President and Trustees of Bates College **802345**

RATE SHEET

Rates shown are based on monthly deductions. Your payroll deductions will be taken after taxes are taken.

Accident Plan

Coverage	Cost
Yourself only	$5.33
Yourself & spouse	$10.65
Yourself plus child(ren)	$11.18
Yourself and family	$16.51

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57.03.397.1 C (02/19)

Game changer

Aetna Accident Plan

Life's little mishaps. One minute your teen is on the field — and the next they're in the ER. You're worried about your child. And how you're going to meet your deductible. Be better prepared for moments like these with an Aetna Accident Plan.



We pay *you* cash benefits



It's your money to spend

Our accident plan pays you lump-sum cash benefits for covered accidents and treatments. Use the money to help pay medical bills or everyday living expenses like groceries or rent. The choice is yours.
You can also sign up for direct deposit to get your benefits faster.

Our plan works with your health plan

We won't deny coverage based on your health. There are no doctor exams to take or medical questions to answer. And we pay you even if you have other insurance coverage. This means it pairs well with your major medical plan.

Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna). Policy forms issued in Idaho include: Accident plan GR-96842

2376951-01-01

aetna®

An Aetna Simplified Claims Experience™

To file a claim, it takes about 90 seconds or less. If you've got Aetna® medical, you typically don't need to provide any documents. We'll access your medical records to help process your claim.* That's less paperwork for you.

Don't have Aetna medical? Just upload a PDF or picture of your medical bill. You can also complete a paper form and return it by mail or fax to Aetna Voluntary Plans.

If your claim is approved, we'll mail you a check or deposit cash directly into your bank account.

Manage your plan online

After you become a member, register at **MyAetnaSupplemental.com** or on the **My Aetna Supplemental** app. Or simply scan the QR code. Use your personal email address to keep accessing your account and getting important reminders — even if you leave your company.

A broken leg didn't break the bank

"The season just started when I got hurt. Luckily, we're members of the Aetna Accident Plan. Dad filed a claim and got cash sent right into my folks' checking account. Mom used some of the money to help cover our deductible. And the rest to buy me a new pair of cleats. Today, I'm back in the game."*

— Damar*



*FOR CLAIM PROCESSING: Sometimes you may need to provide documentation if the benefit doesn't create a medical claim, or we need more details to process your claim.
*FOR COVERAGE LIMITATIONS: The plan pays benefits for care, treatment or services related to an accident that happens on or after your coverage effective date.
*FOR MEMBER TESTIMONIAL: The above member story is for illustrative purposes and doesn't reflect events experienced by actual participants.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

This plan provides limited benefits. It pays fixed dollar benefits for covered services without regard to the health care provider's actual charges. The benefits payments are not intended to cover the full cost of medical care. Members are responsible for making sure the providers' bills get paid. These benefits are paid in addition to any other health coverage members may have.

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

Policies are insured by Aetna Life Insurance Company (Aetna). Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Plan features and availability may vary by location and are subject to change. Refer to **Aetna.com** for more information about Aetna plans.

Policy forms issued in Oklahoma include: GR-96841.
Policy forms issued in Missouri include: AL HPOL-VOL Acc 01; GR-96842-01.

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BENEFIT SUMMARY

President and Trustees of Bates College

802345

Aetna Off/On Job Accident Plan

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.

Insurance plans are underwritten by Aetna Life Insurance Company.

The benefits in the table below will be paid when you receive covered treatment for a covered Accident. Unless otherwise indicated, all benefits and limitations are per covered person.

Note: Certain benefits are payable once per covered accident; while others are once per plan year. If a service or injury falls in more than one category, the plan will pay the greater of. Refer to the Certificate for more details.

