

Your Benefits Quick Start Guide

Enroll in the Aetna Voluntary Plans offered through Michaels Stores, Inc. today

Unexpected stuff happens to all of us. That's why you need to be ready with insurance options from Aetna Voluntary Plans. This is your opportunity to sign up for benefits. So take a few minutes to find out about your options now!

Please note, these plans provide supplemental benefits and are not a substitute for comprehensive medical insurance.

Open enrollment begins on April 15 and ends on May 19, 2021.

If you were just hired, you have 60 days from the date you are hired to enroll.

Cut out your temporary member identification along the dotted line.



**Fixed Indemnity Plan
Network: Open Choice
PPO
with PPO Dental
BIN# 610502 RX**

MICHAELS STORES, INC.
GROUP NUMBER: 800905
YOUR NAME: _____
FOR MEMBER SERVICES CALL **1-888-772-9682**

PAYER NUMBER 57604 0039

Fixed Indemnity Plan

Pays fixed cash benefits for specific medical services and includes Aetna's nationwide provider network to help you save money. Let your doctors know if you want Aetna to send benefit payments to them directly. Or, you may choose to receive the benefit payment directly to use as you want or need.

Aetna Vision Plan

Reimburses you for an exam, frames, lenses or contact lenses up to an annual limit.

Aetna Dental Plan

Covers a portion of your bill for common dental procedures.

These plans do not count as minimum essential coverage under the affordable care act. These are a supplement to health insurance and are 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.



Start your benefits!

How do I enroll?

First, read your enrollment information. To enroll, visit **MIKBenefits.com** for information and then call **1-800-998-4802** to complete your enrollment.

Am I eligible to enroll?

All Michaels U.S. Part Time Team Members are eligible to participate. If you are an eligible Team Member, you can also enroll your eligible dependents. Your eligible dependents are your lawful spouse or domestic partner and your children from birth until age 26, through any age if handicapped and unable to earn a living, or until they can no longer be legally declared as dependents. Dependent age and status requirements may vary by state.

How do I pay?

Payment is simple. Premium costs will be deducted from your paycheck. If you miss a payment, you can pay directly and keep your coverage active. There is a form in this kit to use when sending in missed premium payments.

When does coverage begin?

Coverage is effective on the first day following the paycheck date in which a deduction occurs.

Signing up is easy!

First, read your enrollment information.

MIKBenefits.com

Call to enroll **1-800-998-4802**

Between 8 a.m. and 6 p.m., Monday through Friday.

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 a Servicios al Miembro al **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.

If you choose Fixed Indemnity and/or Dental coverage, please use this temporary member ID until you get your paper member ID card.

www.aetna.com/dse/custom/avp

INSURED: The person listed on the card has been enrolled in a Fixed Indemnity insurance plan sponsored by the employer. Available benefits are subject to exclusions and limitations. This card does not guarantee coverage. For verification of coverage, filing a claim or for questions other than the discount programs, contact us at the number printed on the front of this card or mail us at the address below.

EMERGENCY: Call 911 or go to the nearest emergency facility.

Aetna Voluntary Plans
P.O. Box 14079
Lexington, KY 40512

Insurance plans are underwritten by Aetna Life Insurance Company (Aetna). This material is for information only and is not an offer or invitation to contract. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. 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 are subject to United States economic and trade sanctions. 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 Oklahoma and Idaho include: GR96172, GR96173, AL VOL HPOL-Hosp 01, GR-9/9N, GR-29/29N, GR-23.

Policy forms issued in Missouri include: AL VOL HPOL-Hosp 01, GR 96172 01.

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Aetna Voluntary Plans

Missed Premium Payment Coupon

Aetna Life Insurance Company

Company name

Michaels Stores, Inc.

Group number

800905

Today's date
(mm/dd/yyyy)

Member name (last, first, middle initial)

Member daytime telephone number

last four of
Social Security Number

Payment will be applied to the oldest gap in coverage within the last 45 days from the postmark on your mailed payment. To find out what gaps in coverage you may have, please call us toll free at 1-888-772-9682.

Instructions: Make a copy of this page. Complete the payment coupon. Cut along the dotted line. Mail coupon with your full amount, made payable to

Aetna Life Insurance Company, to:

**Missed Premiums
P.O. Box 534739
Atlanta, GA 30353**

_____ x \$ _____ = \$ 0
Number of pay periods missed Amount of deduction per pay period Full premium payment due

What if I miss a payroll deduction?

Your coverage will not begin until you have your first payroll deduction. Each payroll deduction pays for coverage for one payroll period.

If you miss a payroll deduction after your coverage begins, you will not have coverage during the time that payroll deduction would cover, unless you pay the full missed premium directly to Aetna Voluntary.

Will my insurance be canceled if I don't make up a missed premium?

Once your coverage has begun, it will not be canceled because you do not make up a missed premium. However, no claims will be paid for losses or covered expenses that occur during the period for which premium is unpaid.

How do I pay my missed premium?

To pay by **personal check, cashier's check, or money order**, make payable to **Aetna Life Insurance Company** and send with a completed copy of the coupon above to: Missed Premiums, P.O. Box 534739, Atlanta, GA 30353. You can get additional payment coupons by calling **1-888-772-9682**.

Can I pick which missed premiums I wish to pay?

No. Your missed premium payment will always be applied to the oldest gap in coverage within the last 45 days (from the postmark on your mailed payment). You cannot choose to cover a later gap in coverage if you have an earlier gap within the past 45 days from the date your payment is postmarked. To find out what gaps in coverage you may have, please call toll free **1-888-772-9682**, Monday through Friday, 8 a.m. to 6 p.m.

How long do I have to pay a missed premium?

You may pay for a gap in coverage that is up to 45 days old, from the date your payment is postmarked. Please note, if you have a gap in coverage of more than 30 days, your 3 to 12 month waiting period for dental services will reset.

Can I pay just a part of a missed premium?

No. You must pay the full premium deduction that was missed in your paycheck, for all coverage you have. We cannot accept partial payments.

