



Got everything?

Supplemental health benefits

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? **Accident, critical illness, and hospital indemnity supplemental health benefits** can help supplement your medical coverage.

How are these benefits different from a major medical plan?

Your MESSA medical plan pays **doctors and hospitals** directly for treatment related to your care. However, medical plans don't always cover 100% of the costs, leaving you to come up with the rest.

Medical benefits also don't cover other expenses that often come up as a result of health events, like daycare, rent, and more if you're out of work.

That's where optional supplemental health plans come in, they pay benefits directly to **you**, providing extra cash when you need it most.

How can you use the cash benefits?

It's completely up to you. You can put the money toward:

- Deductibles or copays
- Mortgage or rent
- Groceries or utility bills
- And so much more.



Accident Plan: Preparing for the unexpected

Accidents happen when you least expect them. But an accident plan can help you be more financially prepared. It pays you cash benefits when you are faced with a covered accidental injury on or off the job.

Jorge's story*

"My 10-year-old recently took a major tumble during his school soccer match and ended up breaking his leg."

"Between the ER visit, surgery and countless appointments, the bills really added up. Thankfully, my accident plan helped me make ends meet."

"It paid me cash to use towards my deductible and copays, bills and more. And, filing a claim on the app was a breeze!"



Your plan, your benefits

Here's what your accident plan would pay if you experienced a situation like Jorge's.

Covered care	Benefit
Initial treatment – ER	\$150
X-ray	\$50
Broken leg (<i>surgically repaired</i>)	\$2,250
Appliances (<i>crutches</i>)	\$100
Follow-up care visit	\$50
Physical therapy (<i>six visits</i>)	\$150
Child sports rider (<i>25% additional</i>)	\$687.50
Total Paid:	\$3,437.50

Covered accident plan benefits

An accident plan helps you stay on top of your bills while you recover. Check out some of the benefits:

- Initial and follow-up care
- Hospital stay and surgical care
- Dislocations and fractures
- Burns
- Concussions
- Paralysis
- Accidental death and dismemberment
- 25% organized sports rider (children only)**



Want to learn more? Check out your benefit summary for a complete list of benefits, details, exclusions, and limitations that apply.

*The above member story is for illustrative purposes and does not reflect events experienced by actual participants.

**With the organized sports rider, the plan pays a higher percentage of benefits if a dependent child is injured while playing as a registered member of an organized sporting activity. Some benefits are excluded from the additional benefit percentage.



Critical Illness Plan: Facing a serious diagnosis

No one is truly ready to receive a diagnosis of a serious illness. But a critical illness plan pays benefits when you are diagnosed with a covered illness or condition, after your coverage effective date. This can help you relieve some financial stress so you can focus on recovery.

Loretta's story*

"After a routine mammogram, being diagnosed with breast cancer was not something I'd expected. Who can ever prepare for something like that?"



"After surgery, chemo and many visits to the oncologist, my out-of-pocket medical costs started to add up. My critical illness plan helped my finances."



"Filing a claim online was fast and easy. And the benefits were deposited directly into my account. I used the cash for my deductible, plus extras like child care and groceries."



Your plan, your benefits

Here's what your critical illness plan would pay if you experienced a situation like Loretta's.

Covered diagnosis	Benefit
Cancer	\$10,000
Health screening benefit	\$50
Total benefits paid	\$10,050

Covered critical illness plan benefits

A critical illness plan can help ease some financial worries. Check out some of the benefits:

- Heart attack and stroke
- Major organ failure
- Invasive and non-invasive cancers
- Skin cancer
- Alzheimer's and lupus
- Acute Respiratory Distress Syndrome (ARDS)
- Recurrent and subsequent illnesses**
- \$50 health screening benefit



Want to learn more? Check out your benefit summary for a complete list of benefits, details, exclusions, and limitations that apply.

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**Recurrent illness diagnosis must occur at least 180 days after initial diagnosis. There is no waiting period for subsequent illness diagnoses benefits.

Hospital Indemnity Plan: Be prepared for the road ahead

A hospital indemnity plan pays benefits when you have a hospital stay due to an illness, injury, surgery or childbirth. It's an extra layer of financial protection when you really need it.

Sean's story*

"Instead of spending my vacation on the beach, I spent it in the hospital with appendicitis."



