Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna®

Coverage that provides financial help to use the way you want

Aetna Critical Illness Plan

www.aetna.com

57.03.387.1 (3/15)

While medical plans typically cover a serious illness, they don't cover the additional financial costs that come with it. **The Aetna Critical Illness Plan can help.**

A smart way to help you with your out-of-pocket expenses

Recovering from a critical illness can be hard — and expensive. Most medical plans aren't designed to cover costs like child care and transportation to doctor's appointments. Unfortunately, these expenses can come at a time when you're missing work *and* your paycheck. An Aetna Critical Illness Plan can help you protect your finances.

Cash to help pay your bills

The Aetna Critical Illness Plan pays cash benefits directly to you when you are diagnosed with a covered condition.

You can use the money to pay for everyday expenses like mortgage payments, day care or utility bills.

Or you can use the cash for expenses like coinsurance, or to help cover your medical plan's deductible. It's up to you.

Benefits are payable no matter what other medical coverage you might have. So if you get sick, you won't have to add the cost of recovery to your list of worries.

When you sign up with Aetna, you'll get:

Simplified claims submission. If you're an Aetna medical member, we can use your medical claims information to help speed the processing of your critical illness claims.

Online claims access when you sign up for the Aetna Navigator® secure member website.

The Aetna Critical Illness Plan is underwritten by Aetna Life Insurance Company (Aetna).

Here's how the plan helped Karen*

Karen added an **Aetna Critical Illness Plan** to her benefits package.

The first year:

Karen had a **heart attack** and **missed six weeks of work**.

She submitted her **critical illness claim** and **received $15,000** from Aetna.

The following year:

She had a **stroke**.

She submitted her critical illness claim and **received $15,000** from Aetna.

Combined, her critical illness plan paid her $30,000.

She used this toward her deductibles, copays, elder care and home modifications (handicap-accessible bathroom and front entrance ramp).

Heart attack benefit	$15,000
Stroke diagnosis	$15,000
Benefits paid	**$30,000**

*This example is for illustrative purposes and does not reflect events experienced by an actual participant.

Why is critical illness coverage important?

More Americans than ever are surviving cancer, with nearly **14.5 million cancer survivors** living in the United States today.[1]

Someone in the U.S. has a stroke about **every 40 seconds.**[2]

and ...

Someone in the U.S. has a heart attack **every 34 seconds.**[3]

The plan includes features to meet your needs.

Flexible.

You can choose coverage for just yourself, or add coverage for your spouse or children.

Affordable.

Premiums are low and they're easy to pay with payroll deduction.

Attainable.

Your coverage is guaranteed, with no Evidence of Insurability.

It's easy to sign up

Follow the simple enrollment instructions in this packet. Or talk to your Human Resources representative to learn how you can get an **Aetna Critical Illness Plan**.

[1]American Cancer Society. 2014 Cancer Survivorship Statistics — Key Takeaways. June 2, 2014. Available at: www.cancer.org/research/acsresearchupdates/more/2014-cancer-survivorship-statistics%E2%80%93key-takeaways. Accessed April 2015.

[2]American Heart Association. Heart disease and stroke continue to threaten U.S. health. December 18, 2013. Available at: www.newsroom.heart.org/news/heart-disease-and-stroke-continue-to-threaten-u-s-health. Accessed April 2015.

[3]Roger VL, Go AS, Lloyd-Jones DM, Benjamin EJ, Berry JD, Borden WB, et al. Heart disease and stroke statistics—2012 update. A report from the American Heart Association. 2012; 125(1):e2–220.

This plan provides limited benefits. The benefit 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.

Exclusions and limitations

This plan has exclusions and limitations. Refer to the actual policy and Booklet-Certificate to determine which health care 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. No benefit is paid for or in connection with the following stays, visits or services:

- Cancer (invasive), carcinoma in situ or skin cancer (unless the plan sponsor has selected this coverage)
- Any critical illness or cancer that is diagnosed treated outside of the U.S. and its territories
- Any pre-existing condition, until coverage has been in force for 365 days (in some states this time frame may be shorter)
- Any loss due in whole or part to:
  - Self-inflicted harm
  - Being under the influence of a drug
  - Engaging in a criminal act or riot
  - Acts of war

This material is for information only. Health insurance plans contain exclusions and limitations. Not all health services are covered. 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 **www.aetna.com**.

Policy forms include: GR-96843, GR-96844.

www.aetna.com

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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	$10,000 (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 $5,000 if not already a multiple thereof
Insured Children Face Amount	50% of the **employee** Face Amount rounded to the next higher $5,000 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:

- 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

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.

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:

- 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

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.