Initial Care

Covered Benefit	Benefit Amounts
Ambulance	
Ground ambulance Pays a 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, where treatment for an accidental injury is received. Transportation to or from a hospital within 24 hours after an accidental injury.	$400
Air ambulance Pays a benefit for when you are transported by a licensed professional ambulance company by an Air ambulance to or from a hospital, or between medical facilities, where treatment for an accidental injury is received. Transportation to or from a hospital within 48 hours after an accidental injury.	$1,500
Maximum trips per accident, air and ground combined	*1*

Covered Benefit	Benefit Amounts
Initial Treatment	
Emergency room/Hospital Pays a benefit if an insured person requires initial examination and treatment in an emergency room as the result of an accidental injury. The initial examination and treatment must be received within 72 hours after the accidental injury.	$250
Physician's office/Urgent care facility Pays a benefit if an insured person requires initial examination and treatment in a physician's office or urgent care center as the result of an accidental injury. The initial examination and treatment must be received within 72 hours after the accidental injury.	$150
Walk-in clinic/Telemedicine	$50
Maximum visits per accident, combined for all places of service	*1*
Maximum visits per plan year, combined for all places of service	*3*
X-ray/Lab Pays if an insured person receives an X-ray due to an accidental injury. The X-ray(s) must be prescribed by a physician and performed by a licensed facility within 30 days after the accidental injury.	$100/$75
Medical imaging Pays a benefit if an insured person receives a medical imaging test due to an accidental injury. Medical imaging tests include only the following: 1. Positron Emission Tomography (PET) 2. Computed Tomography Scan (CT) 3. Computed Axial Tomography (CAT) 4. Magnetic Resonance (MR) or Magnetic Resonance Imaging (MRI) 5. Electroencephalogram (EEG) The test must be ordered by a physician and performed in a medical facility on an outpatient basis within 180 days after the accidental injury.	$300

Follow-up Care

Covered Benefit	Benefit Amounts
Accident follow-up	
Emergency room/Hospital	$100
Pays a benefit if an insured person receives follow-up treatment in emergency room or hospital for an accidental injury within one year of the accident.	
Physician's office/Urgent care facility	$100
Pays a benefit if an insured person receives follow-up treatment in a physician's office or urgent care center for an accidental injury within one year of the accident.	
Walk-in clinic/Telemedicine	$50
Maximum visits per accident, combined for all places of service	*4*
Maximum visits per plan year, combined for all places of service	*12*
Appliances	
Major: Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair	$200
Minor: Brace, cane, crutches, walker, walking boot, other medical devices to aid in your physical movement	$100
Chiropractic treatment and alternative therapy	$50
Maximum visits per accident	*10*
Maximum visits per plan year	*30*
Pain management (epidural anesthesia)	$100
Pays a benefit if an insured person receives epidural anesthesia as the result of an accidental injury. The epidural anesthesia must be administered within 60 days after the accidental injury.	
Prescription drugs	$10
Prosthetic device/Artificial limb	
One limb	$750
Multiple limbs	$1,500
Maximum benefit per accident	*1*
Repair or replace	25%
Maximum benefit per plan year	*1*
Therapy services - Speech, occupational, or physical therapy or cognitive rehabilitation	$50
Maximum visits per accident	*10*

Hospital Care

Covered Benefit	Benefit Amounts
Hospital stay – admission (initial day)	
Non-ICU admission Pays a benefit if an insured person is admitted into the hospital due to an accidental injury. We will not pay this benefit if you're admitted into an observation unit, treated in an emergency room or outpatient surgery. The stay must begin within 180 days after an accidental injury.	$1,000
ICU admission Pays a benefit if an insured person is admitted directly to ICU due to an accidental injury. The stay must begin within 30 days after an accidental injury.	$2,000
Hospital stay – daily*	
Non-ICU daily Pays a benefit if an insured person has a stay in a hospital due to an accidental injury.	$200
ICU daily Pays a benefit if an insured person has a stay in an ICU due to an accidental injury. The stay must begin within 30 days after an accidental injury.	$400
Step down intensive care unit daily	$200
Maximum days per accident (combined for all stays due to the same accident)	*365*
Rehabilitation unit stay – daily Pays a benefit if an insured person is transferred to a rehabilitation unit immediately after a stay in a hospital due to an accidental injury.	$100
Maximum days per accident	*30*
Observation unit Pays a benefit if an insured person requires services in an observation unit as the result of an accidental injury. The Hospital Stay Admission Benefit will not be payable if the Observation Unit Benefit is payable. Observation services must begin within 72 hours after the accidental injury.	$100

