



Financial help when you have a serious illness

Aetna Critical Illness Plan

A smart way to help you with your expenses

Recovering from a critical illness can be hard — and expensive.

Most medical plans aren't designed to cover out-of-pocket costs like utility bills, transportation to doctor appointments or alternative treatments. Unfortunately, these expenses can come at a time when you're missing work and your paycheck.

An Aetna Critical Illness Plan pays you cash to help you pay for health care costs and other expenses when you are diagnosed with a covered condition. This insurance plan covers conditions such as **heart attack, stroke, major organ failure** and **end-stage renal failure**.

While medical plans typically cover a serious illness, they don't cover the additional expenses that come with it.

The Aetna Critical Illness Plan can help you.

Cash benefits to help pay your bills

When you are diagnosed with a critical illness that's covered under your Aetna Critical Illness Plan, send us your claim and we will mail you a check. You can use the money to pay for:

- Everyday expenses like rent, child care or grocery bills
- Doctors' bills, coinsurance or to help cover your medical plan's deductible

It's up to you.

Why is critical illness coverage important?

It **pays you cash** to help you pay for health care costs and other expenses when you are diagnosed with a covered condition.

Consider the statistics:



Approximately 63% of Americans have no emergency savings¹

and ...



Someone in the U.S. has a stroke every 40 seconds.²



Someone in the U.S. has a heart attack every 34 seconds.³

It's convenient

Premiums are easy to pay through payroll deduction. Your benefits payment will be sent directly to you.

It's attainable

Your coverage is guaranteed. We don't ask you any questions about your health.

¹Fottrell Quentin. Most Americans are one paycheck away from the street. MarketWatch. Article online. January 31, 2016. Available at:<http://www.marketwatch.com/story/most-americans-are-one-paycheck-away-from-the-street-2016-01-06>. Accessed March 30, 2017.

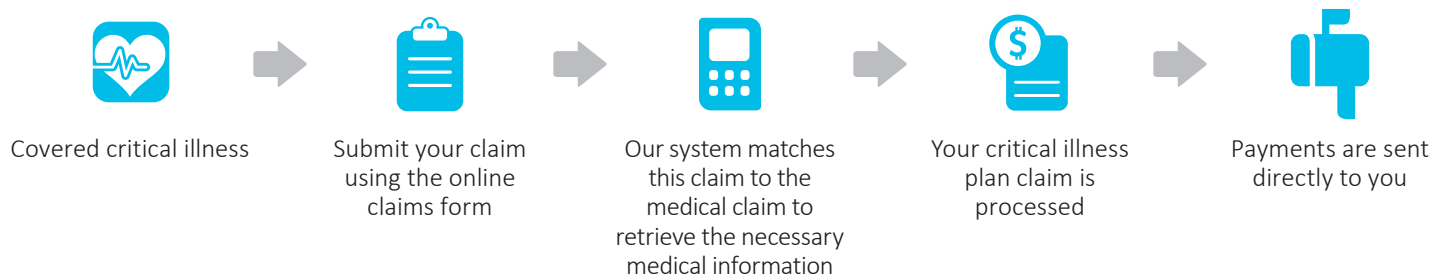
²American Heart Association. Impact of Stroke. Article online. June 6, 2016. Available at:www.strokeassociation.org/STROKEORG/AboutStroke/Impact-of-Stroke-Stroke-statistics_UCM_310728_Article.jsp#.V-GYTMtTFiw. Accessed September 21, 2016.

³American Heart Association. Answers by Heart. Cardiovascular conditions. Article online. August 31, 2016. Available at:www.heart.org/HEARTORG/Conditions/More/ToolsForYourHeartHealth/Answers-by-Heart-Fact-Sheets-Cardiovascular-Conditions_UCM_300475_Article.jsp#.V-GcHctTFiw. Accessed September 21, 2016.



Aetna's simplified claims process

If you are an Aetna medical plan member, we can retrieve your medical information needed to process claims under your Critical Illness Plan. **Here's how it works.**



Not an Aetna medical plan member?

Just upload your medical paperwork when submitting your claim.

Submitting claims is easy

1. Go to **www.aetnavoluntaryforms.com**.
2. Use the "Online claims process" link to fill out the form and submit your claim.

Your payment for covered services is on the way.

