Your Benefits Quick Start Guide

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Enroll in the Aetna insurance plans offered through Beacon Health Systems 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.

You have a limited time to enroll.

If you were just hired, you have 31 days from the date you become eligible to enroll.

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Aetna Fixed Benefits℠ Plan
Network: Open Choice PPO with PPO Dental
BIN# 610502 RX

BEACON HEALTH SYSTEMS

GROUP NUMBER: 801605

YOUR NAME: _____

FOR MEMBER SERVICES CALL **1-888-772-9682**

PAYER NUMBER 57604 0039

Cut out your temporary member identification along the dotted line.

Aetna Fixed Benefits℠ 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 Hospital Plan
Pays fixed cash benefits when you are in the hospital.

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.

Aetna Short-Term Disability Plan
Pays a portion of your salary up to a set number of weeks, if you become disabled and are unable to work.

Aetna Term Life Insurance
Pays your beneficiary if you die, to help with funeral or other expenses.

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.

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Start your benefits!

How do I enroll?

First, read your enrollment information. To enroll, complete your Enrollment/Change Request form and give it to your employer.
If you have questions, please call **1-888-772-9682**.

Am I eligible to enroll?

All Home Care Registry Staffing Team Members are eligible to participate on the first of the month following the date of hire. If you are an eligible employee, you can also enroll your eligible dependents (except for Short-Term Disability). Your eligible dependents are your lawful spouse 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.

When does coverage begin?

Coverage is effective on the first day of the month following date of hire.

Signing up is easy!

First, read your enrollment information.

Call **1-888-772-9682**

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, 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.

If you choose Fixed Indemnity and/or Dental coverage, please use this temporary member ID until you get your plastic 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/Limited Dental 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: GR-96172, GR-96173, GR-9/9N, GR-29/29N, GR-23.

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Cash benefits to help you pay your bills

Aetna Fixed Benefits℠ Plan

Supplemental benefits you can use toward deductibles, coinsurance or everyday expenses

The Aetna Fixed Benefits Plan pays fixed cash payments for specific covered services. You can use these insurance benefits to help pay some of the cost of **doctor visits**, **hospital stays**, **prescriptions** or the **everyday expenses** that arise when you have to get medical care.

You choose how you want to spend the payment. Payments can be made directly to you or your health care provider. By giving you access to a fixed-cash benefit, the Aetna Fixed Benefits Plan can help you better afford a big deductible, which is so common in many of today's major medical plans.

More great reasons to buy this plan

- **Enrollment guaranteed** — No pre-existing condition limits, no doctor exam required and you can't be turned down during open enrollment.
- **Aetna network** — See any licensed health care provider, or save money by seeing a provider in Aetna's network.
- **Easy to use** — The plan pays regardless of any other insurance coverage you may have. If offered by your plan sponsor, the cost of the plan may be deducted right from your paycheck, so you won't have a separate bill to pay.
- **Affordable** — Group rates that are typically less per week than the average cost of a couple's night out at the movies. See your enrollment information for the cost of your specific plan.

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For more information, visit
www.aetna.com/docfind/custom/avp
or call **1-888-772-9682**.

Our **DocFind®** online directory helps you locate in-network doctors or medical specialists in your area.

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

Exclusions and limitations

This plan does not cover all health care expenses and has exclusions and limitations. Members should refer to their plan documents 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, though your plan may contain exceptions to this list based on state mandates or the plan design purchased.

Exclusions include:

- 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
- Experimental and investigational procedures
- Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies, donor egg retrieval and reversal of sterilization
- Non-medically necessary services or 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

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

Please keep in mind

The Aetna Fixed Benefits Plan provides limited coverage that is meant to complement other health insurance coverage you may have. It's important to know that the plan:

- Pays fixed dollar amounts per day for different kinds of medical services regardless of how much you have to pay for them, with limits on the number of benefits the plan will pay per year.
- Does not pay the full cost of medical care. You are responsible for making sure your doctor gets paid. If you see a provider in Aetna's network, the amount you owe the provider is reduced because Aetna has already negotiated a discount.*
- May invalidate the pretax status of any tax-deferred health savings account that you have. If you or your spouse have a health savings account, please consult your tax adviser before you enroll.

THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. 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 TAX PAYMENT.

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

Attention members under Nebraska Policies: This Plan does not provide 'Basic Coverage' for the treatment of alcoholism, as that term is defined by Nebraska law. Benefits for alcoholism treatment are paid to the same extent as benefits for treatment of physical illness.

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.

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

This material is for information only. 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. Information is believed to be accurate as of the production date; however, it is subject to change.

Policy forms issued include: GR23, GR-96172, GR-96173.

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Financial protection for out-of-pocket costs

Aetna Hospital Plan

Cash benefits directly to you if you are hospitalized

Would you be able to pay some of your day-to-day living expenses if you were hospitalized? Now you have an opportunity to be better prepared.

The Aetna Hospital Plan pays fixed cash benefits to help pay for your out-of-pocket expenses, such as your medical plan deductible, rent or groceries.

It's important to note that the Aetna Hospital Plan provides limited coverage and is not intended to substitute for comprehensive health insurance. (See note on back*).

How the plan works with your medical insurance benefits

- You can purchase this insurance plan with any medical plan, including Aetna plans.
- The plan pays cash benefits in addition to any benefits you may receive under your health plan.

And the Aetna Hospital Plan is affordable. See your enrollment information for the cost of the plan.

57.02.349.1 (03/15)

Locate a local preferred Hospital provider by visiting: www.aetna.com/docfind/custom/avp.

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

Exclusions and limitations

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.

No benefit is paid for or in connection with the following stays or visits or services:

- 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
- Experimental and investigational procedures
- Infertility services, including but not limited to artificial insemination and advanced reproductive technologies
- Non-medically necessary services or supplies
- Over-the-counter medications and supplies
- Reversal of sterilization
- Those received outside the United States
- Those for education, special education or job training, whether or not given in a facility that also provides medical or psychiatric treatment
- Observation
- Emergency room (unless emergency room leads to an Inpatient Stay)

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

Additional plan details

If you or a covered loved one is admitted to the hospital for an inpatient stay for covered services, you receive a lump-sum benefit check for the first day of one stay per coverage year. Then you also get a daily cash benefit for each day you remain in the hospital as an inpatient, up to the annual limit.

If you have additional inpatient hospital stays during that same plan year, you will still be eligible for the daily cash benefit up to the annual limit.

***THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. 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.**

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

Attention members under Nebraska Policies: This Plan does not provide 'Basic Coverage' for the treatment of alcoholism, as that term is defined by Nebraska law. Benefits for alcoholism treatment are paid to the same extent as benefits for treatment of physical illness.

***IMPORTANT INFORMATION ABOUT THE BENEFITS YOU ARE BEING OFFERED:** The Aetna Hospital Plan is a hospital confinement indemnity plan. This plan provides **LIMITED BENEFITS**. 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. 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.

The Aetna Hospital Plan, a hospital indemnity insurance plan, is offered and/or underwritten by Aetna Life Insurance Company (Aetna).

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

Policy forms issued include: GR23, GR-96172, GR-96173.

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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 contact lenses
- Access to discounts through a broad nationwide network of vision care providers
- Affordable group rates
- Easy payroll deduction

57.02.353.1 (03/15)

Locate a local Vision provider by visiting: www.aetna.com/docfind/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.

Benefit period is 12 consecutive months beginning on the later of your effective date or your most recent eye exam covered under this 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.

80% of all visual impairment can be prevented or corrected.[1]

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

[1] **"Vision Disability: Types, News & Information." Available at www.disabled-world.com/disability/types/vision/#stats. Accessed March 2015.**

Vision insurance plans are underwritten by Aetna Life Insurance Company (Aetna). Certain network administration services are provided through EyeMed Vision Care ("EyeMed"), LLC.

