

**Aetna Life Insurance Company**  
**151 Farmington Avenue, Hartford, Connecticut 06156**

**SPECIFIED DISEASE AND CANCER COVERAGE ONLY**

**REQUIRED DISCLOSURE STATEMENT**

**IF YOU ARE AGE 65 OR OLDER PLEASE READ:**

**This policy is a group policy. This policy provides specified disease and cancer coverage ONLY. This policy does NOT provide Medicare supplement insurance, long term care insurance, nursing home insurance only, home care insurance only or nursing home and home care insurance as defined by the New York State Department of Financial Services. You may also contact your local social security office of this company and obtain a copy of the Guide to Health Insurance for People with Medicare.**

**IF YOU ARE UNDER AGE 65, PLEASE READ:**

**This policy is a group policy . This policy provides specified disease and cancer coverage ONLY. This policy does NOT provide basic hospital, basic medical or major medical insurance, as defined by the New York State Department of Financial Services.**

- A. **Specified Disease** coverage is designed to pay benefits ONLY when an initial **diagnosis** occurs as a result of a covered **critical illness**. Coverage is only for the **Critical Illnesses** specified. Specified Disease coverage is not provided for other diseases, accidents or disabilities.

Cancer Benefit coverage is designed to pay benefits ONLY when an **insured person** is initially **diagnosed** as having **cancer (invasive), carcinoma in situ** or **skin cancer**.

- B. BENEFITS

**We** will pay the applicable benefits if the **insured person** is **diagnosed** with a **critical illness**. Benefit Maximums are shown on the Schedule of Benefits in the policy. The **date of diagnosis** of the **critical illness** must occur after the **waiting period** and while coverage for the **insured person** is in force.

**We** will pay the applicable Cancer benefit when the **insured person** is initially **diagnosed** as having **cancer (invasive), carcinoma in situ** or **skin cancer**. Benefit Maximums are shown on the Schedule of Benefits in the policy. The **date of diagnosis** of the **cancer (invasive), carcinoma in situ** or **skin cancer** must occur after the **waiting period** and while coverage for the **insured person** is in force.

<b>Employee Face Amount</b>	\$10,000 or \$20,000
<b>Insured Spouse Face Amount</b>	50% of the <b>employee</b> Face Amount
<b>Insured Children Face Amount</b>	50% of the <b>employee</b> Face Amount

<b>Critical Illness Benefit</b>	<b>Percentage of Face Amount</b>
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
Major Organ Failure	100%
End-Stage Renal Failure	100%
Coronary Artery Disease	25%
Parkinson's Disease	25%

<b>Cancer Benefit</b>	<b>Percentage of Face Amount/Benefit Amount</b>
Cancer (invasive)	100%
Carcinoma in Situ	25%
Skin Cancer	\$1,000
Maximum	once per <b>insured person's</b> lifetime

<b>Additional Benefits</b>	<b>Benefit Amount</b>
Health Screening Benefit	\$50
Maximum per <b>Plan Year</b>	1

C. EXCLUSIONS

Benefits under the Policy will not be payable for any **specified disease , cancer (invasive), carcinoma in situ** or **skin cancer** 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, attempted suicide or intentionally self-inflicted injury;
2. Being intoxicated or under the influence of any narcotic, unless administered on the advice of a **physician** and taken in the prescribed dose;
3. Engaging in an felony, riot or insurrection;
4. War or act of war (whether declared or undeclared).

D. The policy sets forth the rights and obligations of both you and the insurance company. It is therefore imperative that you READ YOUR POLICY carefully.

E. The expected benefit ratio for this policy is 65.0%. This ratio is the portion of future premiums that the company expects to return as benefits, when averaged over all people with this policy.

