

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

aetnaSM

Financial protection in case of a critical illness diagnosis

Voluntary Plans

www.aetnavoluntary.com



Your employer has made it easy to help protect your finances if a critical illness occurs.

The Group Critical Illness Plan is insured by American Heritage Life Insurance Company (headquarters: Jacksonville, Florida). Insurance plans contain exclusions and limitations, and not all services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Group Critical Illness Plan

Insured by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation*

The Group Critical Illness Plan provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a specified critical illness.

No one knows what lies ahead on the road through life. The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help provide financial protection in the event you are diagnosed.

The Group Critical Illness Plan does not offer comprehensive benefits. It provides limited coverage and is not intended to replace other health insurance coverage.

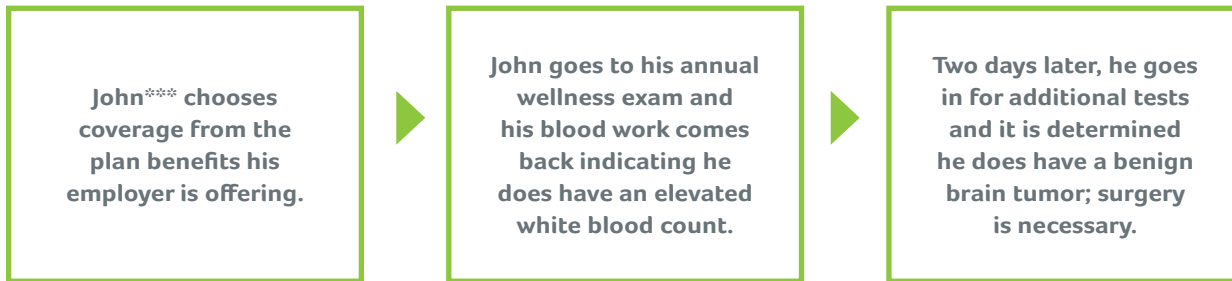
Meeting your needs

This plan can provide you and your loved ones with financial protection in the event you are diagnosed with certain illnesses.

- Benefits and coverage amounts have been selected by your employer to make it easy to choose a plan that meets your needs.†
- Covered dependents receive 50 percent of your basic benefit amount and 100 percent of the Wellness benefit.
- Benefits are paid directly to you.
- Coverage supplements any existing medical benefits.
- Premiums are affordable.
- Benefits are portable (you can take the plan with you if you change jobs or lose your job).

Critical illness coverage offers financial protection for you and your loved ones

Below is an example of how benefits might be paid.**



A Critical Illness Plan would provide the following:

Wellness benefit	\$ 100
Benign brain tumor	\$ 10,000
Total cash benefits	\$ 10,100

*The Group Critical Illness Plan is insured by American Heritage Life Insurance Company (headquarters: Jacksonville, Florida).

**The example shown may vary from the plan your employer is offering. Your individual experience may also vary. Please see pages 2a and 2b for your plan details.

***Example for illustrative purposes only and may not reflect events experienced by actual plan participants.

†Amounts over the guaranteed issue amount or enrolling after your initial enrollment period requires evidence of insurability.



Your benefits coverage

A percentage of the basic benefit amount is payable for each covered person for the benefits outlined on this page. See the last page for conditions and requirements.

Initial critical illness benefits

Heart attack (100%)	Pays a benefit if you have a heart attack.
Stroke (100%)	Pays a benefit if you have a stroke.
Coronary artery bypass surgery (25%)	Pays a benefit if you have coronary artery bypass surgery.
Major organ transplant (100%)	Pays a benefit if you have a heart, lung, liver, pancreas or kidney transplant (must be a human donor).
End-stage renal failure (100%)	Pays a benefit if you have peritoneal dialysis or hemodialysis.
Waiver of premium (Employee only)	Pays your premium if you are disabled for 90 days in a row, due to a critical illness, as long as the disability lasts, up to two years.

88 percent of heart attack victims under the age of 65 are able to return to their usual work.¹

¹Heart Disease and Stroke Statistics — 2009 update, American Heart Association.

Cancer critical illness benefits

Invasive cancer (100%)	Pays a benefit if you are diagnosed with invasive cancer (includes leukemia and lymphoma).
Carcinoma in situ (25%)*	Pays a benefit if you are diagnosed with cancer in situ.