*** Important Note:** All Hospital stay – daily benefits begin on day one.

Surgical Care

Covered Benefit	Benefit Amounts
Blood/Plasma/Platelets Pays a benefit if an insured person receives the transfusion of blood, plasma and/or platelets due to an accidental injury. The transfusion must take place within 90 days after the accidental injury	$400
Eye Injury	
Surgical repair	$300
Removal of foreign object	$150
Surgery (without repair)	
Arthroscopic or exploratory Pays a benefit if an insured person undergoes exploratory or arthroscopic surgery, and no repair is done, within 60 days of the accidental injury.	$250
Surgery (with repair)	
Cranial, open abdominal or thoracic Pays a benefit if an insured person undergoes cranial, open abdominal or thoracic surgery, and repair is done, within 72 hours of the accidental injury.	$1,500
Hernia Pays a benefit if an insured person undergoes hernia surgery as the result of an accidental injury. A physician must diagnose the hernia within 30 days after the accidental injury; and perform surgery within 60 days after the accidental injury.	$250
Ruptured disc Pays a benefit if an insured person sustains a ruptured disc in the spine as the result of an accidental injury. A physician must treat the ruptured disc within 60 days after the accidental injury; and repair it through surgery within one year after the accidental injury.	$750
Tendon/Ligament/Rotator cuff	
Single repair	$750
Multiple repairs	$1,500
Torn knee cartilage Pays a benefit if an insured person sustains a torn knee cartilage (meniscus) as the result of an accidental injury. A physician must treat the torn knee cartilage within 60 days after the accidental injury; and repair it through surgery within 180 days after the accidental injury.	$750
Non-Specified	
Inpatient	$250
Outpatient	$250
Maximum benefits per accident, combined for all Surgery (without repair) and Surgery (with repair) benefits	*2*

Transportation/Lodging Assistance

Covered Benefit	Benefit Amounts
Lodging Pays for one motel/hotel room for a companion to accompany you for each day of a stay due to an accidental injury. Your stay must be more than 50 miles from your home.	$200
Maximum days per accident	*30*
Transportation We will pay the Transportation Benefit shown in the Schedule of Benefits for an insured person who must travel from his or her residence more than 50 miles one way on physician's advice for treatment of a payable Accidental injury.	$300

Dislocations and Fractures

Dislocations - Closed Reduction
Pays a benefit if an insured person sustains a dislocation as the result of an accidental injury.
A physician must diagnose the dislocation within 90 days after the accidental injury and correct it by ***closed reduction (non-surgical repair).***

Open reduction
Pays a benefit if an insured person sustains a dislocation as the result of an accidental injury.
A physician must diagnose the dislocation within 90 days after the accidental injury and correct it by open reduction *(surgical repair).*

Covered Benefit	Benefit Amounts
Dislocations – Closed Reduction*	
Hip	$4,000
Knee	$2,000
Ankle – bone or bones of the foot (other than toes)	$1,000
Collarbone (sternoclavicular)	$750
Lower jaw	$750
Shoulder (glenohumeral)	$750
Elbow	$750
Wrist	$750
Bone or bones of the hand (other than fingers)	$750
Collarbone (acromioclavicular and separation)	$200
Rib	$200
One toe or one finger	$200
Partial dislocation	25%
Maximum dislocations per accident	*3*

*Open reduction pays 2.0 times the closed reduction benefit value

Covered Benefit	Benefit Amounts

Fractures - Closed Reduction*

Pays a benefit if an insured person sustains a fracture as the result of an accidental injury.