# BENEFIT SUMMARY



TEACHERS COLLEGE, COLUMBIA UNIVERSITY  
802737

## Aetna Group Specified Disease with Cancer

**THIS IS NOT A MEDICARE SUPPLEMENT (MEDIGAP) PLAN. If you are or will become eligible for Medicare, review the free Guide to Health Insurance for People with Medicare available at [www.medicare.gov](http://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 Group Specified Disease. Unless otherwise indicated, all benefits and limitations are per covered person.**

### Face Amounts

Covered Benefit	Low	High
Employee Face Amount	\$10,000	\$20,000
Spouse Face Amount	50% of Employee Face Amount	
Child(ren) Face Amount	50% of Employee Face Amount	

### Group Specified Disease Conditions

Covered Benefit	Percent of Face Amount:	Percent of Face Amount:
<b>Heart Attack (Myocardial Infarction)</b> Pays a benefit when you are diagnosed with a Heart attack (Myocardial Infarction) resulting from a blockage of one or more coronary arteries.	100%	100%
<b>Stroke</b> Pays a benefit when you are diagnosed with a Stroke resulting in paralysis or other measurable objective neurological defect persisting for at least 30 days.	100%	100%
<b>Coronary Artery Disease</b> Pays a benefit when you are diagnosed with at least 70% cross sectional occlusion of one or more of your major coronary arteries.	25%	25%
<b>Major Organ Failure</b> Pays a benefit when you are diagnosed with a Major organ failure of the heart, kidney, liver, lung, or pancreas resulting in the insured person being placed on the UNOS (United Network for Organ Sharing) list for a transplant.	100%	100%
<b>End-Stage Renal Failure</b> Pays a benefit when you are diagnosed with End stage renal failure, and the insured person has to undergo regular hemodialysis or peritoneal dialysis at least weekly.	100%	100%

Covered Benefit	Percent of Face Amount:	Percent of Face Amount:
<b>Parkinson's Disease</b> Pays a benefit when you are diagnosed with Parkinson's disease by a psychiatrist or neurologist.	25%	25%
<b>Subsequent Critical Illness Diagnosis Benefit</b> The Subsequent diagnosis benefit is payable if the insured person has been diagnosed with and received a benefit for a critical illness and is subsequently diagnosed with a different critical illness.	100%	100%
<b>Recurrence Critical Illness Diagnosis Benefit</b> If an insured person has been initially diagnosed with and received a benefit under this plan for a critical illness and then is diagnosed with the same critical illness again, we will pay the stated percentage of the benefit as shown in the Schedule of Benefits for the recurring critical illness diagnosed.	100%	100%

## Cancer Benefits

Covered Benefit	Low	High
<b>Cancer (invasive)</b> Pays a benefit when you are diagnosed with Cancer (invasive) that is identified by the presence of malignant cells or a malignant tumor characterized by the uncontrolled and abnormal growth and spread of invasive malignant cells.	100%	100%
<b>Carcinoma in Situ (non-invasive)</b> Pays a benefit when you are diagnosed with Carcinoma in situ that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue. Skin cancer will not be considered carcinoma in situ for purposes of this Certificate.	25%	25%
<b>Skin Cancer (Lifetime Maximum per Insured)</b> Pays a benefit when you are diagnosed with Skin Cancer (melanoma of Clark's Level I or II Breslow less than .75mm); basal cell carcinoma; or squamous cell carcinoma of the skin. Skin cancer benefit provides coverage for invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic.(Once per lifetime)	\$1,000	\$1,000
<b>Recurrence Cancer (invasive) Diagnosis Benefit</b> If an insured person has been initially diagnosed with and received a benefit for cancer (invasive) under this plan and is then diagnosed with any kind of cancer (invasive) again, we will pay the stated percentage of the Cancer Benefit for Cancer (invasive) as shown on the Schedule of Benefits for the cancer (invasive) diagnosed.	100%	100%
<b>Recurrence Carcinoma in Situ Diagnosis Benefit (non-invasive)</b> If an insured person has been initially diagnosed with and received a benefit for carcinoma in situ (non-invasive) under this plan and is then diagnosed with any kind of carcinoma in situ (non-invasive), we will pay the stated percentage of the carcinoma in situ (non-invasive) as shown on the Schedule of Benefits for the carcinoma in situ (non-invasive) diagnosed.	100%	100%