Providers participating in the Aetna Vision network are contracted through EyeMed Vision Care, LLC. EyeMed and Aetna are independent contractors and not employees or agents of each other. Participating vision providers are credentialed by and subject to the credentialing requirements of EyeMed. Aetna does not provide medical/vision care or treatment and is not responsible for outcomes. Aetna does not guarantee access to vision care services or access to specific vision care providers and provider network composition is subject to change without notice. Vision insurance plans contain exclusions and limitations.

Policy forms issued include: GR-9N, GR-29N.

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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.

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

Exclusions and limitations

The dental preferred provider organization (PPO) network is not available in **Alabama, Arkansas, Idaho, Hawaii, Louisiana, Mississippi, 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 health 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. 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] **Everyday Health. Dental Health and Overall Health. Healthy mouth, healthy body: The link between them may surprise you. Available at: www.everydayhealth.com/dental-health. Accessed June, 2014.**

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

This material is for information only. 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. Dental insurance plans contain exclusions and limitations. Information is believed to be accurate as of the production date; however, it is subject to change.

Policy forms issued include: GR-9N, GR-29N.

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Be prepared for life's little surprises

Aetna Short-Term Disability Plan

Income protection if you become disabled

Your job provides the money to pay everyday expenses for you and your loved ones. But what would happen if you couldn't work because of a disabling illness or injury? Would you be able to pay your bills? Would you be ready?

Now you can be ready with an Aetna Short-Term Disability Plan

The insurance plan provides these valuable benefits:

- **Income protection*** if you become disabled and are unable to work
- **Affordable group rates** — See your enrollment information for the cost of the plan offered through your employer
- **Cash benefits** paid directly to you to help you pay for everyday living expenses — from groceries to gas to daycare — whatever you need
- **Weekly benefits** payable for up to six (6) months
- **Easy payroll deduction**

*Benefit amount is based on the plan offered by your employer. See your enrollment information for details.

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How the plan works

You'll receive a weekly cash benefit if you become disabled and are unable to work. Please refer to your enrollment information for the specific amount of coverage.

Exclusions and limitations

- This plan does not cover all circumstances and has exclusions and limitations. Members should refer to their booklet certificate to determine which circumstances are covered and to what extent. The following is a partial list of circumstances that are generally not covered. However, your plan may contain exceptions to this list based on state mandates or the plan design purchased.
- Coverage for employee only; **coverage is not available if you work in California, Hawaii, New Jersey, New York, Rhode Island or Puerto Rico.**
- 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:
  - Attempted suicide, while sane or insane, or intentional self-inflicted injury or sickness, unless as the result of a medical/diagnosed condition
  - Commission of or attempt to commit an act which is a felony in the jurisdiction in which the act occurred
  - Substance abuse
  - Occupational injury or sickness

82 percent of American workers have inadequate or no disability protection.[1]

A short-term disability insurance policy is usually seen as the best way to cover a portion of your income while you're out of work.[1]

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

[1]**Why Don't More Americans Insure Their Income. Disabled World News website. Available at: http://www.disabled-world.com/disability/insurance/income.php. Accessed December 2014.**

Short-term disability insurance policies and benefits plans are offered and underwritten by Aetna Life Insurance Company (Aetna).

This material is for information only and is not an offer or invitation to contract. Insurance plans contain exclusions and limitations. Information is believed to be accurate as of the production date; however, it is subject to change.

Policy forms issued include: GR-9N, GR-29N.

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Protect the financial future of those you love

Aetna Term Life Insurance Plan

Protection for those who depend on you

Could your loved ones afford to pay for a funeral? Could they pay everyday living expenses or pay off debts upon your death?

Life insurance provides your loved ones with money they can use to help do things like:

- Pay off debts and funeral costs
- Pay the monthly rent or mortgage
- Create a savings fund for education or retirement

Even young, single adults may need life insurance to help family members deal with expenses.

