment;
- 18. Family planning services;
- 19. Any care, prescription drugs, and medicines related to infertility;
- 20. Nutritional supplements, including but not limited to: food items, infant formulas, vitamins;
- 21. Outpatient cognitive rehabilitation, physical therapy, occupational therapy, or speech therapy for any reason;
- 22. Vision-related care.

Hospital Indemnity Plan Policy form issued in Oklahoma include: AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01, GR-96173-HI 01

Hospital Indemnity Plan Policy form issued in Missouri and Wyoming include: AL VOL HPOL-Hosp 01, GR-96172-01

Hospital Indemnity Plan Policy forms issued in Washington include: GR-96172 01, AL VOL HPOL-Hosp 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.

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.





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.

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

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

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

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)

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

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

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

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

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

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

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

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

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

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

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

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

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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