## Additional Plan Benefits

Covered Benefit	Low	High
<b>Health Screening</b>		
Pays a lump sum benefit for each day you receive any of the approved health screening tests.	\$50	\$50

### \*Covered Health Screenings:

*Maximum 1 day per plan year*

- Lipoprotein profile (serum plus HDL, LDL and triglycerides)
- Fasting blood glucose test
- Digital rectal exams (DRE)
- Carotid Doppler Ultrasound
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Chest x-ray (CXR)
- Thermography
- Bone marrow screening
- HPV vaccine (Human Papillomavirus)
- Hemocult stool analysis
- Doppler screenings for peripheral vascular disease/arteriosclerosis
- Prostate Specific Antigen (PSA) Test
- Flexible sigmoidoscopy
- 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
- Skin cancer screening
- Serum protein electrophoresis (blood test for myeloma)

**Note: COVID-19 testing is covered as an eligible health screening benefit**

## Group Specified Disease: 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 group specified disease, cancer (invasive), carcinoma in situ or skin cancer that is diagnosed or for which care was received outside the United States, its possessions or the countries of Canada or Mexico, or for any loss caused in whole or in part by or resulting in whole or part from the following:

1. Suicide, attempted suicide or intentionally self-inflicted injury;
2. Being intoxicated or under the influence of any narcotic, unless administered on the advice of a physician and taken in the prescribed dose;
3. Engaging in a felony, riot or insurrection;
4. War or act of war (whether declared or undeclared).

## Continuation of Insurance

Your plan includes a continuation of insurance 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. Refer to your Certificate for additional continuation of insurance provisions.

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

### **Can I have more than one Group Specified Disease Plan?**

*No, you are not allowed to have more than one Aetna Group Specified Disease Plan.*

### **What does Face Amount mean?**

*Face Amount means the maximum fixed dollar amount you could receive for each Group Specified Disease 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 Group Specified Disease policy compatible with a Health Savings Account (HSA)?**

*Yes, Aetna Group Specified Disease policies are compatible with Health Savings Accounts.*

### **How do I submit a claim?**

*Go to [myaetnasupplemental.com](http://myaetnasupplemental.com) and either "Log In" or "Register", depending on if you've set up your account. Click the "Create a new claim" button and answer a few quick questions. You can even save your claim to finish later. You can also print/mail in form(s) to: Aetna Voluntary Plans, PO Box 14079, Lexington, KY 40512-4079, or you can ask us to mail you a printed form.*

### **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 **1-800-607-3366**. 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 Group Specified Disease Plan with me?**

*Should you lose your job, you are able to continue coverage under the continuation of insurance provision. You will need to pay premiums directly to Aetna.*

**THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE PLANS ARE A SUPPLEMENT TO HEALTH INSURANCE AND ARE 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. These 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.**

Please review your Cancer buyer's guides:

[http://demo.avpenroll.com/media/1591/maine-nh-prod\\_serv\\_consumer\\_guide\\_cancer.pdf](http://demo.avpenroll.com/media/1591/maine-nh-prod_serv_consumer_guide_cancer.pdf)

[http://demo.avpenroll.com/media/1590/aetna-utah\\_ci\\_buyersguide.pdf](http://demo.avpenroll.com/media/1590/aetna-utah_ci_buyersguide.pdf)

### **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 **1-800-607-3366** or visit us at **www.aetna.com**.

**If you require language assistance, please call Member Services at 1-800-607-3366 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 1-800-607-3366, 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**.

Plans are underwritten by Aetna Life Insurance Company (Aetna). This material is for information only and is not an offer or invitation to contract. Each insurer has sole financial responsibility for its own products.

Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. Insurance plans contain exclusions and limitations. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Policies may not be available in all states, and rates and benefits may vary by location. 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**.

#### **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 the website below:

**<http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>**

Policy forms issued in Idaho, Oklahoma and Missouri include: GR-96843, GR-96844.



# 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](mailto: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

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

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

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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)

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

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

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

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

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

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

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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)

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

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

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

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

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

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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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