Quality health plans & benefits
Healthier living
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Toys"R"Us, Inc.
802234

BENEFIT SUMMARY

Aetna Critical Illness Plus with Cancer

THIS IS NOT A MEDICARE SUPPLEMENT PLAN. If you are eligible for Medicare, review the free Guide to Health Insurance for People with Medicare available from the company or 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.

This plan is designed to provide for additional dollars to help pay for covered expenses due to a critical illness outside your regular Toys“R”Us Aetna medical coverage. This plan is not intended to replace Company-provided medical coverage and does not qualify as medical coverage under the Affordable Care Act.

Enrollment in a Toys“R”Us medical option is not required to elect this plan. You must provide the Social Security Number of any dependents and/or beneficiaries at the time of your election.

Any potential payments received from the supplemental benefit plan(s) will not offset the amount you receive for short-term disability or sick pay.

Face Amounts

	Low Plan	High Plan
Employee	**$10,000**	**$20,000**
Spouse 50% of Employee face amount	**$5,000**	**$10,000**
Child(ren) 50% of Employee face amount	**$5,000**	**$10,000**

Critical Illness Benefits covered at 100% of face amount

Heart Attack (Myocardial Infarction)

Stroke

Major Organ Failure

End-Stage Renal Failure

Benign Brain Tumor

Third Degree Burns

Lupus

Multiple Sclerosis (MS)

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 test.

Coma

Loss of Hearing
continued for a period of 90 consecutive day)

Loss of Sight (Blindness)
continued for a period of 90 consecutive days

Loss of Speech
continued for a period of 90 consecutive das

Paralysis
continued for a period of 60 consecutive days

Muscular Dystrophy

Critical Illness Benefits covered at 25% of face amount

Coronary Artery Condition Requiring Bypass Surgery
(*In order for benefits to be payable,* **bypass surgery must be done** *while coverage for the insured person is in force.)*

Cancer Benefit

Cancer (Invasive)	100% of face amount
Carcinoma in Situ	25% of face amount

Subsequent Critical Illness Diagnosis Benefit - applies only to Critical Illness Benefits

Employee	100% of face amount after 180 days
Spouse/ Child(ren)	50% of face amount after 180 days

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.

Recurrence Critical Illness Diagnosis Benefit

Employee/ Spouse/ Child(ren)	50% of face amount after 180 days

If an insured person has been initially diagnosed with and received a benefit for a critical illness and then is diagnosed with the same critical illness again at least 180 days later, we will pay the above 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.

Recurrence Cancer (invasive) and Carcinoma in Situ Diagnosis Benefit

Employee/ Spouse/ Child(ren)	50% of face amount after 180 days

If an insured person has been initially diagnosed with and received a benefit for cancer (invasive) and is subsequently diagnosed with any kind of cancer (invasive) again at least 180 days later, we will pay the above 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.

Health Screening Benefit

We will pay the amount shown for one of the following preventive tests performed within a 12 month period.

Employee/ Spouse/ Child(ren)	$50

- 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

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.

Benefits under the Policy will not be payable for any:

- Any critical illness or cancer that is diagnosed treated outside of the U.S. and its territories;
- 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);
- 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;
- Engaging in an assault, felony, illegal occupation or other criminal act;
- 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 other than termination of the group Policy by your employer. Refer to your Certificate for additional Portability provisions.

Questions and Answers about the Critical Illness Plan

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 6 months. Tobacco products include, but are not limited to, cigarettes, cigars, snuff, dip, chew, pipe and/or any nicotine delivery system.

What if I already have a Critical Illness – can I still get benefits under the policy for it?

The policy pays a benefit when you are diagnosed with a covered Critical Illness while your coverage under the policy is in effect.

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?

Claims can be completed online ***www.aetna.com/voluntary/employees/materials-forms.html*** *or submitted by mail to: Aetna Voluntary Plans, PO Box 14079, Lexington, KY 40512-4079.*

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* ***1-888-772-9682****. 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. If the Employer policy is terminated for any reason, the portability option will not be available.

Important information about your benefits

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS 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.

This plan provides limited benefits. The 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.

This plan does not count as Minimum Essential Coverage under the Affordable Care Act.

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 **1-888-772-9682** or visit us at **www.aetna.com.**

If you require language assistance, please call Member Services at 1-888-772-9682 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 1-888-772-9682, 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.**

This material is for information only and is not an offer or invitation to contract. Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.

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 include GR-96843 and GR-96844.

Critical Illness Insurance Buyer's Guide

NOTICE TO BUYERS

This is a specified disease policy, also known as "critical illness" insurance. The policy provides limited coverage and does not pay benefits for every kind of illness. Read your enrollment materials and this Buyer's Guide carefully to decide if it's right for you.