Supplemental critical illness benefits II

Advanced Alzheimer's disease (25%)	Pays a benefit if you are diagnosed by a psychiatrist or neurologist with Alzheimer's.
Advanced Parkinson's disease (25%)	Pays a benefit if you are diagnosed by a psychiatrist or neurologist with Parkinson's.
Benign brain tumor (100%)	Pays a benefit if you are diagnosed by a physician with a brain tumor by biopsy, surgery or examination.
Coma (100%)	Pays a benefit if you are unconscious more than 14 consecutive days, due to sickness or brain injury (a medically induced coma is not covered).
Complete blindness (100%)	Pays a benefit if you are diagnosed by an ophthalmologist with irreversible loss of sight in both eyes.
Complete loss of hearing (100%)	Pays a benefit if you are diagnosed with total and irreversible loss of hearing in both ears.
Paralysis (100%)	Pays a benefit if you suffer a complete and permanent loss of use of two or more limbs.

Certificate specifications

Your eligibility	Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.
Dependent eligibility/termination	(a) Family members eligible for coverage are your spouse (or domestic partner) and children. (b) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. (c) Spouse coverage ends upon valid decree of divorce or your death. (d) Domestic partner coverage ends when the domestic partnership ends or your death.
Portability privilege	Coverage may be continued under the Portability Provision when coverage under the policy ends. This means you can take the benefit with you if you change jobs, as long as premium payments continue.
Termination of coverage	Your coverage under the policy ends when the policy is canceled; you stop paying your premium; last day of active employment unless you choose to accept portability and pay the premium direct; you are no longer eligible; a false claim is filed; or when all critical illness benefits have been paid.

Stroke is the leading cause of serious, long-term disability in the United States.²

*Carcinoma in situ is a cancer that has not spread outside of the tissue of origin.

²Heart Disease and Stroke Statistics — 2010 update, American Heart Association.

Additional benefit

Wellness benefit

Pays annually when you receive one of the following:

- Biopsy for skin cancer
- Blood test for triglycerides
- Bone marrow testing
- CA15-3, CA125 and CEA (*blood tests for breast, ovarian and colon cancer*)
- Chest X-ray
- Colonoscopy
- Doppler screenings for carotids and peripheral vascular disease
- Echocardiogram
- EKG (*electrocardiogram*)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- HPV vaccination (*human papillomavirus*)
- Lipid panel (*total cholesterol count*)
- Mammography, including breast ultrasound
- Pap smear, including ThinPrep Pap Test
- PSA (*prostate-specific antigen — blood test for prostate cancer*)
- Serum protein electrophoresis (*test for myeloma*)
- Stress test on bike or treadmill
- Thermography
- Ultrasound (*screening for abdominal aortic aneurysms*)

Benefits conditions

Benefits are not payable for any critical illness diagnosed prior to the effective date of coverage. Benefits are also subject to the Pre-existing Condition Limitation, as well as all other limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the policy and be diagnosed by a physician while coverage is in effect. The date of diagnosis for each illness must be separated by 90 days. Emergency situations while you are outside the U.S. will be considered when you return to the U.S.

Pre-existing condition limitation

(a) We do not pay benefits for a critical illness that is, or is contributed to by or results from, a pre-existing condition when the date of diagnosis is within 12 months after the effective date of coverage. (b) A pre-existing condition is a condition, whether diagnosed or not, for which symptoms existed within the 12-month period prior to the effective date, or if medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date.

Other limitations and exclusions

We do not pay benefits for: (a) any act of war, declared or undeclared, or participation in a riot, insurrection or rebellion; (b) intentionally self-inflicted injury or action; (c) illegal activities or participation in an illegal occupation; (d) attempted suicide or self-destruction; (e) substance abuse, including alcohol, alcoholism, drug addiction or dependence upon any controlled substance.

Stroke exclusions

This plan does not provide coverage for: transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits.

Coronary artery bypass surgery exclusions

This plan does not include benefits for: abdominal aortic bypass, balloon angioplasty, laser embolectomy, atherectomy, stent placement or other non-surgical procedures.

Invasive cancer exclusions

This plan does not provide benefits for: carcinoma in situ, tumors related to HIV, non-invasive or metastasized skin cancer, or early prostate cancer.

Carcinoma in situ exclusions

This plan does not provide benefits for: other skin malignancies, or pre-malignant lesions (such as intraepithelial neoplasia), or benign tumors or polyps.