If I become ineligible or my employment ends, can I continue coverage with missed premium payments?

No. If your coverage terminates, you may not continue coverage by paying missed premiums.

Plans are underwritten by Aetna Life Insurance Company (Aetna) and its affiliates. Each insurer has sole financial responsibility for its own products. Insurance plans contain exclusions and limitations. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. This material is for information only and is not an offer or invitation to contract. Information is believed to be accurate as of the production date; however, it is subject to change. Policies are subject to United States economic and trade sanctions. For more information about Aetna plans, refer to www.aetna.com.

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I've got this

Aetna Fixed Indemnity Plan Helps pay for the costs of everyday medical expenses

Extra benefits when you need them

Do you have security in knowing you have help handling your medical expenses?

You can with the **Aetna Fixed Indemnity Plan**.

Here's how the plan works

When you see an in-network provider, you get the benefit of Aetna discounts for lower out-of-pocket costs. And we pay the provider a fixed dollar amount for your covered services.

Please keep in mind this plan does not pay the full cost of medical care. You are responsible for making sure your doctor gets paid.

However, the plan pays regardless of any other insurance you may have.

¹Johnson, Angela. 76% of Americans are living paycheck-to-paycheck. CNNMoney. June 24, 2013. Available at: money.cnn.com/2013/06/24/pf/emergency-savings. Accessed July 11, 2017.

The Aetna Fixed Benefits Plan is underwritten by Aetna Life Insurance Company (Aetna).

Coverage when it counts

As a society, we aren't always prepared for medical expenses. In fact, fewer than 1 in 4 of us have enough money in our savings accounts to cover at least six months of expenses or a medical emergency.¹

So this plan helps pay the costs associated with common medical expenses like:

- Doctor visits
- Hospital stays
- Prescriptions

The result? You can be healthier, happier and more focused on enjoying life.



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aetna.com

Convenient features

- Guaranteed issue, with no doctor exam
- Freedom to see any licensed doctor
- Discounts for staying in network
- Simple payroll deduction
- Reasonable rates

Our DocFind® online directory helps you locate in-network doctors and medical specialists in your area: www.aetna.com/dse/custom/avp.

Call your customer service representative for more information.

In case of an emergency, call 911 or your local emergency hotline; or go directly to an emergency care facility.

This policy alone does not meet Massachusetts Minimum Creditable Coverage standards.

This plan provides LIMITED BENEFITS. Benefits provided are supplemental and are not intended to cover all medical expenses. This plan pays you fixed dollar amounts regardless of the amount that the provider charges. 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. If the provider participates in your underlying health plan's network, the provider may bill you for the rate the provider has negotiated with the health plan and the Aetna discounted rate cannot be guaranteed. This disclosure provides a very brief description of the important features of the benefits being considered. It is not an insurance contract and only the actual policy provisions will control. **THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.**

This material is for information only. Health insurance plans contain exclusions and limitations and are subject to United States economic and trade sanctions. Refer to the actual policy and Booklet-Certificate to determine which health care services are covered and to what extent. Providers are independent contractors and are not agents of Aetna. 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 www.aetna.com.

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. **Exclusions and limitations:** All medical or hospital services not specifically covered in, or which are limited or excluded in, the plan documents; cosmetic surgery, including breast reduction; custodial care; infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies, donor egg retrieval and reversal of sterilization; non-medically necessary, and experimental or investigational, services and supplies. No benefit is paid for or in conjunction with the following stays or visits or services: Those received outside the United States; those for education or job training, whether or not given in a facility that also provides medical or psychiatric treatment.

Policy forms issued in Idaho and Oklahoma include: AL VOL HPOL-Hosp; GR-96172, GR-96173.

Policy forms issued in Missouri include: AL VOL HPOL-Hosp 01, GR 96172 01.



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Aetna Vision Insurance



Take better care of your eyesight

Aetna Vision[®] Plan

Take good care of your eyesight

For most of us, vision is among the most precious of our senses. Regular eye exams not only detect changes in your vision — they can also help detect medical problems early, including high blood pressure and diabetes.

The Aetna Vision insurance plan can provide you and your loved ones with:

- Benefits to help pay for vision services, from a routine eye exam to eyeglasses, frames, lenses, or contacts
- Access to discounts through a broad nationwide network of vision care providers
- Affordable group rates
- Easy payroll deduction

Locate a local Vision provider by visiting:
www.aetna.com/dse/custom/avp

Exclusions and limitations

Reimbursements for vision care services other than eye exams, frames or lenses are not included in this plan. Read your enrollment information for the reimbursement amount of your plan.

This limited health plan does not meet Massachusetts Minimum Creditable Coverage standards.

This plan does not cover all health care expenses and has exclusions and limitations. Members should refer to their booklet certificate to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan may contain exceptions to this list based on state mandates or the plan design purchased.

- Orthoptic vision training (eye exercises to improve vision), subnormal vision aids (tools such as magnifying devices, talking books, etc. used for those with low vision or partial sight), any associated supplemental testing
- Medical and/or surgical treatment of the eyes or supporting structure
- Any eye or vision examination, or any corrective eyewear, required by an employer as a condition of employment

In case of emergency, call 911 or your local emergency hotline; or go directly to an emergency care facility.

Approximately 14 million Americans aged 12 years and older have self-reported visual impairment. Among them, more than 11 million Americans could have improved their vision.¹

Enroll Today. Follow the instructions provided in your enrollment materials.

¹Vision Health Initiative (VHI) [article online]. September 2015. Available at: www.cdc.gov/visionhealth/data/national.htm. Accessed August 19, 2016.

Vision insurance plans are underwritten by Aetna Life Insurance Company (Aetna).

This material is for information only. 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. Policies are subject to United States economic and trade sanctions. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to vision 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 Oklahoma and Idaho include: GR-9/9N, GR-29/29N, GR-23.

Policy forms issued in Missouri include: GR-29N-VISION 01.