Are you and your family ready?

Now you can be ready with affordable term life insurance that includes these great benefits:

- Flexible options to cover just you or your entire family.
- No health questions.
- Easy payroll deduction.
- Additional benefit pays if your death is the result of an covered accident. (This applies to you, but not to covered dependents.)

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How the plan works:

The beneficiary you choose will receive a lump sum payment upon your death. If you die in an covered accident, your beneficiary will receive an additional payment, depending on the plan you select.

Exclusions and limitations

This plan has exclusions and limitations. Members should refer to their booklet-certificate 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, your plan may contain exceptions to this list based on state mandates or the plan design purchased.

Term Life exclusions:

- Suicide or attempted suicide (while sane or insane)

Please note that benefits are reduced by 50 percent when you reach age 70.

Protect those who depend on you

Did you know that some caskets may sell for $10,000 or more?[1]

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

[1]Federal Trade Commission: Shopping for Funeral Services. Available at: www.consumer.ftc.gov/articles/0301-funeral-costs-and-pricing-checklist. Accessed February 2015.

Life insurance policies are offered and underwritten by Aetna Life Insurance Company (Aetna).

This material is for information only. Insurance plans contain exclusions and limitations. 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 include: GR-9N, GR-29N.

www.aetna.com

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BENEFITS SUMMARY

Aetna Voluntary Plans

Plan design and benefits insured and administered by Aetna Life Insurance Company (Aetna).

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

Inside this Benefits Summary:

IMPORTANT INFORMATION ABOUT THE BENEFITS YOU ARE BEING OFFERED: The Aetna Hospital Plan is a hospital confinement indemnity plan. The Aetna Fixed Benefits Plan is a hospital confinement indemnity plan with other fixed indemnity benefits. These plans provide **LIMITED BENEFITS**. These plans pay 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. 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. **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.**

IF YOU ARE ELIGIBLE FOR MEDICARE NOW OR IN THE NEXT 12 MONTHS, YOU SHOULD UNDERSTAND THAT:

- **This IS NOT a Medicare Supplement Policy.**
- **This prescription drug benefit IS NOT creditable coverage under Medicare Part D.**

You can get a free Guide to Health Insurance for People with Medicare at www.medicare.gov.

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.

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.

Group Fixed Indemnity coverage is not available if you live and work in **New Hampshire**.
This policy does not meet **Massachusetts** Minimum Creditable Coverage standards.

Fixed Benefits Plan: Option 1

Inpatient Hospital Stay -- daily benefit	
(Includes maternity)	
Plan pays per day in a private or semi-private room	$500
Plan pays per day in Intensive Care Unit (ICU)	$1,000
Maximum number of stays per coverage year	2 stays
Inpatient Hospital Stay - lump-sum benefit	
(Includes maternity)	
Plan pays per initial day of an inpatient stay	$700
Maximum number of days per coverage year	2 days
Inpatient surgical procedure	
Plan pays per day on which a surgical procedure is performed	$450
Maximum number of days per coverage year	2 days
Accident - additional benefit	
Plan pays per initial day of treatment for an accident	$300
Maximum number of days per coverage year	2 days
Emergency room	
Plan pays per day on which an emergency room visit occurs	$275
Maximum number of days per coverage year	2 days
Outpatient surgical procedure	
Plan pays per day on which a surgical procedure is performed	$450
Maximum number of days per coverage year	2
Outpatient doctors' office visits	
Includes doctors' service in the office, home, walk-in clinic, and urgent care clinic.	
Plan pays per day on which doctors' services are provided	$70
Maximum number of days per coverage year	7 days
Outpatient laboratory and x-ray services	
Plan pays per day on which lab or x-ray services are provided	$90
Maximum number of days per coverage year	3 days
Prescription drugs, equipment and supplies	
Plan pays per day on which a prescription drug, equipment or supply is obtained	$45
Maximum number of days per coverage year	12 days

To use your prescription benefit:
A) Present your Aetna identification (ID) card to the pharmacist.
B) Participating pharmacies will apply a discount.
C) You pay the amount charged by the pharmacy.
D) Submit a medical claim form to Aetna Voluntary to receive your fixed benefit payment.
To find a participating pharmacy, call toll-free **1-888-772-9682** or visit **www.aetna.com/dse/custom/avp**.