A physician must diagnose the fracture within **90 days** after the accidental injury and correct it by **closed reduction**.

Skull (except bones of the face or nose), depressed	$4,500
Skull (except bones of the face or nose), non-depressed	$4,500
Hip, thigh (femur)	$2,000
Vertebrae, body of (excluding vertebral processes)	$2,000
Pelvis (inc. ilium, ischium, pubis, acetabulum except coccyx)	$2,000
Leg (tibia and/or fibula malleolus)	$2,000
Bones of the face or nose (except mandible or maxilla)	$750
Upper jaw, maxilla (except alveolar process)	$750
Upper arm between elbow and shoulder (humerus)	$750
Lower jaw, mandible (except alveolar process)	$750
Collarbone (clavicle, sternum)	$750
Shoulder blade (scapula)	$750
Vertebral process	$750
Forearm (radius and/or ulna)	$450
Kneecap (patella)	$450
Hand/foot (except fingers/toes)	$450
Ankle/wrist	$450
Rib	$225
Coccyx	$225
Finger, toe	$225
Chip fracture	25%
Maximum fractures per accident	*3*

*Open reduction pays 2.0 times the closed reduction benefit value

Accidental Death & Dismemberment and Paralysis Benefits

Covered Benefit	Benefit Amounts
Accidental death	
Pays a benefit if an insured person sustains an accidental injury which causes the insured person's death within 90 days after an accident.	
Employee	$50,000
Covered dependent spouse	$25,000
Covered dependent children	$25,000
Accidental death common carrier	
Pays a benefit if an insured person sustains an accidental injury while the insured person is a fare paying passenger on a common carrier and the accidental injury causes the insured person's death within 90 days after an accident.	
Employee	$100,000
Covered dependent spouse	$50,000
Covered dependent children	$50,000
Accidental dismemberment	
Pays a benefit if an insured person sustains one or more limbs due to an accidental injury as classified below and in the schedule of benefits. The loss must occur within 90 days after an accidental injury.	
Loss of arm	$5,000
Loss of hand	$5,000
Loss of leg	$5,000
Loss of foot	$5,000
Loss of sight	$5,000
Loss of ability to speak	$10,000
Loss of hearing	$5,000
Maximum dismemberments per accident (non-finger, toe)	*2*
Loss of finger	$1,000
Loss of toe	$1,000
Maximum dismemberments per accident (finger, toe)	*4*
Home and vehicle alteration	$1,000
Paralysis (complete, total and permanent loss)	
Pays a benefit if an insured person sustains paralysis as a result of an accidental injury. A physician must diagnose paralysis within 60 days after the accidental injury; and confirm the paralysis continued for a period of 90 consecutive days.	
Quadriplegia	$10,000
Triplegia	$7,500
Paraplegia	$5,000
Hemiplegia	$5,000
Diplegia	$5,000
Monoplegia	$2,500