Aetna Dental Insurance



Be prepared with dental care

Aetna Dental[®] Plan

Protect your smile today and tomorrow

If you had a cavity, would you have the money available to take care of it? Now you can be ready with an Aetna Dental plan.

The dental insurance plan is affordable and a great way to help you and your loved ones keep your smiles healthy. The plan provides:

- Benefits to help you pay for checkups, cleanings and common dental services
- The flexibility to see any dentist you like
- Access to discounted rates through Aetna's broad network of dentists
- Group rates which are typically lower than those you can find on your own
- Easy payroll deduction

How the plan works

Once the annual deductible is met, the plan helps pay for many of the most common dental services up to its stated annual limit. These include:

- Preventive services like checkups and cleanings
- Basic services like fillings and oral surgery
- Major services like crowns, bridges, dentures and root canals (benefits vary by plan)

Waiting periods may apply to some services. See your enrollment information for details.

Locate a local preferred Dental provider by visiting:
www.aetna.com/dse/custom/avp

Exclusions and limitations

The dental PPO network is not available in **Idaho, Hawaii, Montana, New Mexico or Puerto Rico**. To locate a preferred provider, call toll-free **1-888-772-9682**.

Aetna will pay benefits only for expenses incurred while this coverage is in force, and only for the necessary treatment of injury or disease. A service or supply is necessary if it is determined by Aetna to be appropriate for the diagnosis, care or treatment of the disease or injury involved. The plan requires that a deductible is met before a benefit is paid except for preventive services.

A deductible is the amount you must pay for eligible expenses before the plan begins to pay benefits.

This plan does not cover all dental care expenses and has exclusions and limitations. Your plan may contain exceptions to this list based on state mandates or the plan design purchased.

The following is a partial list of services and supplies that are generally not covered. However, your plan may contain exceptions to this list based on state mandates or the plan design purchased. The following charges are not covered under the dental plan, and they will not be recognized toward satisfaction of any deductible amount:

- Cosmetic procedures unless needed as a result of injury
- Any procedure, service or supply that is included as covered medical expenses under another group medical expense benefit plan
- Prescribed drugs, premedication, analgesia or general anesthesia
- Services provided for any type of temporomandibular (TMJ) or related structures, or myofascial pain
- Charges in excess of the *Recognized Charge*

In case of emergency, call 911 or your local emergency hotline; or go directly to an emergency care facility.

Did you know there's a link between dental health and overall health?

Research has shown that diseases of the teeth and gums are risk factors for diabetes, kidney disease, heart disease and even cancer. Poor gum health in the extreme can also lead to low birth weight. So going to the dentist twice a year is about more than having a nice smile.¹

Enroll Today. Follow the instructions provided in your enrollment materials.

¹ Author, Kate Lowenstein. Healthy mouth, healthy body: The link between them may surprise you [article online]. February 2016. Available at: www.everydayhealth.com/dental-health/101.aspx. Accessed May 18, 2016.

Dental insurance plans are underwritten by Aetna Life Insurance Company (Aetna).

This material is for information only. 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. Policies are subject to United States economic and trade sanctions. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to dental 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 Oklahoma and Idaho include: GR-9/9N, GR-29/29N, GR-23.

Policy forms issued in Missouri include: AL HGrpPol-Dental 01.

Benefit summary



Michaels Stores, Inc.

800905

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.

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.

This policy, alone, does not meet Massachusetts Minimum Creditable Coverage standards.

Aetna will pay benefits only for services provided while coverage is in force, and only for medically necessary, **covered** services. These benefits may be modified where necessary to meet state mandated benefit requirements.

If you or your spouse have a health saving account, please consult your tax advisor before you enroll about whether the Fixed Indemnity plan may affect it.

Here's how the plan can help you:

You can lower your medical expenses by seeing a participating provider in the Aetna Open Choice® PPO network. To locate a participating provider, call toll-free **1-888-772-9682** or visit **www.aetna.com/dse/custom/avp**. If your provider participates in your comprehensive medical plan's network, the medical plan's negotiated rate with that provider applies.

Unless otherwise indicated, all benefits and limitations are per covered person.

Covered benefit for inpatient stays

Unless otherwise stated, all inpatient daily stays begin on day two and count toward the plan year maximum.

Hospital stay — admission

Pays a lump sum benefit for the first day of your stay in a non-ICU room of a hospital. **2nd admission requires 30 day separation** period from the first stay. \$200

Maximum stays per plan year 2

Hospital stay — intensive care unit (ICU) — admission

Pays a lump sum benefit for the initial day of your stay in an ICU room of a hospital. **2nd admission requires 30 day separation** period from the first stay. \$400

Maximum stays per plan year 2

Hospital stay — daily

Pays a daily benefit beginning on day 2 for each day of your stay in a non-ICU room of a hospital. \$200

Maximum days per plan year 365

Hospital stay — ICU daily

Pays a daily benefit beginning on day 2 for each day of your stay in an ICU room of a hospital. \$400

Maximum days per plan year 365

Newborn routine care

Pays a lump sum benefit on the birth of your newborn with an inpatient stay. \$100

Maximum days per plan year 1

Observation unit

Pays a lump sum benefit for the initial day of your observation. \$100

Maximum stays per plan year 1

Substance abuse stay — daily

Pays a daily benefit beginning on day 2 for each day you have a stay in a substance abuse treatment facility. \$200

Maximum days per plan year— shared with the hospital stay benefit max 365

Covered benefit for inpatient stays

Unless otherwise stated, all inpatient daily stays begin on day two and count toward the plan year maximum.

