

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:

- Vision Care
- Dental
- Term Life and Accidental Death Insurance

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.

Term Life and Accidental Death Insurance

Employee term life benefit	\$10,000
Employee accidental death benefit	\$10,000
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

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, llame a Servicios al Miembro al 1-888-772-9682, y un representante de Aetna le conectará con un intérprete. Si usted es sordo o tiene problemas de audición, use su TTY y marque 711 para el Servicio de Retransmisión de Telecomunicaciones (TRS). Una vez conectado, por favor entrar o proporcionar el número de teléfono de Aetna que está llamando.

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. Policies may not be available in all states, and rates and benefits may vary by location. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

Financial Sanctions Exclusions Clause

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

Policy forms issued in Oklahoma and Idaho include GR-9/9N, GR-29/29N, GR-23.