Other Accidental Injuries

Covered Benefit	Benefit Amounts
Animal bite treatment	
Tetanus shot	$100
Anti-venom shot	$200
Rabies shot	$300
Brain injury	
Concussion/Mild traumatic brain injury	$300
Moderate/Severe traumatic brain injury	$600
Burn	
Pays a benefit if an insured person receives a second degree burn or third degree burn as a result of an accidental injury. Treatment must be received by a physician within 72 hours after the accidental injury.	
Second degree burn, greater than 5% of total body surface	$1,000
Third degree burn, less than 5% of total body surface	$1,500
Third degree burn, 5-10% of total body surface	$6,000
Third degree burn, greater than 10% of total body surface	$18,000
Burn skin graft	50% of Burn
Pays a benefit if an insured person receives a skin graft for a burn as a result of an accidental injury. Treatment must be received by a physician within 365 days after the accidental injury.	
Coma/Persistent vegetative state (PVS)	
Coma (non-induced)	$10,000
PVS	$10,000
Coma (induced)	$250
Maximum days per accident	*10*
Dental treatment	
Pays a benefit if an insured person sustains a broken tooth as the result of an accidental injury and the tooth is repaired by a dental crown and/or dental extraction. The dental services must begin within 60 days after the accidental injury.	
Maximum 1 per accident	
Extractions	$75
Crown	$225
Gunshot wound	$1,000
Laceration	
Pays a benefit if an insured person receives a laceration as the result of an accidental injury. The laceration must be repaired by a physician within 72 hours after the accidental injury.	
Without stitches	$25
With stitches, less than 7.5 centimeters	$75
With stitches, 7.6 - 20.0 centimeters	$300
With stitches, greater than 20.0 centimeters	$600
Posttraumatic stress disorder (PTSD)	$500
Maximum diagnoses per lifetime	*1*
Service dog	$1,500
Maximum service dogs per your lifetime	*1*

Waiver of Premium

Covered Benefit	Benefit Amount
If, as a result of an accidental injury you miss 30 continuous days of work we will waive the premium beginning on the first premium due date that occurs after the 30th day of your absence, through the next 6 months of coverage. During such absence, you must remain employed with the policyholder. The premium waiver does not apply to your covered dependents.	Included

Organized Sports Rider

Covered Benefit	Benefit Amount
If while you are playing as a registered member of an organized sporting activity, you sustain an accidental injury, benefits payable under the certificate will be increased by the percentage shown, except for the excluded benefits below:	25%

Excluded benefits for Organized Sports Rider

- Accidental death
- Accidental death common carrier
- Animal bite
- Burn
- Burn skin graft
- Gunshot wound
- Service Dog

Health Screening Rider

Covered Benefit	Benefit Amount
Health screening	$50

Pays once per plan year, per member for one of the preventive tests listed below.

Note: Your plan year may not be based on the calendar year.

Maximum 1 test per plan year

Covered Health Screenings

- Bone marrow screening
- Bone mass density measurement (DEXA, DXA)
- Biopsies for cancer
- Blood chemistry panel
- Breast sonogram
- Cancer antigen 125 blood test for ovarian cancer (CA 125)
- Carotid doppler ultrasound
- Chest x-ray (CXR)
- Cytologic screening
- Cancer antigen 15-3 blood test for breast cancer (CA 15-3)
- Carcinoembryonic antigen blood test for colon cancer (CEA)
- Clinical testicular exam
- Colonoscopy
- Complete blood count (CBC)
- Dental exam
- Digital rectal exam (DRE)
- Doppler screening for cancer
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- Electroencephalogram (EEG)
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Endoscopy
- Eye exam
- Fasting blood glucose test
- Fasting plasma glucose test
- Flexible sigmoidoscopy
- Hearing test
- Hemoccult stool analysis
- Hemoglobin A1C
- Human papillomavirus vaccination (HPV)
- Immunizations
- Lipoprotein profile (serum plus HDL, LDL, total cholesterol, and triglycerides)
- Mammography
- Oral cancer screening
- Pap smear
- Prostate specific antigen (PSA) test
- Routine health check-up exam
- Skin cancer biopsy
- Skin cancer screening
- Skin exam
- Serum protein electrophoresis (blood test for myeloma)
- Successful completion of smoking cessation program
- Stress test on bicycle or treadmill
- Test for sexually transmitted infections (STIs)
- Thermography
- ThinPrep pap test
- Two-hour post-load plasma glucose test
- Ultrasound for cancer detection
- Ultrasound screening for abdominal aortic aneurysms
- Virtual colonoscopy

Note: COVID-19 testing is covered as an eligible health screening benefit

Accident Plan: Exclusions and Limitations

This plan has exclusions and limitations. Refer to the actual policy and certificate to determine which benefits are not payable. The following is a partial list of services and supplies that are generally not covered. However, the plan may contain exceptions to this list based on state mandates or the plan design purchased.