Mental disorder stay — daily

Pays a daily benefit for each day you have a stay in a mental disorder treatment facility. \$200

*Maximum **days** per plan year — shared with the hospital stay benefit max* 365

Rehabilitation unit stay — daily

Pays a daily benefit beginning on day 2 for each day of your stay in a rehabilitation unit immediately after your hospital stay. \$200

*Maximum **days** per plan year — shared with the hospital stay benefit max* 365

Skilled nursing facility stay — daily

Pays a daily benefit beginning on day 2 for each day you have a stay in a skilled nursing facility. \$200

*Maximum **days** per plan year — shared with the hospital stay benefit max* 365

Hospice care — daily

Pays a daily benefit beginning on day 2 for each day you have a stay in a hospice facility or each day you receive hospice care. \$200

*Maximum **days** per plan year — shared with the hospital stay benefit max* 365

Covered benefits for surgery

Inpatient surgery

Pays a daily benefit for each day you have an inpatient surgical procedure during your stay. \$200

*Maximum **days** per plan year* 1

Outpatient surgery — hospital outpatient or ambulatory surgical center

Pays a daily benefit for each day you have an outpatient surgical procedure performed by a physician. \$200

*Maximum **days** per plan year* 1

Outpatient surgery — doctor's office, urgent care facility or hospital emergency room

Pays a daily benefit for each day you have an outpatient surgical procedure performed by a physician. \$25

*Maximum **days** per plan year* 1

Covered benefits for doctor's visits

Doctor visits — office / urgent care facility

Pays a daily benefit for each day you visit a physician.

\$50

*Maximum **days** per plan year*

5

Doctor visits — walk-in-clinic / telemedicine visit

Pays a daily benefit for each day you visit a physician.

\$25

*Maximum **days** per plan year*

5

Prescription drugs

Pays a daily benefit for each day you have a prescription filled by a licensed pharmacist on an outpatient basis.

\$20

*Maximum **days** per plan year*

12

Covered benefits for outpatient services

Ambulance — ground

Pays a daily benefit for when you are transported by a licensed professional ambulance company by a ground ambulance to or from a hospital, or between medical facilities. \$100

Maximum days per plan year 1

Ambulance — air

Pays a daily benefit for when you are transported by a licensed professional ambulance company by Air ambulance to or from a hospital, or between medical facilities. \$500

Maximum days per plan year 1

Emergency room

Pays a daily benefit for each day you receive care in a hospital emergency room for an emergency medical condition. \$100

Maximum days per plan year 2

Equipment and supplies

Pays a daily benefit for each day on which equipment and supplies are purchased and for any associated maintenance and repair. \$20

Maximum days per plan year 5

X-ray and lab

Pays a daily benefit for each day on which you have an X-ray or lab. \$25

Maximum days per plan year 3

Medical imaging

Pays a daily benefit for each day on which you have a covered medical imaging test. \$150

Maximum days per plan year 1

Additional covered benefits

Accidental injury treatment

Pays a benefit when you are treated in a doctor's office, hospital emergency room or walk-in clinic for an accidental injury. \$100

Maximum days per plan year 1

Lodging

Pays for one motel / hotel room for a companion to accompany you for each day of a stay. \$100

Your stay must be more than **50 miles** from your home.

Maximum days per plan year 10

Transportation

Pays a benefit for each day on which you travel from your residence more than **50 miles** one way on doctor's advice. \$100

Maximum days per plan year 1

Prescription drugs

We will pay the prescription drugs benefit amount shown in the schedule of benefits section of your certificate for each day you have a prescription filled. Prescription drugs must be dispensed by a licensed pharmacist on an outpatient basis.

The prescription drugs benefit amount will not be paid for:

- Immunization agents, biological sera, blood or blood plasma
- Any contraceptive method, device, material, or medicine
- Prescription drugs, medicine, or insulin used by, or administered to, you while you are confined as an inpatient to any facility or institution
- Prescription drugs and medicine related to infertility
- Therapeutic devices or appliances

Exclusions and limitations

This plan has exclusions and limitations. Refer to the actual policy and booklet certificate to determine which health care 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 will not be paid for any service for an illness or accidental injury related to the following:

1. Certain competitive or recreational activities, including but not limited to: ballooning, bungee jumping, parachuting, skydiving
2. Any semi—professional or professional competitive athletic contest, including officiating or coaching, for which you receive any payment
3. Act of war, riot, war
4. Operating, learning to operate or serving as a pilot or crew member of any aircraft, whether motorized or not
5. Assault, felony, illegal occupation, or other criminal act
6. Care provided by a spouse, parent, child, sibling or any other household member
7. Cosmetic services and plastic surgery, with certain exceptions
8. Custodial care
9. Intentional self-harm or suicide, except when resulting from a diagnosed disorder
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 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

More Aetna Voluntary coverages available to enroll in:

Dental Plan

<p>Annual benefit maximum <i>Plan pays per coverage year</i></p>	<p>\$500</p>
<p>Annual deductible <i>Per individual per coverage year</i></p>	<p>\$50</p>
<p>Preventive services (includes checkups and cleanings)</p>	<p>You are responsible for paying up to 20% of the Recognized Charges[†]. These services have no waiting period.</p>
<p>Basic services (includes fillings, oral surgery, and denture, crown and bridge repair)</p>	<p>You are responsible for paying up to 40% of the Recognized Charges[†]. You must be covered under the dental plan without interruption for 3 months before the plan begins to pay for these services.</p>
<p>Major services (includes Perio and Endodontics, crowns, bridges, and dentures)</p>	<p>You are responsible for paying up to 50% of the Recognized Charges[†]. You must be covered under the dental plan without interruption for 12 months before the plan begins to pay for these services.</p>

The plan requires that a deductible is met before a benefit is paid. A deductible is the amount a member must pay for eligible expenses before the plan begins to pay benefits.

[†]The percentage of the cost that you are responsible for paying a provider is based on a **Recognized Charge**. A **Recognized Charge** is the amount that Aetna recognizes as payable by the plan for a visit, service, or supply. For preferred providers, the **Recognized Charge** equals the **Negotiated Charge**. A **Negotiated Charge** is the maximum amount that a preferred provider has agreed to charge for a covered visit, service, or supply. After your plan limits have been reached, the provider may require that you pay the full charge rather than the **Negotiated Charge**. For non—preferred providers (except inpatient and outpatient facilities and pharmacies), the **Recognized Charge** generally equals the 80% of what providers in that geographic area charge for that service, based on the FAIR Health RV Benchmarks database from FAIR Health, Inc. This means that 80th percentile of the charges in the database for geographic area are that amount or less – and 20% are that amount or more – for that service or supply. A non—preferred provider may require that a member pay more than the **Recognized Charge**, and this additional amount would be member’s responsibility.

