



More play, less worry

NEW 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 you be prepared.

These plans are different from medical plans

Medical plans pay **doctors and hospitals** for treatment related to your care. But they usually don't cover 100% of the costs. They leave you to come up with the rest.

Medical plans also don't cover other expenses health events might impact, like day care and rent.

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.

How do supplemental health plans help?

Aetna Supplemental Health Plans pay benefits directly to you, providing extra cash when you need it most. These plans 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. Here are just some of the things you can use the cash for:

- Deductibles or copays
- Mortgage or rent
- Groceries or utility bills

Use the cash benefits any way *you* choose.



Preparing for the unexpected

An Aetna Accident Plan can help

Accidents happen when you least expect them. But an Aetna Accident Plan helps you be more financially prepared whether the accident happens on or off the job. The plan pays cash benefits when you or a covered family member have an accident on or after the coverage effective date.

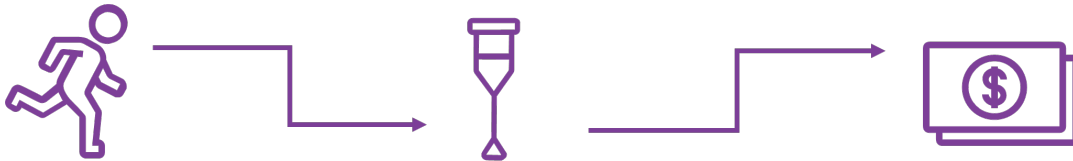
Be ready for when real life happens

Jorge's story*

"My 10-year-old son, Jorge, recently took a 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 our deductible and bills. And filing a claim on the app was easy."



Your plan — your benefits

Here's what the **high** plan pays if you're a member and face a situation like Jorge's.

Covered care	Benefit
Initial treatment — ER	\$325
X-ray	\$200
Broken leg (<i>surgically repaired, open reduction</i>)	\$4,500
Appliances (<i>crutches</i>)	\$200
Follow-up care visit	\$200
Physical therapy (<i>6 visits</i>)	\$450
Organized sports (<i>25% additional</i>)	\$1,468.75
Total benefits paid	\$7,343.75

Aetna Accident Plan benefits

An Aetna Accident Plan helps you stay on top of your bills. It pays benefits for these accidental injuries, and more:

- 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? You have a choice of plan options. Limits apply to the number of times we pay a benefit. Check out your plan summary for a complete list of benefits, details, exclusions and limitations.

*The above member story illustrates how the plan works but does not reflect events of real participants.

**The plan pays a higher percentage of benefits if a covered 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

No one is ever ready for a diagnosis of a serious illness. But an Aetna Critical Illness Plan pays cash benefits if you're diagnosed with a covered illness or condition, on or after the effective date of coverage. The extra money provides 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?"

"I had surgery, chemo and many visits to the oncologist. So, my out-of-pocket medical costs really added up."

"Filing a claim was fast and easy. And the benefit went right into my bank account. The cash helped pay medical bills, groceries and more."



Your plan — your benefits

Here's what the **\$10K** plan pays if you're a member and face a situation like Loretta's.

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

Aetna Critical Illness Plan benefits

An Aetna Critical Illness Plan helps ease some financial worries. It pays benefits for these diagnoses, conditions, and more:

- Heart attack & stroke
- Major organ failure
- Invasive & non-invasive cancers
- Crohn's disease
- Type 1 diabetes
- Childhood illnesses
- Infectious diseases (*including coronavirus***)
- Recurrence (*same*)*** & subsequent (*different*) diagnosis
- **\$75** health screening



Want to learn more? You have a choice of plan options. Limits may apply to the number of times we pay a benefit. 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 plan summary for a complete list of benefits, details, exclusions and limitations.

*The above member story illustrates how the plan works but does not reflect events of real participants.

**Some infectious diseases, including coronavirus require a hospital stay of at least five days for benefits to be paid.

***Recurrence illness diagnosis needs to occur at least 90 days after the initial diagnosis. Recurrence of cancer needs to occur at least 90 *treatment-free* days after the initial diagnosis.

Facing a serious diagnosis

An Aetna Critical Illness Plan can help

No one is ever ready for a diagnosis of a serious illness. But an Aetna Critical Illness Plan pays cash benefits if you're diagnosed with a covered illness or condition, on or after the effective date of coverage. The extra money provides 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 took me by surprise. So did the stroke I had later."

"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 went directly into my bank account. I used the cash for medical bills. Plus, it helped pay my mortgage."



Your plan — your benefits

Here's what the **\$30K** plan pays if you're a member and face a situation like Hung's.