Benefits under the policy will not be payable for any care, service or supply for an 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. Bacterial infections that are not caused by a cut or wound from an accidental injury;
7. Care provided by immediate family members or any household member;
8. Elective or cosmetic surgery;
9. Nutritional supplements;
10. Suicide or attempt at suicide, intentionally self-inflicted injury, or any attempt at self-inflicted injury, or any form of intentional asphyxiation, except when resulting from a diagnosed disorder;
11. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
12. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant, including those prescribed by a physician that are misused;

We will not pay any benefits for a service or supply rendered or received that are not specifically covered or not related to an accidental injury.

The stay visit or service must be on or after the effective date of coverage, while coverage is in force and take place in the United States or its territories.

Portability

Your plan includes a Portability option which allows you to keep your existing coverage by making direct payments to the carrier. You may exercise this option, if your employment ceases for any reason. Refer to your Certificate for additional Portability provisions.

Questions and Answers about the Accident Plan

Do I have to answer any questions about my health to enroll?
No, you do not have to answer any questions about your health to enroll.

Can I have more than one Accident Plan?
No, you are not allowed to have more than one Aetna Accident Plan.

To whom are benefits paid?
Benefits are paid to you, the member.

Is my Aetna Accident policy compatible with a Health Savings Account (HSA)?
Yes, Aetna Accident policies are compatible with Health Savings Accounts.

How do I submit a claim?
*Go to **myaetnasupplemental.com** and either "Log In" or "Register", depending on if you've set up your account. Click the "Create a new claim" button and answer a few quick questions. You can even save your claim to finish later. You can also print/mail in form(s) to: Aetna Voluntary Plans, PO Box 14079, Lexington, KY 40512-4079, or you can ask us to mail you a printed form.*

What if I don't understand something I've read here, or have more questions?
*Please call us. We want you to understand these benefits before you decide to enroll. You may reach one of our Customer Service representatives Monday through Friday, 8 a.m. to 6 p.m., by calling **1-800-607-3366**. We're here to answer questions before and after you enroll.*

What should I do in case of an emergency?
In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

What happens if I lose my employment, can I take the Accident Plan with me?
Yes, you are able to coverage under the Portability provision; however, you will need to pay premiums directly to Aetna.

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.

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 **1-800-607-3366** or visit us at **www.aetna.com.**

If you require language assistance, please call Member Services at 1-800-607-3366 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 1-800-607-3366, 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 **1-617-521-7794** or visiting its website at **www.mass.gov/doi.**

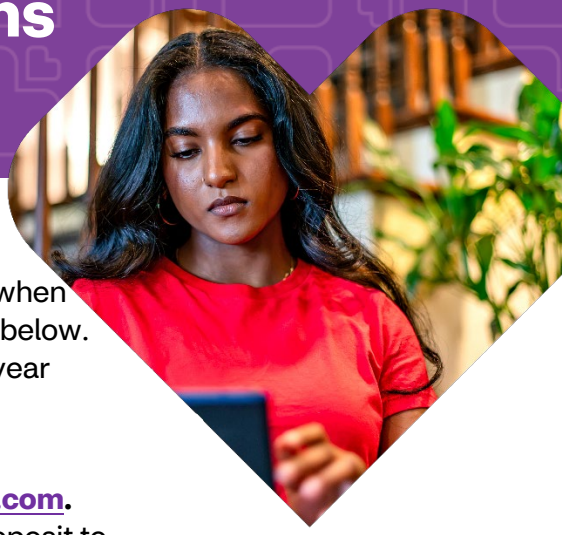
Plans are underwritten by Aetna Life Insurance Company (Aetna). This material is for information only and is not an offer or invitation to contract. Each insurer has sole financial responsibility for its own products.

Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. Insurance plans contain exclusions and limitations. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Policies may not be available in all states, and rates and benefits may vary by location. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to **www.aetna.com**.

Financial Sanctions Exclusions Clause
If coverage provided by this policy violates or will violate any US economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the United States, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit **https://www.treasury.gov/resource-center/sanctions/Pages/default.aspx**.

Policy forms issued in Idaho, Oklahoma and Missouri include: GR-96841, GR-96842.

Aetna Supplemental Health Plans Health Screening Benefits



Get cash, fast

Your accident, critical illness and hospital indemnity plans **pay you $50** when you and your covered family members get **one** of the health screenings below. The benefit is paid **one time for each member per plan year**. Your plan year starts January 1 and ends December 31.*

Submit your claim

Go to the **My Aetna Supplemental** app or **visit MyAetnaSupplemental.com.** Use your personal email address when you register. Sign up for direct deposit to get your cash faster.

Covered preventive screenings

- Bone marrow screening
- Bone mass density measurement (DEXA, DXA)
- Biopsies for cancer
- Blood Chemistry Panel
- Breast sonogram
- Breast MRI
- Breast ultrasound
- Cancer antigen 125 blood test for ovarian cancer (CA 125)
- Carotid doppler ultrasound
- Chest X-ray (CXR)
- Cytologic screening
- Cancer antigen 15-3 blood test for breast cancer (CA 15-3)
- Carcinoembryonic antigen blood test for colon cancer (CEA)
- Clinical testicular exam
- Colonoscopy
- Complete blood count (CBC)
- COVID-19 test
- Dental exam
- Digital rectal exam (DRE)
- Doppler screening for cancer
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- Electroencephalogram (EEG)
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Endoscopy
- Eye exam
- Fasting blood glucose test
- Fasting plasma glucose test
- Flexible sigmoidoscopy
- Hearing test
- Hemoccult stool analysis
- Hemoglobin A1C
- Human papillomavirus vaccination (HPV)
- Immunizations, vaccines
- Infectious disease testing
- Lipoprotein profile (serum plus HDL, LDL, total cholesterol, and triglycerides), biometric screening
- Mammography
- Oral cancer screening
- Pap smear
- Prostate specific antigen (PSA) test
- Routine health check-up exam
- Skin cancer biopsy
- Skin cancer screening
- Skin exam
- Serum protein electrophoresis (blood test for myeloma)
- Stress test on bicycle or treadmill
- Successful completion of smoking cessation or weight reduction program
- Test for sexually transmitted infections (STIs)
- Thermography
- ThinPrep pap test
- Two-hour post-load plasma glucose test
- Ultrasound for cancer detection
- Ultrasound screening for abdominal aortic aneurysms
- Virtual colonoscopy

*FOR HEALTH SCREENING BENEFIT: See your Certificate of Coverage for details, plan exclusions and limitations.

Policies and plans are insured and/or administered by Aetna Life Insurance Company or its affiliates (Aetna). Refer to Aetna.com for more information about Aetna® plans.

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Discrimination is Against the Law

Aetna Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with 45 CFR § 92.101(a)(2)). Aetna Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aetna Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
    - Qualified interpreters
    - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 1-800-872-3862 (TTY: 711) or the number on the back of your ID card.

If you believe that Aetna Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator
Attn: 1557 Coordinator
CVS Pharmacy, Inc.
1 CVS Drive, MC 2332,
Woonsocket, RI 02895

Phone: 1-800-648-7817, TTY: 711
Email: CRCoordinator@aetna.com

You can file a grievance in person, by mail, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
This notice is available at Aetna Inc.'s website: https://www.aetna.com/