This health plan does not meet Massachusetts Minimum Creditable Coverage standards. To locate a preferred provider, call toll-free **1-888-772-9682** or visit **www.aetna.com/docfind/custom/avp**.

In Texas, the Preferred Provider Organization (PPO) network is known as the Participating Dental Network (PDN).

Dental exclusions:

This dental plan does not cover all dental care expenses and has exclusions and limitations. You should refer to your certificate to determine which dental care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan may contain exceptions to this list based on state mandates or the plan design purchased.

1. Cosmetic procedures unless needed as a result of injury.
2. Any procedure, service or supplies that are included as covered medical expenses under another group medical expense benefit plan.
3. Prescribed drugs, pre—medication, analgesia or general anesthesia.
4. Services provided for any type of temporomandibular (TMJ) or related structures, or myofascial pain.
5. Charges in excess of the Recognized Charge, based on the 80th percentile of the FAIR Health RV Benchmarks.

Vision care

Eye exams	Reimbursements of up to \$100 every 12 months for an exam, frames, lenses, or contact lenses.
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Fees for other services must be paid by you. Benefit period is 12 consecutive months beginning on the later of your effective date or your most recent eye exam covered under this plan.

EyeMed Vision Care Select Network is not available in **Puerto Rico**.

This health plan does not meet Massachusetts Minimum Creditable Coverage standards.

Vision care exclusions

This plan does not cover all vision care expenses and has exclusions and limitations. Members should refer to their booklet certificate to determine which vision care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, member's plan may contain exceptions to this list based on state mandates or the plan design purchased.

1. Orthoptic vision training, subnormal vision aids, any associated supplemental testing.
 2. Medical and/or surgical treatment of the eyes or supporting structure.
 3. Any eye or vision examination, or any corrective eyewear, required by an employer as a condition of employment.
-

Questions and answers

How does a Fixed Indemnity plan work?

Fixed indemnity plans have no copays, deductibles, or coinsurance. A Fixed Indemnity plan pays a fixed amount per day or other period, with limits on the number and types of services. Once you have used up your number of services, the plan will no longer pay for that kind of service. Payments under the Fixed Indemnity Plan can be used for any purpose you choose. Because the plan pays a fixed amount, you may owe the provider more than the plan pays. If you choose a preferred (in network) provider, then you may pay less, because the provider may accept payment for the negotiated charge. Before you enroll in the plan, please read the benefits chart in the previous pages carefully to understand what this plan will pay.

How does this Fixed Indemnity plan differ from a traditional comprehensive medical plan?

The Fixed Indemnity Plan is intended to supplement, not substitute for, comprehensive medical coverage. Unlike most major medical plans, this plan does not have catastrophic coverage or a limit on your out-of-pocket expenses. This means that you may have large out-of-pocket costs if you have a serious or chronic medical condition. Because comprehensive medical plans provide more coverage, they cost more. They typically satisfy the Affordable Care Act's mandate to maintain Minimum Essential Coverage, but the Fixed Indemnity Plan does not.

What is considered a hospital stay?

A Stay is a period during which you are admitted as an inpatient; and are confined in a hospital, non-hospital residential facility, hospice facility, skilled nursing facility, or rehabilitation facility; and are charged for room, board, and general nursing services. A Stay does not include time in the hospital because of custodial or personal needs that do not require medical skills or training. A Stay specifically excludes time in the hospital for observation or in the emergency room unless this leads to a Stay.

Can I have the Fixed Indemnity Plan if I already have comprehensive health insurance?

Yes, the Fixed Indemnity Plan can supplement other health insurance. The Fixed Indemnity Plan will pay the specified benefit whether or not your other health insurance pays anything for the service. The Fixed Indemnity plan does not coordinate benefits with other coverage. If the provider participates in your underlying health plan's network, the provider may bill you for the rate the provider has negotiated with the health plan and the Aetna discounted rate cannot be guaranteed.

Do these plans have COBRA continuation coverage?

Unlike a traditional health plan, the Fixed Indemnity plan does not offer COBRA continuation coverage. However, Dental and Vision plans are COBRA eligible.

What will I pay up front when I go to a healthcare provider?

A provider may require that you pay all charges in advance, and it would be up to you to submit a claim for benefits under the plan. Remember that you are responsible for making sure the provider's bill gets paid, even when the fixed benefit is less than provider's charges.

Questions and answers

Do I need to submit a claim?

If you see an In-Network provider, you don't need to submit a claim. Your provider will submit the claim on your behalf and the benefits are paid to your provider. If the benefits are more than what you owe the provider, the difference will be paid to you.

If you see an Out-of-Network provider, you will need to submit a claim. If the benefits are more than what you owe the provider, the difference will be paid to you.

This plan pays you fixed dollar amounts regardless of the amount that the provider charges. 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.

How do I submit a claim?

Claim forms can be found online at: **myaetnasupplemental.com**, If you need a paper claim form mailed to you call Customer Service at **1-888-772-9682**. Completed claim forms can be mail to: Aetna Voluntary Plans, PO Box 14079, Lexington, KY 40512-4079.

What should I do in an emergency?

In an emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

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 toll - free **1-888-772-9682**. We're here to answer questions before and after you enroll.

Important information about your benefits

In order for the fixed indemnity benefits to be payable, the initial day of your stay and other services must be on or after your effective date of coverage.

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 email 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, 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.

Important information about your benefits

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, por favor 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 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 **617-521-7794** or visiting its website at **www.mass.gov/doi**.

Financial Sanctions Exclusions Clause: If coverage provided by this policy violates or will violate any US UN, EU or other applicable 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>**.