Services to prevent illness are covered under the applicable benefit (Outpatient doctors' office visits or Outpatient laboratory and x-ray services) listed in this Benefit Summary, the same as services to treat illness.

Group Fixed Indemnity coverage is not available if you live and work in **New Hampshire**.
This policy does not meet **Massachusetts** Minimum Creditable Coverage standards.

Fixed Benefits Plan: Option 2

Inpatient Hospital Stay -- daily benefit	
(Includes maternity)	
Plan pays per day in a private or semi-private room	$650
Plan pays per day in Intensive Care Unit (ICU)	$1,300
Maximum number of stays per coverage year	2 stays
Inpatient Hospital Stay - lump-sum benefit	
(Includes maternity)	
Plan pays per initial day of an inpatient stay	$900
Maximum number of days per coverage year	2 days
Inpatient surgical procedure	
Plan pays per day on which a surgical procedure is performed	$550
Maximum number of days per coverage year	2 days
Accident - additional benefit	
Plan pays per initial day of treatment for an accident	$400
Maximum number of days per coverage year	2 days
Emergency room	
Plan pays per day on which an emergency room visit occurs	$375
Maximum number of days per coverage year	2 days
Outpatient surgical procedure	
Plan pays per day on which a surgical procedure is performed	$550
Maximum number of days per coverage year	2 days
Outpatient doctors' office visits	
Includes doctors' service in the office, home, walk-in clinic, and urgent care clinic.	
Plan pays per day on which doctors' services are provided	$80
Maximum number of days per coverage year	7 days
Outpatient laboratory and x-ray services	
Plan pays per day on which lab or x-ray services are provided	$110
Maximum number of days per coverage year	3 days
Prescription drugs, equipment and supplies	
Plan pays per day on which a prescription drug, equipment or supply is obtained	$55
Maximum number of days per coverage year	12 days

To use your prescription benefit:
A) Present your Aetna identification (ID) card to the pharmacist.
B) Participating pharmacies will apply a discount.
C) You pay the amount charged by the pharmacy.
D) Submit a medical claim form to Aetna Voluntary to receive your fixed benefit payment.
To find a participating pharmacy, call toll-free **1-888-772-9682** or visit **www.aetna.com/dse/custom/avp**.

Services to prevent illness are covered under the applicable benefit (Outpatient doctors' office visits or Outpatient laboratory and x-ray services) listed in this Benefit Summary, the same as services to treat illness.

Fixed Benefits Plan Exclusions and Limitations

This plan has exclusions and limitations. Refer to the actual policy and booklet certificate 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.**

- 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.
- Experimental and investigational procedures.
- Infertility services, including donor egg retrieval, artificial insemination and advanced reproductive technologies, and reversal of sterilization.
- Nonmedically necessary services or supplies.

No benefit is paid for or in connection with the following stays or visits or services:

- Those received outside the United States
- Those for education, special education or job training, whether or not given in a facility that also provides medical or psychiatric treatment.

Terms defined

An ***Inpatient Hospital Stay*** (or "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 an Inpatient Stay.

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.

Other available benefits:

Hospital Plan

Lump-sum benefit	$1,000 for the first day of one covered inpatient hospital stay per coverage year; plus
Daily benefit	$100 per day for covered inpatient hospital stays Up to 100 days per coverage year

This provides benefits if you or a covered dependent are admitted to the hospital as an inpatient. **Benefits are provided for Inpatient Hospital Stays ("Stays") only.** 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.