TTY: **711**

English	**To access language services at no cost to you, call** 1-888-772-9682 .
Amharic	እርስዎ ወጪ ሳያወጡ የቋንቋ አገልግሎቶችን ለመድረስ ወደ 1-888-772-9682 ይደውሉ።
Arabic	للحصول على خدمات اللغة مجانًا، اتصل على 1-888-772-9682
Armenian	Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք հեռախոսահամարով: 1-888-772-9682
Carolinian (Kapasal Falawasch)	ngere aukke ghut alillis reel kapasal Falawasch au fafaingi tilifon ye 1-888-772-9682 .
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang 1-888-772-9682 .
Chinese Traditional	如欲使用免費語言服務，請致電 1-888-772-9682 .
Cushitic-Oromo	Tajaajila afaanii bilisaan argachuuf, 1-888-772-9682 irratti bilbilaa.
French	Afin d'accéder aux services langagiers sans frais, composez le 1-888-772-9682 .
French Creole (Haitian)	Pou w jwenn aksè ak sèvis lang gratis pou ou, rele 1-888-772-9682 .
German	Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie 1-888-772-9682 an.
Greek	Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό 1-888-772-9682 .
Gujarati	તમારે કોઇ તના ખર્ચ વના ભાષાની સેવાઓની પહચ માટે, કોલ કરો 1-888-772-9682 .
Hindi	आपके लए बना कसी कमत के भाषा सेवाआ का उपयोग करने के लए, 1-888-772-9682 पर कॉल करे।
Hmong	Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu 1-888-772-9682 .
Italian	Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-888-772-9682 .
Japanese	無料の言語サービスをご利用いただくには、1-888-772-9682 にお電話ください。
Karen	လၫကမၤနှဲ့ ကျိာ်တၢ်မၤစၢၤတၢ်မၤ လၫတလိဉ်လာ်ဘူဉ်လာ်စုၤ လၫနဂီၢ်အဂီၢ်, 1-888-772-9682 .
Korean	무료로 언어 서비스를 이용하려면 1-888-772-9682 번으로 전화하세요
Laotian	ເພື່ອເຂົ້າເຖິງການບໍລິການພາສາໂດຍບເສຍຄ່າໃຊ້ຈ່າຍໃດໆແກ່ທ່ານ, ໃຫ້ໂທຫາ 1-888-772-9682 .
Mon-Khmer, Cambodian	ដើម្បីទទួលនេសវាផ្នែនកភាសាដោយមិនគិតៃថ្លលពីអ្នែនកសូមទូរសព្ទទេលខ 1-888-772-9682 ។
Navajo	T’áá ni nizaad k’ehjí bee níká a’doowoł doo bą́ą́h ílínígóó kojį’ hólne’ 1-888-772-9682 .
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff 1-888-772-9682 .
Persian-Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-888-772-9682 تماس بگیرید.
Polish	Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod numer 1-888-772-9682 .
Portuguese	Ligue para 1-888-772-9682 para receber assistência linguística gratuita.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, 1-888-772-9682 ‘ਤੇ ਫ਼ੋਨ ਕਰੋ।
Russian	Чтобы получить бесплатные языковые услуги, позвоните по номеру 1-888-772-9682 .
Samoan	Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala’au le 1-888-772-9682 .
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite 1-888-772-9682 .
Spanish	Para acceder a los servicios de idiomas sin costo, llame al 1-888-772-9682 .
Syriac-Assyrian	ܒܗ، ܡܒܪܟܝ: ܟܝ ܫܒܩܬ ܠܗ ܒܠܫܢܐ ܕܠܐ ܡܫܟܚ ܠܗ ܒܠܫܢܐ ܕܡܬܟܠ ܥܡ ܠܐ ܡܫܟܚ ܠܗ ܒܠܫܢܐ ܕܡܬܟܠ ܥܡ 1-888-772-9682 .
Tagalog	Upang ma-access ang mga serbisyo sa wika nang wala kang babayaran, tumawag sa 1-888-772-9682 .
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร 1-888-772-9682 .
Ukrainian	Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером 1-888-772-9682 .
Vietnamese	Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-888-772-9682 .

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