Aetna Voluntary Plans are underwritten by Aetna Life Insurance Company (Aetna). Plan features and availability may vary by location and are subject to change. 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 Oklahoma include: GR96172, GR96173, AL VOL HPOL-Hosp 01, GR-9/9N, GR-29/29N, GR-23.

Policy forms issued in Missouri include: GR96172, GR96173, AL VOL HPOL-Hosp 01, GR-9/9N, GR-29/29N, GR-23.



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

Outline of Coverage

Policy form AL VOL HPOL-Hosp 01, Certificate form AL VOL HCOC-Hosp 01

HOSPITAL CONFINEMENT INDEMNITY COVERAGE THIS POLICY PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES

This Outline of Coverage is a summary of the policy which should be consulted to determine governing contractual provisions.

If you are eligible for Medicare: THIS IS NOT A MEDICARE SUPPLEMENT POLICY. Review the 'Guide to Health Insurance for People With Medicare' available from us.

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

1. Read Your Policy Carefully—This outline of coverage provides a very brief description of the important feature of coverage. 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 your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!
2. Hospital confinement indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations set forth in the policy. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit described below.

3. Benefits

Benefit	Benefit amount
Inpatient benefits	
Hospital stay – admission (initial day) Non-ICU admission ICU admission Maximum per plan year 2nd admission requires 30-day separation period from the first stay.	\$200 for the initial day of your stay \$400 for the initial day of your stay 2 admissions
Hospital stay – daily Non-ICU daily ICU daily Maximum days per plan year	\$200 per day, beginning on day two of your stay \$400 per day, beginning on day two of your stay 365
Newborn routine care	\$100 per stay per newborn
Rehabilitation unit stay – daily Maximum days per plan year	\$200 per day 365
Skilled nursing facility stay – daily Maximum days per plan year	\$200 per day 365
Mental disorders stay – daily Maximum days per plan year	\$200 per day 365
Substance abuse stay – daily Maximum days per plan year	\$200 per day 365

4. Exclusions and limitations

Exclusions:

Benefits will not be paid for any stay for other service for an illness or accidental injury related to the following:

Act of war, riot, war

- Any act of war, whether declared or not
- Voluntary participation in a riot
- Rebellion or civil insurrection

Aircraft

Boarding or alighting in any vehicle or device for aviation except as a fare-paying passenger on a regularly scheduled commercial or charter flight.

Cosmetic surgery

Cosmetic **surgery**, except that cosmetic **surgery** will not include reconstructive **surgery** when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a **covered dependent** child.

Custodial care

Examples are:

- Institutional care. This includes room and board for rest cures, adult day care and convalescent care.
- Help with walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating or preparing foods.
- Any services that a person without medical or paramedical training can perform or could be trained to perform.

Dental care

Routine/general dental care and dental surgery except:

- as the result of an accidental injury to a sound natural tooth
- as necessary for treatment of congenital disease or anomaly

Exams

Except as specifically provided in the *Benefits under your plan* section, benefits will not be paid for routine physical exams.

Family planning services

- An elective abortion. As used here, elective abortion means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.
- Any contraceptive methods, devices, material or sterilization procedures
- The reversal of voluntary sterilization procedures, including any related follow-up care

Felony

Participation in a felony

Hearing

- routine hearing exams
- hearing aids and exams for the prescription or fitting of them

Professional activities and contests

If acting in a professional manner:

- Any competitive athletic sport, activity, or contest, including officiating or coaching, for which you receive any payment
- Bungee jumping
- Gliding (including sailplaning or sail gliding, hang gliding, paragliding)
- Parachuting or otherwise exiting from an aircraft while such aircraft is in flight, except to save your life
- Parasailing or parakiting
- Racing a power-driven vehicle, including speed tests
- Rock climbing/Mountaineering using ropes and/or other equipment
- Scuba diving
- Skydiving

Self-harm, suicide

Except when resulting from a diagnosed disorder, benefits will not be paid in connection with suicide or attempt at suicide, intentionally self-inflicted injury.

Vision

Eye glasses and exams for the prescription or fitting of them.

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.

6. Additional, surgical, and outpatient certificate benefits:

<u>Benefit</u>	<u>Benefit amount</u>
<u>Additional benefits</u>	
Accidental injury treatment Maximum days per plan year	\$100 per day 1
Observation unit Maximum observations per plan year	\$100 per initial day of observation 1
Hospice care – daily Maximum days per plan year, combined days for all stays and hospice care	\$200 per day 365
Lodging Maximum days per plan year	\$100 per day 10
Transportation Maximum days per plan year	\$100 per day 1

<u>Benefit</u>	<u>Benefit amount</u>
Surgical benefits	
Inpatient surgery Maximum days per plan year	\$200 per day 1
Outpatient surgery – hospital outpatient or ambulatory surgical center Maximum days per plan year	\$200 per day 1
Outpatient surgery – physician’s office, urgent care facility, or hospital emergency room Maximum days per plan year	\$25 per day 1
Outpatient benefits	
Air ambulance Maximum days per plan year	\$500 per day 1
Ground ambulance Maximum days per plan year	\$100 per day 1
Emergency room Maximum days per plan year	\$100 per day 2
Equipment and supplies Maximum days per plan year	\$20 per day 5
Medical imaging Maximum days per plan year	\$150 per day 1
Physician visits Office/Urgent care facility Maximum days per plan year	\$50 per day 5
Walk-in clinic/Telemedicine Maximum days per plan year	\$25 per day 5
Prescription drugs Maximum days per plan year	\$20 per day 12
X-ray and lab Maximum days per plan year	\$25 per day 3



All coverage is underwritten by Aetna Life Insurance Company.

Instructions: Read and fill out the Enrollment/Change Request (all pages). Make a copy for yourself. Give the original to your employer.

YOU MUST RE-ENROLL IN COVERAGE.

INFORMATION ABOUT YOU Complete all information.

Print your name (first, middle initial, last) Social Security Number Date of birth (MM/DD/YYYY)

Home address Apartment number City State Zip code

Home phone () Work phone () Email address Sex Male Female Primary language spoken (Idioma principal)

ACTION YOU WANT TO TAKE Check the box next to the action you want to take.