CRITICAL ILLNESS INSURANCE

Critical illness insurance is a kind of insurance in which the insurer agrees to pay benefits if you are diagnosed with one of the specific illnesses on a list that is part of the insurance policy. Examples of specified diseases and critical illnesses that are covered may include heart attack, stroke, major organ failure, end-stage renal failure or other conditions. Critical illness policies such as Aetna's pay you a lump sum amount upon diagnosis with a covered condition, which you can use to help with medical bills or for any other purpose. It's important to read the enrollment materials to know exactly what the policy will, and will not, cover and how much the benefits are.

CAUTION: LIMITATIONS OF CRITICAL ILLNESS INSURANCE

Critical illness insurance is **not** a substitute for comprehensive coverage. It pays fixed dollar amounts when you are diagnosed with a specified critical illness, no matter how much your medical care actually costs. It is meant to supplement, not replace, other health insurance.

Critical illness insurance typically does not provide coverage for illnesses that were diagnosed before your coverage effective date. The Aetna policy does not provide coverage for a full year for any illnesses for which you sought medical advice or treatment within the 365 days before your effective date under the policy.

If you are diagnosed with a recurrence of the same illness, or if you later are diagnosed with a different illness, some policies might not pay benefits again unless a certain amount of time has passed between diagnoses. Read the enrollment materials carefully to see what kind of waiting periods apply to the Aetna policy.

Sometimes critical illness insurance has a maximum amount of total benefits it will pay under the policy. Read the enrollment materials carefully to see what kind of maximum limits apply to the Aetna policy.

Also, this is **not** a Medicare Supplement plan. If you are eligible for Medicare, review the free Guide to Health Insurance for People with Medicare available from the company or at **www.medicare.gov**.

The Aetna Critical Illness Plan is underwritten by Aetna Life Insurance Company (Aetna). Information is believed to be accurate as of the production date; however, it is subject to change. **Policy forms include:** GR-96843, GR-96844.
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SHOULD I BUY COVERAGE?

When considering if this insurance is right for you, ask yourself the following questions:

1. How likely am I to develop any of these conditions?
2. How much will the treatment cost if I am diagnosed with one of these conditions?
3. What other kinds of expenses might I have if I am diagnosed with one of these conditions?
4. Is my current health insurance coverage adequate for these costs?
5. Can I afford the monthly premium?

The Aetna Critical Illness Plan is underwritten by Aetna Life Insurance Company (Aetna). Information is believed to be accurate as of the production date; however, it is subject to change. **Policy forms include:** GR-96843, GR-96844.
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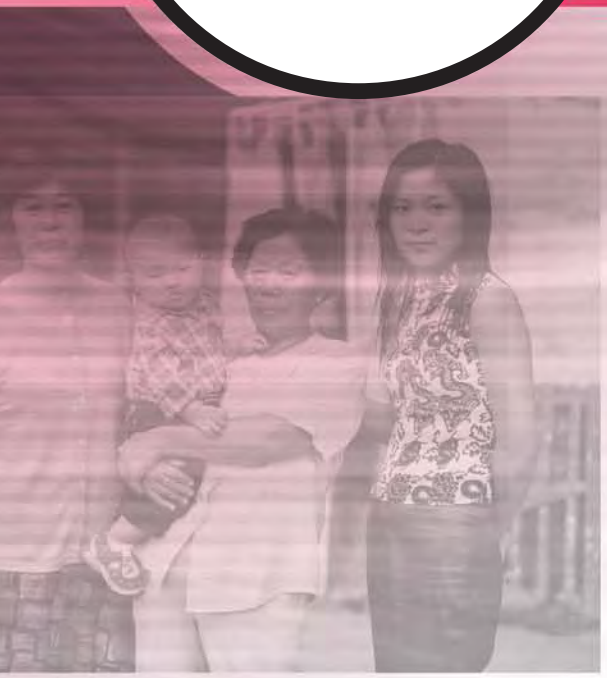
A Shopper's Guide to *Cancer Insurance*



GET SMART ABOUT INSURANCE

INSURE U

NAIC

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About the NAIC …

The National Association of Insurance Commissioners (NAIC) is the oldest association of state government officials. Its members consist of the chief insurance regulators in all 50 states, the District of Columbia and five U.S. territories. The primary responsibility of state insurance regulators is to protect the interests of insurance consumers, and the NAIC helps regulators fulfill that obligation in a number of different ways. This guide is one example of work done by the NAIC to assist states in educating and protecting consumers.

Another way the NAIC lends support to state regulators is by providing a forum for the development of uniform public policy when uniformity is appropriate. It does this through a series of model laws, regulations and guidelines, developed for the states' use. States that choose to do so may adopt the models intact or modify them to meet the needs of their marketplace and consumers.