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

Hospital Plan Limitations and Exclusions:

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.**

- 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.
- Experimental and investigational procedures.
- Infertility services, including donor egg retrieval, artificial insemination and advanced reproductive technologies.
- Reversal of sterilization.
- Nonmedically necessary services or supplies.
- Over-the-counter medications and supplies.

No benefit is paid for or in connection with the following stays or visits or services:
- Those received outside the United States
- Those for education, special education or job training, whether or not given in a facility that also provides medical or psychiatric treatment.
- Observation.
- Emergency room (unless emergency room leads to an Inpatient Stay).

Vision Care

Eye Exams	Reimbursements of up to $100 every 12 months for an exam, frames, lenses, or contact lenses.

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.

Vision Care Exclusions:

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, subnormal vision aids, 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.

Dental

Maximum benefit per coverage year	$500
Deductible per coverage year	$50
Preventive services (includes checkups and cleanings)	You are responsible for paying up to 20%[†] of the **Recognized Charges**. These services have no waiting period.
Basic services (includes fillings, oral surgery, and denture, crown and bridge repair)	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.
Major services (includes Perio and Endodontics, crowns, bridges, and dentures)	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.

[†] The percentage of the cost that you are responsible for paying a preferred provider is based on a ***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.***

The percentage of the cost that you are responsible for paying a non-preferred 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 non-preferred providers (except inpatient and outpatient facilities and pharmacies), the ***Recognized Charge*** generally equals the 80th percentile 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 80% of the charges in the database for geographic area are that amount or less – and 20% are more – for that service or supply. For preferred providers, the *Recognized Charge* equals the ***Negotiated Charge.*** A non-preferred provider may require that you pay more than the ***Recognized Charge,*** and this additional amount would be your responsibility.

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** or visit **www.aetna.com/dse/custom/avp**.

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

Dental Exclusions:

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.**

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 supplies that are included as covered medical expenses under another group medical expense benefit plan.
- Prescribed drugs, pre-medication, 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**, based on the 80th percentile of the FAIR Health RV Benchmarks.

Short Term Disability (STD)

Benefit Period	Weekly benefits for up to 6 months while you are disabled.
Benefit Amount	50% of base pay received from the employer that sponsors this program (includes reported tips, but not overtime) up to $125 maximum weekly benefit.
Waiting Period	Benefits begin after 14 days (plan pays immediately if hospitalized).

Coverage for employee only; coverage is not available if you work in **California, Hawaii, New Jersey, New York, Rhode Island or Puerto Rico.**

Short Term Disability Exclusions:

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

• Attempted suicide, while sane or insane, or intentional self-inflicted injury or sickness, unless as the result of a medical condition.
• Commission of or attempt to commit an act which is a felony in the jurisdiction in which the act occurred.
• Substance abuse.
• Occupational injury or sickness.

Term Life and Accidental Death Insurance

Employee term life benefit	$20,000
Employee accidental death benefit	$20,000
Optional dependents coverage	$2,500 in term life for dependents over 6 months of age. $500 for children from birth through 6 months of age.

Benefits paid to the beneficiary of your choice; benefits reduced by 50% when you reach age 70.

Term Life and Accidental Death Exclusions:

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

Term Life Exclusions:
• Suicide or attempted suicide (while sane or insane).

Accidental Death Benefit Exclusions:
• Use of alcohol, intoxicants, or drugs, except as prescribed by a physician.
• Suicide or attempted suicide (while sane or insane).
• An intentionally self-inflicted injury.
• A disease, ptomaine or bacterial infection except for that which results directly from an injury.
• Medical or surgical treatment except for that which results directly from an injury.
• Voluntarily inhalation of poisonous gases.
• Commission of or attempt to commit a criminal act.

Questions and answers about the Fixed Benefits Plan

The Fixed Benefits Plan is a fixed indemnity plan. 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 Benefits 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 Benefits 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 Benefits Plan does not.