That's all there is to it!

*Claims can be completed online at **www.aetnavoluntaryforms.com** or printed and mailed to: Aetna Voluntary Plans, PO Box 14079, Lexington, KY 40512-4079.*

Don't have internet access? You can request a paper claim form by calling us toll-free at **1-888-772-9682**.

The Aetna Critical Illness Plan is offered and/or underwritten by Aetna Life Insurance Company (Aetna).

This plan provides limited benefits. The benefit payments are not intended to cover the full cost of medical care. Members are responsible for making sure the providers' bills get paid. These benefits are paid in addition to any other health coverage members 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. Aetna does not provide care or guarantee access to health services. 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**.

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



www.aetna.com

AETNA LIFE INSURANCE COMPANY

LIMITED BENEFIT HEALTH COVERAGE

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT

INTENDED TO COVER ALL MEDICAL EXPENSES

OUTLINE OF COVERAGE

Policy form GR-96844/Certificate form GR-96843

Some notes on how we use words

- When we say “**you**” and “**your**”, **we** mean the **employee**.
- When we say “**us**”, “**we**”, and “**our**”, **we** mean **Aetna**.
- Some words appear in **bold** type. **We** define them in the *Glossary* section of **your** Certificate.

1. Read **Your** Policy Carefully – This outline of coverage provides a very brief description of the important features of **your** Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both **you** and **us**. It is, therefore, important that **you** READ **YOUR** POLICY CAREFULLY!
2. Limited benefit health coverage is designed to provide, to **insured persons**, limited or supplemental coverage.
3. **You** may contact the Idaho Department of Insurance at any time:
Consumer Affairs
700 W State Street, 3rd Floor
PO Box 83720
Boise ID 83720-0043
1-800-721-3272 or 208-334-4250 or www.DOI.Idaho.gov

Benefits:

Employee Face Amount	\$10,000
Insured Spouse/Civil Union Partner/Domestic Partner Face Amount	50% of the employee Face Amount
Insured Children Face Amount	50% of the employee Face Amount

We reserve the right to request that a **physician** of **our** choice review any **diagnosis** in the event of a dispute or disagreement regarding the appropriateness or correctness of a **diagnosis**. **We** reserve the right to request that an independent and acknowledged expert in the applicable field of medicine review the evidence used in making any disputed **diagnosis**. **We** will pay for any such requested examination or review.

Critical Illness Benefit

We will pay the applicable benefit shown on the Schedule of Benefits if an **insured person** is **diagnosed** with a **critical illness**, and:

1. The **date of diagnosis** is after the **waiting period**;
2. The **date of diagnosis** must occur while coverage for the **insured person** is in force; and
3. The **critical illness** is not excluded by name or specific description in the Certificate.

Critical Illness Benefit	Percentage of Face Amount
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
Coronary Artery Condition Requiring Bypass Surgery	25%
Major Organ Failure	100%
End-Stage Renal Failure	100%
Coma	100%
Paralysis	100%
Benign Brain Tumor	100%
Loss of Sight (Blindness)	100%
Loss of Hearing	100%
Loss of Speech	100%
Third Degree Burns	100%
Alzheimer's Disease	25%
Parkinson's Disease	25%
Lupus	25%
Multiple Sclerosis	25%
Muscular Dystrophy	25%

Cancer Benefit

We will pay the applicable Cancer Benefit when an **insured person** is initially **diagnosed** as having **cancer (invasive), carcinoma in situ or skin cancer** if:

1. The **date of diagnosis for cancer (invasive), carcinoma in situ or skin cancer** is after the **waiting period**;
2. The **date of diagnosis for cancer (invasive), carcinoma in situ or skin cancer** must occur while coverage for the **insured person** is in force; and
3. The **cancer (invasive), carcinoma in situ or skin cancer** is not excluded by name or specific description in the Certificate.

Cancer (invasive), carcinoma in situ or skin cancer must be **diagnosed** by either **pathological diagnosis** or **clinical diagnosis**. In addition to the required **pathological diagnosis** or **clinical diagnosis**, we may require additional information from the attending **physician** and **hospital**.

Cancer Benefit	Percentage of Face Amount/Benefit Amount
Cancer (invasive)	100%
Carcinoma in Situ	25%
Skin Cancer	\$250
Maximum	once per insured person's lifetime

4. 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:
 - 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);
 - Any act of war, whether declared or not, or voluntary participation in a riot, rebellion or civil insurrection.