Advanced Alzheimer's disease conditions

Must have impaired memory and judgement and be unable to perform three or more daily activities.*

Advanced Parkinson's disease conditions

Must have two or more physical signs and be unable to perform three or more daily activities.*

Benign tumor exclusions

This plan does not provide benefits for: tumors of the skull, pituitary adenomas or germinomas.

State variations to the policy

Georgia

The Pre-Existing Condition Limitation is deleted and replaced with the Benefit Waiting Period Limitation. Benefit Waiting Period Limitation — (a) We do not pay benefits for a critical illness that occurs during the first 30 days following the date the covered person became insured. (b) If a diagnosis occurs during the Benefit Waiting Period the following options are available: 1. return the coverage for a full refund, or 2. continue coverage and receive benefits for one of the other specified critical illnesses listed in the policy. The Basic Benefit Amount Limitation has been added and states: the basic benefit amounts paid for all critical illnesses combined will never exceed \$250,000 for each covered person.

Texas

In the Other Limitations & Exclusions paragraph, item (a) is replaced with: any act of war, declared or undeclared, during military service, or participation in a riot, insurrection or rebellion. Item (c) is replaced with: Illegal activities or committing or attempting to commit a felony.

*Daily activities are bathing, dressing, toileting, continence, transferring and eating.



For more information, contact your human resources representative or visit www.aetnavoluntary.com.

This policy is a limited benefit plan. This material is valid as long as information remains current, but in no event later than January 1, 2014. Group Critical Illness benefits provided by policy form GVCIP2, or state variations thereof, which provides stated benefits for specified illnesses. The policy does not provide benefits for any other sickness or condition. The policy is not a Medicare Supplement Policy. This brochure highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. The policy itself sets forth, in detail, the rights and obligations of both the policyholder (employer) and the insurance company. For complete details of the insurance, including exclusions, restrictions and other provisions included in the certificates issued, contact your insurance agent, or go to www.aetnavoluntary.com.

This brochure is for use in enrollments situated in the following states: AL, AR, GA, LA, MS, and TX.

www.aetnavoluntary.com



Group Critical Illness Plan

Insured by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation*

Benefits amounts

	Low plan	High plan
Initial critical illness benefits		
Heart attack (100%)	\$ 10,000	\$ 20,000
Stroke (100%)	\$ 10,000	\$ 20,000
Coronary artery bypass surgery (25%)	\$ 2,500	\$ 5,000
Major organ transplant (100%)	\$ 10,000	\$ 20,000
End-stage renal failure (100%)	\$ 10,000	\$ 20,000
Waiver of premium** (employee only)	Yes	Yes
Cancer critical illness benefits		
Invasive cancer (100%)	\$ 10,000	\$ 20,000
Carcinoma in situ (25%)	\$ 2,500	\$ 5,000
Supplemental critical illness benefits II		
Advanced Alzheimer's disease (25%)	\$ 2,500	\$ 5,000
Advanced Parkinson's disease (25%)	\$ 2,500	\$ 5,000
Benign brain tumor (100%)	\$ 10,000	\$ 20,000
Coma (100%)	\$ 10,000	\$ 20,000
Complete blindness (100%)	\$ 10,000	\$ 20,000
Complete loss of hearing (100%)	\$ 10,000	\$ 20,000
Paralysis (100%)	\$ 10,000	\$ 20,000
Additional benefit		
Wellness benefit (per year)	\$ 100	\$ 100

The Group Critical Illness plan does not offer comprehensive benefits. It provides limited coverage and is not intended to replace other health insurance coverage.

*The Group Critical Illness Plan is insured by American Heritage Life Insurance Company (headquarters: Jacksonville, Florida).