"The only thing more painful than my burst appendix was the hospital bill for being admitted for emergency surgery."



"Thankfully, my hospital indemnity plan paid me cash that I used for my out-of-pocket medical costs as well as my car payment."



Your plan, your benefits

Here's what your hospital indemnity plan would pay if you experienced a situation like Sean's.

Covered hospitalization	Benefit
Hospital admission (<i>initial day</i>)	\$1,000
3-day hospital stay (<i>additional two days begins on second day</i>)	\$200
Total benefits paid:	\$1,200

Covered hospital indemnity plan benefits

The hospital indemnity plan provides benefits when you have a covered hospital stay. Check out some of the benefits:

- Hospital admission**
- Daily hospital stays**
- Rehabilitation, mental disorder, and substance abuse stays
- Newborn routine care
- Observation care



Want to learn more? Check out your benefit summary for a complete list of benefits, details, exclusions, and limitations that apply.

*The above member story is for illustrative purposes and does not reflect events experienced by actual participants.

**Admission benefit paid initial day of hospital stay. Maximum of one admission benefit per year. Daily benefits begin on day two of a hospital stay and count towards the maximum daily benefit of 30 days per plan year.

Supplemental health plans

We make it simple

Remember – these cash benefits are paid directly to you and are not reduced by other insurance benefits you may have. If your employment ends, you can take your benefit with you – you'll just pay premiums directly to Aetna.

More great benefits

Health screening benefit

The critical illness plan includes a benefit of **\$50** per covered member, per plan year, for certain preventive health screening tests. See the complete list of tests in your benefit summary.

Managing your plans

Once you're a member, you can access plan information and documents through your **MyMESSA** member portal at messa.org. You can also download the **My Aetna Supplemental** app or visit Aetna's member portal at [Myaetnasupplemental.com](https://myaetnasupplemental.com).

Aetna Easy File™

Filing claims is easy. Once you register on the **My Aetna Supplemental** member app or at [Myaetnasupplemental.com](https://myaetnasupplemental.com), just answer a few short questions. Our system retrieves medical information needed to process your claim. That's less paperwork for you. You can also view your coverage and sign up for direct deposit.

Got questions?

If you want more information on these benefits, call MESSA Member Services at **800-336-0013**.



Exclusions and Limitations

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

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. Riot, war;
4. Operating, learning to operate or serving as a pilot or crew member of any aircraft, whether motorized or not;
5. Any loss to which a contributing cause was your commission of or attempt to commit a felony, or to which a contributing cause was your engagement in an illegal occupation or other willful criminal activity;
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. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
11. Accidental injury sustained while engaging in an illegal occupation or committing, or attempting to commit, a felony and were 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 include: GR-96842 01, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01.

Critical Illness Plan Exclusions and Limitations

Exclusions: Benefits under the Policy will not be payable for any critical illness, 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 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. 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 while engaging in an illegal occupation or in the commission of or attempt to commit a felony or other criminal act;
3. Any act of war, whether declared or not, or voluntary participation in a riot, rebellion or civil insurrection.

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 include: GR-96844 01, AL HCOC-VOL CI 01 and AL HPOL-VOL CI 01



Hospital 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. Riot or war if you engage in willful criminal activity at the level of a misdemeanor or a felony;
4. Operating, learning to operate or serving as a pilot or crew member of any aircraft, whether motorized or not;
5. Felony and illegal occupation;
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. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
11. Care or services received outside the United States or its territories;
12. Experimental or investigational drugs, devices, treatments, or procedures;
13. Education, training or retraining services or testing;
14. Accidental injury sustained while you were engaging in an illegal occupation or committing, or attempting to commit a felony, while intoxicated or under the influence of any drug intoxicant;
15. Exams except as specifically provided in the Benefits under your plan section of the certificate;
16. Dental and orthodontic care and treatment;
17. Family planning services;
18. Any care, prescription drugs, and medicines related to infertility;
19. Nutritional supplements, including but not limited to: food items, infant formulas, vitamins;
20. Outpatient cognitive rehabilitation, physical therapy, occupational therapy, or speech therapy for any reason;
21. Vision-related care

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 include: AL VOL HPOL-Hosp 01, GR-96172-01.

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. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

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. For more information about Aetna plans, refer to **Aetna.com**.



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)