Congenital anomalies of **insured dependent** children are not excluded.

5. **Additional Information:**

- **Renewability** – The policy is optionally renewable.
- **Premium Changes** – The premium rates may be changed by **us**. If the rates are changed, **we** will give at least 31 days advance written notice.
- **Portability** – If **your** employment ceases and as a result **your** coverage under the Policy terminates, **we** will provide portability coverage. Such coverage will be available to **you** and any of **your insured dependents**.

You must complete the Portability Coverage Election Form and return it to **us** along with payment the first premium for the portability coverage not later than 30 calendar days after **your** coverage under the Policy terminates. Portability coverage will be effective on the day after benefits under the Policy terminates.

The benefits, terms and conditions of portability coverage will be the same as those provided under the Policy on the date **your** coverage terminated. Any changes made to the Policy after **you** are covered under the Portability Provision will not apply to **you** unless required by law.

The initial premium rates will be based on the premium rates in effect at the time **you** apply for portability coverage. **You** must also pay any portion of the premium previously paid by **your employer** for the coverage.

A grace period of 31 days after the premium due date will be allowed for the payment of each premium. We will not pay benefits under the Certificate in the absence of payment of current premium, subject to this grace period.

Portability coverage will end on the earliest of the following dates:

- The date the Policy terminates;
- The date of the **insured person's** death;
- The end of the portability grace period following the date the **insured person** fails to pay the required premium contribution;
- The end of the month on or following the date **you** are again covered under the Policy;
- The date coverage under this Portability Provision is cancelled or terminated by **us** for any reason upon 31 days advanced notice;
- The date **your** class of coverage is terminated;
- With respect to any **insured dependents**:
 1. The date **your** coverage terminates;
 2. The date **you** and **your insured spouse/civil union partner/domestic partner** divorce, end **your civil union** or domestic partnership;
 3. The date **your insured dependent** ceases to be an eligible dependent under the Policy.

An **insured child** whose portability coverage terminates when he or she reaches the age limit may apply for portability coverage in his or her own name, or he or she is otherwise eligible.

Once portability coverage is cancelled or terminated, it cannot be reinstated.

AETNA LIFE INSURANCE COMPANY

LIMITED BENEFIT HEALTH COVERAGE

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT

INTENDED TO COVER ALL MEDICAL EXPENSES

OUTLINE OF COVERAGE

Policy form GR-96844/Certificate form GR-96843

Some notes on how we use words

- When we say “**you**” and “**your**”, **we** mean the **employee**.
- When we say “**us**”, “**we**”, and “**our**”, **we** mean **Aetna**.
- Some words appear in **bold** type. **We** define them in the *Glossary* section of **your** Certificate.

1. Read **Your** Policy Carefully – This outline of coverage provides a very brief description of the important features of **your** Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both **you** and **us**. It is, therefore, important that **you** READ **YOUR** POLICY CAREFULLY!
2. Limited benefit health coverage is designed to provide, to **insured persons**, limited or supplemental coverage.
3. **You** may contact the Idaho Department of Insurance at any time:
Consumer Affairs
700 W State Street, 3rd Floor
PO Box 83720
Boise ID 83720-0043
1-800-721-3272 or 208-334-4250 or www.DOI.Idaho.gov

Benefits:

Employee Face Amount	\$20,000
Insured Spouse/Civil Union Partner/Domestic Partner Face Amount	50% of the employee Face Amount
Insured Children Face Amount	50% of the employee Face Amount

We reserve the right to request that a **physician** of **our** choice review any **diagnosis** in the event of a dispute or disagreement regarding the appropriateness or correctness of a **diagnosis**. **We** reserve the right to request that an independent and acknowledged expert in the applicable field of medicine review the evidence used in making any disputed **diagnosis**. **We** will pay for any such requested examination or review.

Critical Illness Benefit

We will pay the applicable benefit shown on the Schedule of Benefits if an **insured person** is **diagnosed** with a **critical illness**, and:

1. The **date of diagnosis** is after the **waiting period**;
2. The **date of diagnosis** must occur while coverage for the **insured person** is in force; and
3. The **critical illness** is not excluded by name or specific description in the Certificate.