Covered diagnosis	Benefit
Heart attack	\$30,000
Stroke (subsequent diagnosis)	\$30,000
Total benefits paid	\$60,000

Aetna Critical Illness Plan benefits

An Aetna Critical Illness Plan can help ease some financial worries. It pays benefits for these diagnoses, and more:

- Heart attack & stroke
- Major organ failure
- Invasive & non-invasive cancers
- Crohn's disease
- Type 1 diabetes
- Childhood illnesses
- Infectious diseases (including coronavirus**)
- Recurrence (same)*** & subsequent (different) diagnosis
- **\$75** health screening



Want to learn more? You have a choice of plan options. Limits may apply to the number of times we pay a benefit. 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 plan summary for a complete list of benefits, details, exclusions and limitations.

*The above member story illustrates how the plan works but does not reflect events of real participants.

**Some infectious diseases, including coronavirus require a hospital stay of at least five days for benefits to be paid.

***Recurrence illness diagnosis needs to occur at least 90 days after the initial diagnosis. Recurrence of cancer needs to occur at least 90 *treatment-free* days after the initial diagnosis.

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 you benefits when you have a hospital stay on or after the plan's effective date. And that includes stays for 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."

"My hospital indemnity plan paid cash to help with our out-of-pocket medical bills – plus, we got some furnishings for the nursery!"



Your plan — your benefits

Here's what the **high** plan pays if you're a member and face a situation like Monique's.

Covered hospitalization	Benefit
Hospital admission (initial day of stay)	\$1,500
Daily hospital stay (non-ICU, 3 days total)	\$900
Newborn hospital admission (2 newborns)	\$3,000
Newborn daily hospital stay (non-ICU, 2 newborns, 2 days total)	\$1,200
Total benefits paid	\$6,600

Aetna Hospital Indemnity Plan benefits

An Aetna Hospital Indemnity Plan can help if you have a hospital stay. It pays benefits for the following situations:

- Hospital admission**
- Newborn hospital admission**
- Daily hospital stays — ICU/non-ICU***
- Rehabilitation, mental disorder, & substance abuse stays***
- Newborn daily hospital stay†
- Observation care (one day per plan year)
- **\$50** health screening



Want to learn more? You have a choice of plan options. Limits apply to the number of times we pay a benefit per plan year. Check out your plan summary for a complete list of benefits, details, exclusions and limitations.

*The above member story illustrates how the plan works but does not reflect events of real participants.

**Admission benefits paid for initial day of inpatient stay in a hospital. No maximum benefits apply.

***Daily stays start on day one of an inpatient stay and count toward a combined maximum of 30 days per plan year for all facilities. ICU daily stays pay higher benefits.

†Newborn daily stay starts on day one for a maximum of 30 days per plan year.

Aetna Supplemental Health Plans

We make it simple

If you're eligible to enroll and apply for coverage, we guarantee your acceptance. We pay cash benefits directly to you. And we don't reduce those benefits due to any other insurance you may have. You get access to group rates and the ease of payroll deductions to pay your premiums. And, if you leave your employer, you can take your plans with you.

Aetna Easy File™

After you become a member, you'll enjoy an Aetna Simplified Claims Experience™ on our member portal at [MyAetnaSupplemental.com](https://www.MyAetnaSupplemental.com) or on the **My Aetna Supplemental** app.

Filing a claim is easy. Just answer a few brief questions online. You can also view your coverage and sign up for direct deposit.

If you're also an Aetna® Medical plan member, our system retrieves medical information needed to process your claim. That's less paperwork for you.

Don't have Aetna Medical? No problem. Upload a picture or PDF of your medical bill to file a claim. You can also print and mail a paper claim form to Aetna Voluntary Plans.

What else do I need to know?

Aetna will be the new carrier for your supplemental health plans. If you're enrolled in an accident, a critical illness or a hospital indemnity plan, you don't need to do a thing. You'll be automatically enrolled in a comparable Aetna plan effective July 1, 2024. Please continue to make claims with American Fidelity for events that occur prior to the effective date of your new coverage.

Questions? Ready to enroll?

Visit your enrollment website to view more coverage details. You'll also find rates and instructions on how to sign up. If you have questions about the plans, call Aetna Member Services at **1-800-800-8121 (TTY: 711)**, Monday through Friday, 8 AM to 6 PM.

Exclusions and limitations

These plans have exclusions and limitations. Refer to the actual policy and certificate to see which benefits are not payable. The following is a partial list of services and supplies that are generally not covered. But 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:

Aetna Accident Plan exclusions and limitations

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. Bacterial infections that are not caused by a cut or wound from an accidental injury;
7. Care provided by immediate family members or any household member;
8. Elective or cosmetic surgery;
9. Nutritional supplements;
10. 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;
11. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
12. 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

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.

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

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. Refer to [Aetna.com](https://www.aetna.com) for more information about Aetna plans.

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 1-888-772-9682. (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 (フリーダイヤル) 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 1-888-772-9682 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)