The NAIC's mission is to assist state insurance regulators, individually and collectively, in serving the public interest and achieving the following fundamental insurance regulatory goals in a responsive, efficient and cost effective manner, consistent with the wishes of its members:

- Protect the public interest;
- Promote competitive markets;
- Facilitate the fair and equitable treatment of insurance consumers;
- Promote the reliability, solvency and financial solidity of insurance institutions; and
- Support and improve state regulation of insurance.

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A Shopper's Guide to

CANCER INSURANCE

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National Association of Insurance Commissioners

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Introduction

Cancer insurance provides benefits only if you get cancer. No policy will cover you for cancer diagnosed before you applied for the policy. Examples of other specified-disease policies are heart attack or stroke policies. The information in this booklet applies to cancer insurance, but could very well apply to other specified-disease policies.

Cancer Insurance is Not a Substitute for Comprehensive Coverage

Cancer treatment accounts for about 10 percent of all U.S. health expenses. In fact, no single disease accounts for more than a small proportion of the American public's health care bill. This is why it is essential to have insurance coverage for all conditions, not just cancer.

If you and your family are not protected against catastrophic medical costs, you should consider a major medical policy. These policies pay a large percentage of your covered costs after a deductible is paid, either by you or your basic insurance. They often have very high maximums, such as $100,000 to $1 million. Major medical policies will cover any accident or sickness, including cancer. They cost more than cancer policies because they cover more, but they are generally considered a better buy.

Should You Buy Cancer Insurance? Many People Do Not Need it

If you are considering cancer insurance, ask yourself three questions:

- Is my current coverage adequate for these costs?
- How much will treatment cost if I do get cancer?
- How likely am I to contract the disease?

If you have Medicare and want more insurance, a comprehensive Medicare supplement policy is what you need. Low-income people who are Medicaid recipients do not need any more insurance. If you think you might qualify, contact your local social service agency.

- **Duplicate Coverage is Expensive and Unnecessary.**
  Buy basic coverage first, such as a major medical policy. Make sure any cancer policy will meet any needs not met by your basic insurance. You cannot assume that double coverage will result in double benefits. Many cancer policies advertise that they will pay benefits no matter what your other insurance pays. However, your basic policy might contain a coordination of benefits clause. That means it will not pay duplicate benefits. To find out if you can get benefits from both policies, check your major medical insurance, as well as the cancer policy.

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- **Some Cancer Expenses Might Not be Covered, Even by a Cancer Policy.**
  Medical costs of cancer treatment vary. On average, hospitalization accounts for 78 percent of such costs and physician services account for about 13 percent. The remainder goes for other professional services, drugs and nursing home care. Cancer patients often face large, non-medical expenses that are not usually covered by cancer insurance. Examples include home care, transportation and rehabilitation costs.

- **Do Not be Misled by Emotions.**
  While three in 10 Americans will get cancer over a lifetime, seven in 10 will not. In any one year, only one American in 250 will get cancer. The odds are against you receiving any benefits from a cancer policy. Be sure you know what conditions must be met before the policy will start to pay your bills.

Caution: Limitations of Cancer Insurance

Cancer policies sold today vary widely in cost and coverage. If you decide to purchase a cancer policy, contact different companies and agents, and compare the policies before you buy. The following are some common limitations:

- **Some policies pay only for hospital care.**
  Today cancer treatment, including radiation, chemotherapy and some surgery, is often given on an outpatient basis. Because the average stay in the hospital for a cancer patient is only 13 days, a policy that pays only when you are hospitalized has limited value.

- **Many policies promise to increase benefits after a patient has been in the hospital for 90 consecutive days.**
  However, because the average stay in a hospital for a cancer patient is 13 days, large dollar amounts for extended benefits have very little value for most patients.

- **Many cancer insurance policies have fixed dollar limits.**
  For example, a policy might pay only up to $1,500 for surgery costs or $1,000 for radiation therapy, or it might have fixed payments, such as $50 or $100 for each day in the hospital. Others limit total benefits to a fixed amount, such as $5,000 or $10,000.

- **No policy will cover cancer diagnosed before you applied for the policy.**
  Some policies will deny coverage if you are later found to have had cancer at the time of purchase, even if you did not know it.

- **Most cancer insurance does not cover cancer-related illnesses.**
  Cancer or its treatment might lead to other physical problems, such as infection, diabetes or pneumonia.

- **Many policies contain time limits.**
  Some policies require waiting periods of 30 days or even several months before you are covered. Others stop paying benefits after a fixed period of two or three years.

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