Critical Illness Benefit	Percentage of Face Amount
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
Coronary Artery Condition Requiring Bypass Surgery	25%
Major Organ Failure	100%
End-Stage Renal Failure	100%
Coma	100%
Paralysis	100%
Benign Brain Tumor	100%
Loss of Sight (Blindness)	100%
Loss of Hearing	100%
Loss of Speech	100%
Third Degree Burns	100%
Alzheimer's Disease	25%
Parkinson's Disease	25%
Lupus	25%
Multiple Sclerosis	25%
Muscular Dystrophy	25%

Cancer Benefit

We will pay the applicable Cancer Benefit when an **insured person** is initially **diagnosed** as having **cancer (invasive), carcinoma in situ** or **skin cancer** if:

1. The **date of diagnosis for cancer (invasive), carcinoma in situ or skin cancer** is after the **waiting period**;
2. The **date of diagnosis for cancer (invasive), carcinoma in situ or skin cancer** must occur while coverage for the **insured person** is in force; and
3. The **cancer (invasive), carcinoma in situ** or **skin cancer** is not excluded by name or specific description in the Certificate.

Cancer (invasive), carcinoma in situ or **skin cancer** must be **diagnosed** by either **pathological diagnosis** or **clinical diagnosis**. In addition to the required **pathological diagnosis** or **clinical diagnosis**, we may require additional information from the attending **physician** and **hospital**.

Cancer Benefit	Percentage of Face Amount/Benefit Amount
Cancer (invasive)	100%
Carcinoma in Situ	25%
Skin Cancer	\$250
Maximum	once per insured person's lifetime

4. 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:
 - 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);
 - Any act of war, whether declared or not, or voluntary participation in a riot, rebellion or civil insurrection.

Congenital anomalies of **insured dependent** children are not excluded.

5. **Additional Information:**

- **Renewability** – The policy is optionally renewable.
- **Premium Changes** – The premium rates may be changed by **us**. If the rates are changed, **we** will give at least 31 days advance written notice.
- **Portability** – If **your** employment ceases and as a result **your** coverage under the Policy terminates, **we** will provide portability coverage. Such coverage will be available to **you** and any of **your insured dependents**.

You must complete the Portability Coverage Election Form and return it to **us** along with payment the first premium for the portability coverage not later than 30 calendar days after **your** coverage under the Policy terminates. Portability coverage will be effective on the day after benefits under the Policy terminates.

The benefits, terms and conditions of portability coverage will be the same as those provided under the Policy on the date **your** coverage terminated. Any changes made to the Policy after **you** are covered under the Portability Provision will not apply to **you** unless required by law.

The initial premium rates will be based on the premium rates in effect at the time **you** apply for portability coverage. **You** must also pay any portion of the premium previously paid by **your employer** for the coverage.

A grace period of 31 days after the premium due date will be allowed for the payment of each premium. We will not pay benefits under the Certificate in the absence of payment of current premium, subject to this grace period.

Portability coverage will end on the earliest of the following dates:

- The date the Policy terminates;
- The date of the **insured person's** death;
- The end of the portability grace period following the date the **insured person** fails to pay the required premium contribution;
- The end of the month on or following the date **you** are again covered under the Policy;
- The date coverage under this Portability Provision is cancelled or terminated by **us** for any reason upon 31 days advanced notice;
- The date **your** class of coverage is terminated;
- With respect to any **insured dependents**:
 1. The date **your** coverage terminates;
 2. The date **you** and **your insured spouse/civil union partner/domestic partner** divorce, end **your civil union** or domestic partnership;
 3. The date **your insured dependent** ceases to be an eligible dependent under the Policy.

An **insured child** whose portability coverage terminates when he or she reaches the age limit may apply for portability coverage in his or her own name, or he or she is otherwise eligible.

Once portability coverage is cancelled or terminated, it cannot be reinstated.

BENEFIT SUMMARY

Aetna Critical Illness Plus with Cancer

THIS IS NOT A MEDICARE SUPPLEMENT PLAN. If you are eligible for Medicare, review the free Guide to Health Insurance for People with Medicare available from the company or at 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 Critical Illness. Unless otherwise indicated, all benefits and limitations are per covered person.