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

Yes, the Fixed Benefits Plan can supplement other health insurance. The Fixed Benefits Plan will pay the specified benefit whether or not your other health insurance pays anything for the service. The Fixed Benefits 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.

Does this fixed indemnity plan have COBRA continuation coverage?

Unlike a traditional health plan, this fixed indemnity plan does not offer COBRA continuation coverage.

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.

How do I submit a claim for benefits?

You can assign your benefits to your provider and your provider will submit the claim. In that case, benefits will be paid to your provider. If the benefits are more than what you owe the provider, the difference will be paid to you.

If you want benefits to be paid to you, you can submit the claim to Aetna yourself (unless you already assigned the benefits to your provider). Be sure to include the diagnosis codes (you may need to ask your provider for them). Do not sign box 26 on the claim form unless you want us to pay the benefits to your provider. Claim forms are available at **www.aetna.com/voluntary/employees/materials-forms.html** or by calling Customer Service at the toll-free number on your ID card.

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 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

Search our network for doctors, hospitals and other health care providers
Here's how you can find out if your health care provider is in our network. Log in to **www.aetna.com/voluntary** and follow the path to find a doctor, or call us at the toll-free number on your Aetna ID card. If you would like a printed list of doctors, contact Member Services at the toll-free number on your Aetna ID card. Our online directory is more than just a list of doctors' names and addresses. It also includes information about where the physician attended medical school, board certification status, language spoken and gender. You can even get driving directions to the office. If you don't have Internet access, call Member Services to ask about this information.

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, 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.

NOTICE TO TEXAS EMPLOYERS: THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

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.**

ATTENTION MISSOURI RESIDENTS: An optional rider for elective abortion has not been purchased by the group contract holder pursuant to VAMS section 376.805. An enrollee who is a member of a group health plan with coverage for elective abortions has the right to exclude and not pay for coverage for elective abortions if such coverage is contrary to his or her moral, ethical or religious beliefs. Your plan sponsor does not include coverage for elective abortions.

This material is for information only and is not an offer or invitation to contract. Insurance plans contain exclusions and limitations. 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. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions.

Information is believed to be accurate as of the production date; however, it is subject to change.

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 include GR-96172, GR-96173, GR-9N, GR-29N.

aetna®

Aetna Voluntary Plans
Enrollment/Change Request

Insurance plans are underwritten and administered by Aetna Life Insurance Company (Aetna).

Beacon Health Systems
801605

Instructions: Read and fill out the Enrollment/Change Request (all pages). Make a copy for yourself. Give the original to your employer.
IF YOU ARE NOT CHANGING YOUR EXISTING COVERAGE, YOU DO NOT NEED TO COMPLETE THIS ENROLLMENT/CHANGE REQUEST.

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 <u>all</u>** of my current coverage choices.

Your payroll deductions will be taken after taxes.

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

Coverage type	Coverage level	Weekly cost
Fixed Benefits Plan *You may enroll in one medical option only.*	☐ No Fixed Benefits Plan **<u>Option 1</u>** ☐ Yourself only ☐ Yourself plus one ☐ Yourself and family **<u>Option 2</u>** ☐ Yourself only ☐ Yourself plus one ☐ Yourself and family	 $ 21.17 $ 46.94 $ 67.55 $ 26.52 $ 58.99 $ 84.96
Hospital Plan	☐ No Hospital Plan ☐ Yourself only ☐ Yourself plus one ☐ Yourself and family	 $ 4.49 $ 8.97 $ 13.46
Vision	☐ No Vision ☐ Yourself only ☐ Yourself plus one ☐ Yourself and family	 $ 1.05 $ 1.79 $ 2.52
Dental	☐ No Dental ☐ Yourself only ☐ Yourself plus one ☐ Yourself and family	 $ 4.77 $ 9.45 $ 15.52
Short Term Disability (STD)	☐ No Short Term Disability ☐ Yourself only ***Coverage is not available if you work in California, Hawaii, New Jersey, New York, Rhode Island, and Puerto Rico.***	 $ 3.74
Term Life Insurance *Please name your beneficiary.*	☐ No Term Life ☐ Yourself only ☐ Yourself and family Beneficiary _____ Relationship: _____ Social Security Number _____	 $ 1.66 $ 2.01

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

INFORMATION ABOUT YOUR DEPENDENTS
List the dependents for whom you are adding/changing/removing coverage.

