



Life changing

Aetna Supplemental Health Plan Bundle

We pay you cash benefits

These plans pay you cash for events that happen on or after the plan's effective date. That's right. Our plans pay you for a covered accident, critical illness diagnosis or hospital stay. Use the money to pay medical bills or everyday living expenses. The choice is yours.

Our plans work with your health plan

We won't deny coverage based on your health. There are no doctor exams to take or medical questions to answer. And we pay you even if you have other insurance coverage.

Aetna Accident Plan*

This plan pays you for covered accidents and treatments. It also includes an annual \$50 health screening benefit for any covered member.

Your child broke their leg while playing on the school soccer team. Here's how the plan pays if you're members of the Aetna Accident Plan.

Covered care	Benefit amount
Initial treatment — ER	\$175
X-ray	\$75
Broken leg (surgically repaired)	\$3,000
Appliances (crutches)	\$150
Follow-up doctor visit	\$75
Physical therapy (6 visits)	\$450
Organized sports (25% additional)	\$981.25
Total benefits paid	\$4,906.25

Policies are insured by Aetna Life Insurance Company (Aetna) located at 151 Farmington Avenue, Hartford, CT 06156.

*FOR AETNA ACCIDENT PLAN: Limits apply to the number of times we pay a benefit. See your plan summary for details.

Aetna Critical Illness Plan*

This plan pays you lump-sum cash benefits for a wide range of covered critical illness diagnoses.

You had a heart attack and then a stroke. Here's how the plan pays if you're a member of the Aetna Critical Illness Plan.

Covered diagnosis	Benefit amount
Health screening	\$50
Heart attack	\$10,000
Stroke (subsequent diagnosis)	\$10,000
Total benefits paid	\$20,050

Aetna Hospital Indemnity Plan*

This plan pays you for a planned or unplanned hospital stay due to an injury, surgery, illness — or even delivering a baby.

You're expecting twins. Congratulations! Here's how the plan pays if you're a member of the Aetna Hospital Indemnity Plan.

Covered hospitalization	
Hospital admission, non-ICU* (initial day)	\$1,500
Newborn routine care (2 births)	\$600
Total benefits paid	\$2,700

Supplemental Health Bundled Bi-Weekly Rates

Employee Only	Employee + Spouse	Employee + Children	Family
Weekly Rates:			
\$24.34	\$47.40	\$33.50	\$56.79

*FOR AETNA CRITICAL ILLNESS AND HOSPITAL INDEMNITY PLANS: Limits apply to the number of times we pay a benefit. See your plan summary for details.

Enjoy an Aetna Simplified Claims Experience™

Register on [MyAetnaSupplemental.com](https://myaetnasupplemental.com) or on the **My Aetna Supplemental** app to file a claim. If your claim is approved, we'll mail you a check or deposit cash directly into your bank account.

Questions? We're here to help

Call us at **1-800-607-3366 (TTY: 711)**, Monday through Friday, 8 AM to 6 PM in all time zones.

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. It must take place in the United States or its territories.

Aetna Critical Illness Plan 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 a diagnosis related to the following:

1. Act of war, riot, war;
2. Care provided by immediate family members or any household member;
3. 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;
4. 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.

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.

THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THEY 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.