Face Amounts

Insured	Low Plan	High Plan
Employee	\$10,000	\$20,000
Spouse 50% of Employee face amount	\$5,000	\$10,000
Child(ren) 50% of Employee face amount	\$5,000	\$10,000

Critical Illness Benefits covered at 100% of face amount

Heart Attack (Myocardial Infarction)	Coma
Stroke	Loss of Hearing <i>continued for a period of 90 consecutive days</i>
Major Organ Failure	Loss of Sight (Blindness) <i>continued for a period of 90 consecutive days</i>
End-Stage Renal Failure	Loss of Speech <i>continued for a period of 90 consecutive days</i>
Benign Brain Tumor	Paralysis <i>continued for a period of 60 consecutive days</i>
Third Degree Burns	

Critical Illness Benefits covered at 25% of face amount

Coronary Artery Condition Requiring Bypass Surgery

(In order for benefits to be payable, **bypass surgery must be done** while coverage for the insured person is in force.)

Muscular Dystrophy

Alzheimer's Disease

Multiple Sclerosis (MS)

Lupus

Parkinson's Disease

Cancer Benefit

Cancer (Invasive)

100% of face amount

Carcinoma in Situ

25% of face amount

Skin Cancer*

Pays \$250 once per lifetime.

*Skin cancer benefit provides coverage for invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic.

Cancer is not a critical illness under this plan.

Subsequent Critical Illness Diagnosis Benefit - applies only to Critical Illness Benefits

Employee/ Spouse/ Child(ren)

100% of face amount after 180 days

Subsequent diagnosis of a different covered Critical Illness is payable at the original amount if it occurs at least 180 days after the previous date of diagnosis for which a benefit was paid. No benefit payable if the subsequent diagnosis occurs less than 180 days later.

Recurrence Critical Illness Diagnosis Benefit

Employee/ Spouse/ Child(ren)

50% of face amount after 180 days

If an insured person has been initially diagnosed with and received a benefit for a critical illness and then is diagnosed with the same critical illness again at least 180 days later, we will pay the above stated percentage of the benefit as shown in the Schedule of Benefits for the recurring critical illness diagnosed. No benefit payable if the recurrence occurs less than 180 days later.

Recurrence Cancer (invasive) and Carcinoma in Situ Diagnosis Benefit

Employee/ Spouse/ Child(ren)

50% of face amount after 180 days

If an insured person has been initially diagnosed with and received a benefit for cancer (invasive) and is subsequently diagnosed with any kind of cancer (invasive) again at least 180 days later, we will pay the above stated percentage of the Cancer Benefit for Cancer (invasive) as shown on the Schedule of Benefits for the cancer (invasive) diagnosed. No benefit payable if the recurrence occurs less than 180 days later.

Critical Illness: 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:

- Any critical illness or cancer that is diagnosed treated outside of the U.S. and its territories;
- 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);
- 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;
- Engaging in an assault, felony, illegal occupation or other criminal act;
- Any act of war, whether declared or not, or voluntary participation in a riot, rebellion or civil insurrection.

Portability

Your plan includes a Portability 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 Portability provisions.

Questions and Answers about the Critical Illness Plan

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 Critical Illness Plan?

No, you are not allowed to have more than one Aetna Critical Illness Plan.

What does Face Amount mean?

Face Amount means the maximum fixed dollar amount you could receive for each critical illness 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 Critical Illness policy compatible with a Health Savings Account (HSA)?

Yes, Aetna Critical Illness policies are compatible with Health Savings Accounts.

How do I submit a claim?

Claims can be completed online www.aetna.com/voluntary/employees/materials-forms.html or submitted by mail to: Aetna Voluntary Plans, PO Box 14079, Lexington, KY 40512-4079.

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 **1-888-772-9682**. 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 Critical Illness Plan with me?

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

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS 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.

Supplemental health plans provide limited benefits. The 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. This plan does not count as Minimum Essential Coverage under the Affordable Care Act.

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 **1-888-772-9682** or visit us at **www.aetna.com**.

If you require language assistance, please call Member Services at 1-888-772-9682 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, llame al Servicios al Miembro a 1-888-772-9682, y un representante de Aetna le conectará con un intérprete. Si usted es sordo o tiene problemas de audición, use su TTY y marque 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 **<http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>**.

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

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)