- I am not currently enrolled and I want to...**
- Enroll in the coverage choices selected below.
 - Decline this opportunity to participate.
- I am currently enrolled and I want to...**
- Make changes to my current coverage choices (add, increase, drop, decrease) as selected below. All of my other coverage choices will remain the same as previously elected. (If outside of an open enrollment, see "Making Changes Outside of an Open Enrollment.")
 - Update my personal and/or my dependent and/or beneficiary information.
 - Drop all of my current coverage choices.

Your payroll deductions will be taken after taxes are taken.

YOUR COVERAGE CHOICES Check() the box for the level of coverage you want.

Coverage type	Coverage level	Biweekly cost
Fixed Indemnity Plan	<input type="checkbox"/> No Fixed Indemnity Plan	
	<input type="checkbox"/> Yourself only.....	\$ 14.74
	<input type="checkbox"/> Yourself plus child(ren).....	\$ 26.52
	<input type="checkbox"/> Yourself plus spouse.....	\$ 33.96
	<input type="checkbox"/> Yourself and family	\$ 43.82
Vision	<input type="checkbox"/> No Vision	
	<input type="checkbox"/> Yourself only.....	\$ 2.04
	<input type="checkbox"/> Yourself plus child(ren).....	\$ 3.30
	<input type="checkbox"/> Yourself plus spouse.....	\$ 3.52
	<input type="checkbox"/> Yourself and family	\$ 4.90
Dental	<input type="checkbox"/> No Dental	
	<input type="checkbox"/> Yourself only.....	\$ 9.04
	<input type="checkbox"/> Yourself plus child(ren).....	\$ 17.06
	<input type="checkbox"/> Yourself plus spouse.....	\$ 18.24
	<input type="checkbox"/> Yourself and family	\$ 29.90
Term Life Insurance	<input type="checkbox"/> No Term Life	
	<input type="checkbox"/> Yourself only.....	\$ 3.10
	<input type="checkbox"/> Yourself and family	\$ 3.80
Please name your beneficiary. Beneficiary _____ Relationship: _____ Social Security Number _____		

EMPLOYER GROUP INFORMATION This section is to be completed by your employer.

Employee ID Hire date (MM/DD/YYYY) Pay type Total deduction (\$) Effective date (MM/DD/YYYY)

Location or site code Authorized signature Title Today's date (MM/DD/YYYY)

INFORMATION ABOUT YOU Repeat your name and Social Security number here.

Print your name (first, middle initial, last) Social Security Number

This Enrollment/Change Request is not proof of coverage.

INFORMATION ABOUT YOUR DEPENDENTS List the dependents for which you are adding/changing/removing coverage.
Please print clearly in blue or black ink.

If you have more dependents, write down their information on a separate sheet and attach it to this Enrollment/Change Request.

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove	Print dependent's name (first, middle initial, last)	Social Security Number
	Sex <input type="checkbox"/> Male / <input type="checkbox"/> Female	Date of birth
	Enrolled in: <input type="checkbox"/> Fixed Indemnity Plan / <input type="checkbox"/> Vision / <input type="checkbox"/> Dental / <input type="checkbox"/> Term Life	
	Relationship: <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Child <input type="checkbox"/> Other (Specify): _____	
	Address (if different than yours)	City State Zip code

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove	Print dependent's name (first, middle initial, last)	Social Security Number
	Sex <input type="checkbox"/> Male / <input type="checkbox"/> Female	Date of birth
	Enrolled in: <input type="checkbox"/> Fixed Indemnity Plan / <input type="checkbox"/> Vision / <input type="checkbox"/> Dental / <input type="checkbox"/> Term Life	
	Relationship: <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Child <input type="checkbox"/> Other (Specify): _____	
	Address (if different than yours)	City State Zip code

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove	Print dependent's name (first, middle initial, last)	Social Security Number
	Sex <input type="checkbox"/> Male / <input type="checkbox"/> Female	Date of birth
	Enrolled in: <input type="checkbox"/> Fixed Indemnity Plan / <input type="checkbox"/> Vision / <input type="checkbox"/> Dental / <input type="checkbox"/> Term Life	
	Relationship: <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Child <input type="checkbox"/> Other (Specify): _____	
	Address (if different than yours)	City State Zip code

MAKING CHANGES OUTSIDE OF AN OPEN ENROLLMENT Please read below to see if you are able to make changes to your coverage.

You can add to or increase your coverage during the plan year only if permitted by your employer when you have a **Qualifying Life Event (QLE)**. If your deductions are taken after taxes, you may drop or decrease coverage at any time. QLEs fall under one of these two categories:

- **Loss of Other Coverage (LOC):** If you previously declined coverage because you or your dependents were already covered under another health plan and you or your dependents have lost that other coverage, you may be able to enroll yourself and your dependents. If you had a recent LOC, go to the list on the right and check the box next to your LOC and supply the date of the LOC.
- **Family Status Change (FSC):** Whether you are currently enrolled or previously declined coverage, you may be able to add or increase coverage when you experience certain FSC events. If you had a recent FSC, go to the list on the right and check the box next to your FSC and supply the date of the FSC.

Next, complete the rest of this Enrollment/Change Request. When finished, make a copy and submit it to your employer with your documentation attached. You must submit this Enrollment/Change Request, together with documentation, to your employer within 60 days of the LOC/FSC.

Loss of Other Coverage (LOC):

Divorce, legal separation or death
 Termination of employment of a dependent
 Reduction of a dependent's hours
 Termination of your or your dependents' COBRA rights
 Loss of employer's contribution to spouse's or domestic partner's coverage
 Dependent child losing eligibility as a dependent
 Other loss of coverage

Family Status Change (FSC):

Divorce, legal separation or death
 Marriage, established a domestic partnership
 Birth or adoption of a dependent
 Other

Date of LOC or FSC (mm/dd/yyyy)

YOUR AUTHORIZATION You, the employee, must sign and date this Enrollment/Change Request for all new enrollments or coverage changes.

