

Your Benefits Quick Start Guide



Enroll in the Aetna insurance plans offered through Apex Systems, Inc. today



Unexpected stuff happens to all of us. That's why you need to be ready with insurance options from Aetna Voluntary Plans.

This is your opportunity to sign up for benefits. So take a few minutes to find out about your options now!

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

You have a limited time to enroll.

**If you were just hired, you have 31 days
from the date you are hired to enroll.**

Aetna Fixed BenefitsSM 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 VOLUNTARY PLANS
Fixed Indemnity with PPO
BIN# 610502 RX**

APEX SYSTEMS, INC.
GROUP NUMBER: 500066

YOUR NAME: _____

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

PAYER NUMBER 57604 0039

Cut out your temporary member identification along the dotted line.

These plans do not count as minimum essential coverage under the affordable care act. These are a supplement to health insurance and are not a substitute for major medical coverage. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

Start your benefits!

How do I enroll?

First, read your enrollment information. To enroll, 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 Active Contract Employees are eligible to participate. If you are an eligible employee, you can also enroll your eligible dependents. Your eligible dependents are your lawful spouse or domestic partner and your children from birth until age 26, through any age if handicapped and unable to earn a living, or until they can no longer be legally declared as dependents. Dependent age and status requirements may vary by state.

How do I pay?

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

When does coverage begin?

Coverage is effective on the first day of the pay period following the pay period in which a deduction occurs.

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 coverage, please use this temporary member ID until you get your plastic member ID card.

www.aetna.com/docfind/custom/avp

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

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

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

Insurance plans are underwritten by Aetna Life Insurance Company (Aetna). This material is for information only. 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. Information is believed to be accurate as of the production date; however, it is subject to change. See the limitations and exclusions document included in this kit for the Aetna insurance plans offered by your employer.

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

| | | |
|-------------------------------------------|---------------------------------|-------------------------------------|
| Company name | Group number | Today's date (mm/dd/yyyy) |
| Member name (last, first, middle initial) | Member daytime telephone number | last four of Social Security Number |

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

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

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

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

What if I miss a payroll deduction?

Your coverage will not begin until you have your first payroll deduction. Each payroll deduction pays for coverage for one payroll period. If you miss a payroll deduction after your coverage begins, you will not have coverage during the time that payroll deduction would cover, unless you pay the full missed premium directly to Aetna Voluntary.

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

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

How do I pay my missed premium?

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

Can I pick which missed premiums I wish to pay?

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

How long do I have to pay a missed premium?

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

Can I pay just a part of a missed premium?

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

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

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

Aetna Fixed BenefitsSM Plan

The Aetna logo, featuring the word "aetna" in a lowercase, teal-colored, sans-serif font with a registered trademark symbol (®) to the upper right.

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. And if you have a health insurance plan with a big deductible, the Aetna Fixed Benefits Plan can help you meet it.

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.

A close-up photograph of a young Black man with short, curly hair, smiling broadly while talking on a black mobile phone. He is wearing a teal t-shirt. The background is a plain, light color.

Get the Power of
READY

with cash benefits to help you pay your bills

Please keep in mind

The Aetna Fixed Benefits Plan is a supplement to health insurance that provides limited coverage and is not a substitute for major medical insurance*. It is meant to complement other health insurance coverage you may have. It's also 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.*
- Does not satisfy the Affordable Care Act's requirement for most Americans to have Minimum Essential Coverage beginning January 1, 2014, or face a tax penalty. See www.healthcare.gov for more information.
- 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.

***Lack of Major Medical Coverage (or other Minimum Essential Coverage) may result in additional payment with your taxes.**

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

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 underwritten by Aetna Life Insurance Company (Aetna).

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Policy forms issued include: GR-9/GR-9N, GR-23, GR-29/GR-29N, GR-96172 and/or GR-96173.

Membership has its perks!

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

For more information, visit

www.aetna.com/docfind/custom/avp
or call **1-888-772-9682**.

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

Enroll today

Follow the instructions provided in your enrollment materials.

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:

• **Fixed Benefits Plan**

IMPORTANT INFORMATION ABOUT THE BENEFITS YOU ARE BEING OFFERED: The Aetna Fixed Benefits Plan is a hospital confinement indemnity plan with other fixed indemnity benefits. This plan provides LIMITED BENEFITS. Benefits provided are supplemental and are not intended to cover all medical expenses. This plan pays you fixed dollar amounts regardless of the amount that the provider charges. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have. 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.

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/docfind/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

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/docfind/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.

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.

Policy forms issued include GR-96172, GR-96173, GR-9N, GR-29N.

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 (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. 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 form, 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 30 months from the date I sign it or in the case of the information described above being collected in connection with a medical claim, this authorization will be valid for the term of the coverage. In the case of a life claim, this authorization will remain valid for the duration of the claim. I understand that I or my authorized representative is entitled to receive a copy of this authorization upon request and that a photocopy is as valid as the original.
4. 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.
5. 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.
6. **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 act, which is a crime and subjects such person to criminal and civil penalties.
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.