**This means that the premium will be waived if a specified critical illness occurs.

Weekly premiums

Low plan — \$10,000 basic benefit amount

Non-tobacco users				
AGES	EE	EE + SP	EE + CH	F
18-35	\$ 2.75	\$ 4.65	\$ 2.75	\$ 4.65
36-50	\$ 5.04	\$ 8.08	\$ 5.04	\$ 8.08
51-60	\$ 9.29	\$ 14.45	\$ 9.29	\$ 14.45
61-63	\$ 13.95	\$ 21.44	\$ 13.95	\$ 21.44
64+	\$ 20.02	\$ 30.54	\$ 20.02	\$ 30.54

High plan — \$20,000 basic benefit amount

Non-tobacco users				
AGES	EE	EE + SP	EE + CH	F
18-35	\$ 4.00	\$ 6.52	\$ 4.00	\$ 6.52
36-50	\$ 8.57	\$ 13.37	\$ 8.57	\$ 13.37
51-60	\$ 17.07	\$ 26.12	\$ 17.07	\$ 26.12
61-63	\$ 26.39	\$ 40.10	\$ 26.39	\$ 40.10
64+	\$ 38.52	\$ 58.30	\$ 38.52	\$ 58.30

Monthly premiums

Low plan — \$10,000 basic benefit amount

Non-tobacco users				
AGES	EE	EE + SP	EE + CH	F
18-35	\$ 11.92	\$ 20.14	\$ 11.92	\$ 20.14
36-50	\$ 21.82	\$ 34.99	\$ 21.82	\$ 34.99
51-60	\$ 40.22	\$ 62.59	\$ 40.22	\$ 62.59
61-63	\$ 60.42	\$ 92.89	\$ 60.42	\$ 92.89
64+	\$ 86.72	\$ 132.34	\$ 86.72	\$ 132.34

High plan — \$20,000 basic benefit amount

Non-tobacco users				
AGES	EE	EE + SP	EE + CH	F
18-35	\$ 17.31	\$ 28.23	\$ 17.31	\$ 28.23
36-50	\$ 37.12	\$ 57.94	\$ 37.12	\$ 57.94
51-60	\$ 73.94	\$ 113.16	\$ 73.94	\$ 113.16
61-63	\$ 114.33	\$ 173.75	\$ 114.33	\$ 173.75
64+	\$ 166.91	\$ 252.63	\$ 166.91	\$ 252.63

Tobacco users

AGES	EE	EE + SP	EE + CH	F
18-35	\$ 3.70	\$ 6.07	\$ 3.70	\$ 6.07
36-50	\$ 7.65	\$ 11.99	\$ 7.65	\$ 11.99
51-60	\$ 14.71	\$ 22.58	\$ 14.71	\$ 22.58
61-63	\$ 20.82	\$ 31.76	\$ 20.82	\$ 31.76
64+	\$ 30.22	\$ 45.84	\$ 30.22	\$ 45.84

Tobacco users

AGES	EE	EE + SP	EE + CH	F
18-35	\$ 5.89	\$ 9.35	\$ 5.89	\$ 9.35
36-50	\$ 13.78	\$ 21.19	\$ 13.78	\$ 21.19
51-60	\$ 27.91	\$ 42.39	\$ 27.91	\$ 42.39
61-63	\$ 40.14	\$ 60.73	\$ 40.14	\$ 60.73
64+	\$ 58.92	\$ 88.91	\$ 58.92	\$ 88.91

Tobacco users

AGES	EE	EE + SP	EE + CH	F
18-35	\$ 16.02	\$ 26.29	\$ 16.02	\$ 26.29
36-50	\$ 33.12	\$ 51.94	\$ 33.12	\$ 51.94
51-60	\$ 63.72	\$ 97.84	\$ 63.72	\$ 97.84
61-63	\$ 90.22	\$ 137.59	\$ 90.22	\$ 137.59
64+	\$ 130.92	\$ 198.64	\$ 130.92	\$ 198.64

Tobacco users

AGES	EE	EE + SP	EE + CH	F
18-35	\$ 25.50	\$ 40.52	\$ 25.50	\$ 40.52
36-50	\$ 59.70	\$ 91.82	\$ 59.70	\$ 91.82
51-60	\$ 120.94	\$ 183.66	\$ 120.94	\$ 183.66
61-63	\$ 173.94	\$ 263.16	\$ 173.94	\$ 263.16
64+	\$ 255.32	\$ 385.24	\$ 255.32	\$ 385.24

Key

EE = Employee EE + SP = Employee + Spouse
 EE + CH = Employee + Children F = Family

Issue ages: 18 and over if actively at work

This insert is for use in: AL, AR, LA, MS, and TX.

This insert is part of brochure 77.02.318.1 and is not to be used on its own.

This is not an application for coverage; see your agent for details. This material is valid as long as information remains current, but in no event later than January 1, 2014.

www.aetnavoluntary.com