By signing and submitting this Enrollment/Change Request:

1. *I acknowledge that:* The Fixed Indemnity Plan is not comprehensive, major medical insurance but is a fixed indemnity plan that pays fixed daily dollar benefits for covered services without regard to the health care provider's actual charges. The benefit payments are not intended to cover the full cost of medical care. I am responsible for the provider's charges. **THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND ARE NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.**
2. *I represent that all information supplied in this Enrollment/Change Request is true and complete to the best of my knowledge and/or belief. I have read and agree to the Conditions of Enrollment on the last page of this Enrollment/Change Request.*

Team Member signature

Today's date (MM/DD/YYYY)

CONDITIONS OF ENROLLMENT Applicant acknowledgments and agreements

On behalf of myself and the dependents listed on this Enrollment/Change Request, I agree to or with the following:

1. I acknowledge that by enrolling, all coverage is underwritten by Aetna Life Insurance Company (Aetna) 151 Farmington Avenue, Hartford, CT 06156.
2. I authorize deductions from my earnings for any premium payments or premium contributions required for coverage or I agree to make any necessary premium payments directly to Aetna as required for coverage, whichever applies.
3. **For life coverage:** I understand that the effective date of insurance for myself or for any of my dependents, if applicable, is subject to my being actively at work on that date and that the effective date of insurance for any of my dependents is also subject to the dependent health condition requirements of the benefit plan. I understand that, in the event I fail to sign this form within 31 days of the effective date of eligibility or that for any reason Aetna does not receive notice of the Enrollment/Change Request within a reasonable time following the date I was eligible to enroll or change my and my dependents' eligibility, if applicable, may be affected. Further, I understand that any insurance subject to evidence of good health or medical information will not become effective until Aetna gives its written consent.
4. I understand and agree that this Enrollment/Change Request may be transmitted to Aetna or its agent by my employer or its agent. I authorize any physician, other healthcare professional, hospital or any other healthcare organization ("Providers") to give Aetna or its agent information concerning the medical history, services or treatment provided to anyone listed on this Enrollment/Change Request, including those involving mental health, substance abuse and HIV/AIDS. I further authorize Aetna to use such information and to disclose such information to affiliates, providers, payors, other insurers, third party administrators, vendors, consultants and governmental authorities with jurisdiction when necessary for my care or treatment, payment for services, the operation of my health plan, or to conduct related activities. I have discussed the terms of this authorization with my spouse/domestic partner and competent adult dependents and I have obtained their consent to those terms. I understand that this authorization is provided under state law and that it is not an "authorization" within the meaning of the federal Health Insurance Portability and Accountability Act. This authorization will remain valid for the term of the coverage and so long thereafter as allowed by law. I understand that I am entitled to receive a copy of this authorization upon request and that a photocopy is as valid as the original.
5. The plan documents will determine the rights and responsibilities of member(s) and will govern in the event they conflict with any benefits comparison, summary or other description of the plan.
6. I understand that all participating providers and vendors are independent contractors and are neither agents nor employees of Aetna. Aetna Rx Home Delivery, LLC and Aetna Specialty Pharmacy, LLC, wholly owned subsidiaries of Aetna Inc., are participating providers and independent contractors of Aetna, and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed and provider network composition is subject to change. Notice of the changes shall be provided in accordance with applicable state law. Aetna does not provide health or dental care services and, therefore, cannot guarantee any results or outcome. Some benefits are subject to limitations or maximums.

This Enrollment/Change Request is not proof of coverage.

7. **Misrepresentation:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Attention Arkansas Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Attention California Residents:** The falsity of any statement in this Enrollment/Change Request shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by Aetna. **Attention Colorado Residents:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies. **Attention Kentucky Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. **Attention Maryland Residents:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Attention Oregon Residents:** Any person who with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law. **Attention Pennsylvania Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Attention Rhode Island Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Attention Tennessee Residents:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. **Attention Vermont Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties. **Attention West Virginia Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Penalties may include imprisonment, fines and denial of insurance benefits.



Please review the below notice for Aetna Supplemental Health plan members who reside in the state of New Mexico.

ATTENTION NEW MEXICO RESIDENTS

The coverage provided under your benefits plan or policy underwritten by Aetna Life Insurance Company is limited in nature and may not provide financial protection for significant costs that you could incur for the diagnosis or treatment of COVID-19 ("Corona virus") related illness.

If you do not have comprehensive major medical coverage, in addition to the plan or policy issued by our company, you may incur significant uninsured medical expenses associated with the diagnosis and treatment of illness caused by COVID-19.

Major medical plans offer robust consumer protections, and are required to waive all deductibles, co-pays and other cost sharing expenses for the diagnosis or treatment of COVID-19 related illness. Your policy or plan with us is not a major medical plan and does not provide such protections.

If you do not have major medical coverage, you may:

1. Contact a licensed insurance broker or agent to see about major medical coverage availability.
2. To see if you are eligible for a special enrollment period for major medical coverage through the New Mexico Health Insurance Exchange, contact beWellnm toll-free at **1-833-862-3935**.
3. To see if you are eligible for Medicaid coverage and to complete an application, please call the Human Services Department's Medicaid Expansion Hotline toll-free at **1-855-637-6574** or visit **<https://www.yes.state.nm.us/yesnm/home/index>**.
4. To see if you are eligible for high risk pool coverage, please contact the New Mexico Medical Insurance Pool (the "High Risk Pool") at **1-844-728-7896** or **<https://nmmip.org/>**". If you are uninsured and have a COVID-19 diagnosis, your condition qualifies you for Pool coverage.

The Centers for Disease Control and the New Mexico Department of Health each have websites with considerable information on COVID-19. Visit each website at **<https://www.cdc.gov/>** or **<http://cv.nmhealth.org/>**.

Individuals who have symptoms consistent with COVID-19 should immediately call the NM Department of Health at **1-855-600-3453**.

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)