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

☐ Add
☐ Change
☐ Remove

Print dependent's name (first, middle initial, last) | Social Security Number

Sex ☐ Male / ☐ Female | Date of birth | Enrolled in: ☐ Fixed Benefits Plan / ☐ Hospital Plan / ☐ Vision / ☐ Dental / ☐ Term Life

Relationship: ☐ Spouse ☐ Child ☐ Other (Specify): ____________________

Address (if different than yours) | City | State | Zip code

☐ Add
☐ Change
☐ Remove

Print dependent's name (first, middle initial, last) | Social Security Number

Sex ☐ Male / ☐ Female | Date of birth | Enrolled in: ☐ Fixed Benefits Plan / ☐ Hospital Plan / ☐ Vision / ☐ Dental / ☐ Term Life

Relationship: ☐ Spouse ☐ Child ☐ Other (Specify): ____________________

Address (if different than yours) | City | State | Zip code

☐ Add
☐ Change
☐ Remove

Print dependent's name (first, middle initial, last) | Social Security Number

Sex ☐ Male / ☐ Female | Date of birth | Enrolled in: ☐ Fixed Benefits Plan / ☐ Hospital Plan / ☐ Vision / ☐ Dental / ☐ Term Life

Relationship: ☐ Spouse ☐ Child ☐ 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 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 health 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 31 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 coverage
- ☐ Dependent child losing eligibility as a dependent
- ☐ Other loss of coverage

Family Status Change (FSC):
- ☐ Divorce, legal separation or death
- ☐ Marriage
- ☐ Birth or adoption of a dependent
- ☐ Other

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

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

By submitting this Enrollment/Change Request, I acknowledge that the Aetna Fixed Benefits℠ Plan and the Aetna Hospital Plan are not comprehensive, major medical insurance but are fixed indemnity plans that pay 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 difference between the fixed benefit amounts and the provider's actual charges (or, for providers in Aetna's network, Aetna's contracted rate). ***THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT.***

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.

Your 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 in an Aetna plan coverage is underwritten and administered by Aetna Life Insurance Company (referred to as "Aetna") 151 Farmington Avenue, Hartford, CT 06156.
2. I authorize deductions from my earnings for any contributions required for coverage and I agree to make any necessary payments as required for coverage.
3. **For life and disability coverages:** 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 30 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 coverage, 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 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 and agree 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 change 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.
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 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. Penalties may include imprisonment, fines and denial of insurance benefits.
   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.

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 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), 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).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

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 español, llame sin cargo al 1-888-772-9682. (Spanish)

欲取得繁體中文語言協助，請撥打1-888-772-9682，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le 1-888-772-9682 sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang 1-888-772-9682 nang walang bayad. (Tagalog)

Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 1-888-772-9682 an. (German)

للمساعدة في (اللغة العربية)، الرجاء الاتصال على الرقم المجاني 9682 -772-888-1. (Arabic)

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

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente 1-888-772-9682. (Italian)

日本語で援助をご希望の方は、1-888-772-9682 まで無料でお電話ください。(Japanese)

한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 1-888-772-9682 번으로 전화해 주십시오. (Korean)

برای راهنمایی به زبان فارسی با شماره1-888-772-9682 بدون هیچ هزینه ای تماس بگیرید. انگلیسی (Persian)

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

Para obter assistência linguística em português ligue para o 1-888-772-9682 gratuitamente. (Portuguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру 1-888-772-9682. (Russian)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số 1-888-772-9682. (Vietnamese)