

AETNA LIFE INSURANCE COMPANY

SPECIFIED DISEASE COVERAGE ONLY (CRITICAL ILLNESS COVERAGE ONLY)

OUTLINE OF COVERAGE

This policy or certificate is a group policy or certificate. This policy or certificate provides specified disease coverage (critical illness coverage) ONLY. This policy or certificate does NOT provide comprehensive medical or hospital insurance, Medicare supplement insurance, long-term care insurance, nursing home insurance only, home health care insurance only, or nursing home and home care insurance. You may also contact your local social security office or this company and obtain a copy of the Guide to Health Insurance for People with Medicare.

Benefits, Exclusions and Limitations:

Some notes on how we use words:

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

Employee Face Amount	\$20,000 (in increments of \$1,000)
Insured Spouse/Civil Union Partner/Domestic Partner Face Amount	50% of the employee Face Amount rounded to the next higher \$10,000 if not already a multiple thereof
Insured Children Face Amount	50% of the employee Face Amount rounded to the next higher \$10,000 if not already a multiple thereof

Critical Illness Benefits: We will pay the applicable benefit shown on the Schedule of Benefits section of the certificate 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%

Critical Illness Benefit	Percentage of Face Amount
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%
Lupus	100%
Multiple Sclerosis	100%
Muscular Dystrophy	100%
Maximum Benefit Amount	100% per insured person's lifetime

If the **date of diagnosis** of two or more **critical illnesses** is the same day, the **diagnosis** with the highest benefit is payable.

If an **insured person** has been initially **diagnosed** with and received a benefit for a **critical illness**, and then the **insured person** is **diagnosed** again with the *same* **critical illness** (a recurrence), a benefit may or may not be payable for the reoccurrence. See the Reoccurrence Critical Illness Diagnosis Benefit under the Benefits section of the certificate for more detail.

If an **insured person** has been **diagnosed** with and received a benefit for a **critical illness** and is subsequently **diagnosed** with a *different* **critical illness**, a benefit may or may not be payable for the subsequent **diagnosis**. See the Subsequent Critical Illness Diagnosis Benefit under the Benefits section of the certificate for more detail.

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

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

Cancer Benefit	Percentage of Face Amount/Benefit Amount
Cancer (invasive)	100%
Carcinoma in Situ	25%
Maximum Benefit Amount	100% per insured person's lifetime

If the **date of diagnosis** of two or more **cancer diagnoses** is the same day, we will pay only the **diagnosis** with the highest benefit.

If an **insured person** has been initially **diagnosed** with and received a benefit for **cancer (invasive)** and is subsequently **diagnosed** with **cancer (invasive)** again, a benefit may or may not be payable for the reoccurrence. See the Reoccurrence Cancer (invasive) Diagnosis Benefit under the Benefits section of the certificate for more detail.

If an **insured person** has been initially **diagnosed** with and received a benefit for **carcinoma in situ** and is subsequently **diagnosed** with **carcinoma in situ** again, a benefit may or may not be payable for the reoccurrence. See the Reoccurrence Carcinoma in Situ Diagnosis Benefit under the Benefits section of the certificate for more detail.

Additional Benefits: Health Screening Benefit - We will pay the Health Screening 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**.

Additional Benefits	Benefit Amount
Health Screening Benefit	\$50
Maximum per Plan Year	1 per plan year

Covered Health Screenings:

<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • Skin cancer screening • Serum protein electrophoresis (blood test for myeloma) • Prostate Specific Antigen (PSA) Test • Flexible sigmoidoscopy • Digital rectal exams (DRE) • Hemocult 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
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Exclusions: Benefits under the policy will not be payable for any **critical illness, cancer (invasive)** or **carcinoma in situ** 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. Any act of war, whether declared or not, or voluntary participation in a riot, rebellion or civil insurrection.

Also, **we** shall not be liable for any loss:

1. Sustained or contracted as a consequence of the **insured person's** intoxication or being under the influence of any narcotic unless administered or consumed on the advice of a **physician**;
2. To which a contributing cause was the **insured person's** commission of or attempt to commit a felony or to which a contributing cause was the **insured person's** engagement in an illegal occupation.

This outline of coverage is a very brief summary of your policy or certificate.

The policy or certificate itself sets forth the rights and obligations of both you and the insurance company. It is therefore imperative that you **READ YOUR POLICY OR CERTIFICATE** carefully.

The anticipated loss ratio for this policy or certificate is 75 percent for group policies. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy or certificate.