

Quality health plans & benefits  
Healthier living  
Financial well-being  
Intelligent solutions

**aetna**<sup>®</sup>

Coverage that provides  
a financial cushion for  
unexpected injuries



## **Aetna Accident Plan**

[www.aetna.com](http://www.aetna.com)

57.03.388.1 (3/15)



While medical plans typically cover care for an injury, they don't cover the unexpected costs that come with it. **The Aetna Accident Plan can help.**

#### **Planning for your next accident**

While you never know when an accident will happen, you can be prepared for it. An Aetna Accident Plan can help you manage unexpected costs that come with an accident.

#### **Cash to help pay your bills**

The Aetna Accident Plan pays cash benefits directly to you when you have a covered accident.

You can use the money to pay for everyday expenses like mortgage payments, day care or utility bills.

Or you can use the cash for expenses like coinsurance, or to help cover your medical plan's deductible. It's up to you.

Benefits are payable no matter what other medical coverage you might have. So if you get injured, your savings won't get hurt as well.

#### **When you sign up with Aetna, you'll get:**

**Simplified claims submission.** If you're an Aetna medical member, we can use your medical claims information to help speed the processing of your accident claims.

**Online claims access** when you sign up for the Aetna Navigator® secure member website.

**The Aetna Accident Plan is underwritten by Aetna Life Insurance Company (Aetna).**

# Here's how the plan helped John\*



John added an **Aetna Accident Plan** to his benefits package this year.



On his way to work, John was in a **car accident**.



He was transported by ground **ambulance** to the **emergency room** and admitted to the hospital.



He had a dislocated hip and spent five days in the **hospital**. He had several physical therapy sessions before returning to work.



He submitted his **accident claim** and received **\$3,695** from Aetna. He used it toward his **deductible, copay** and **supplemental income** for his missed work days.

## John's accident plan paid:

Ground ambulance	\$300
Emergency room	\$100
X-ray	\$25
Medical imaging (MRI)	\$100
Hospital stay — <i>admission</i>	\$500
Hospital stay — <i>daily</i>	\$500
Dislocated hip	\$2,000
Appliances	\$50
Physical therapy services	\$120
<b>Benefits paid</b>	<b>\$3,695</b>

\*This example is for illustrative purposes and does not reflect events experienced by an actual participant.

## Why is accident coverage important?



About **2/3 of disabling injuries** suffered by American workers aren't work related. That means **they're not covered by workers' compensation**.<sup>1</sup>

and ...



**1.35+**  
million children ...



were seen in an **emergency department** for sports-related injuries in 2012.<sup>2</sup>

## The plan includes features to meet your needs.

### Flexible.

*You can choose coverage for just yourself, or add coverage for your spouse or children.*

### Affordable.

*Premiums are low and they're easy to pay with payroll deduction.*

### Attainable.

*Your coverage is guaranteed, with no Evidence of Insurability.*

## It's easy to sign up

Follow the simple enrollment instructions in this packet. Or talk to your Human Resources representative to learn how you can get an **Aetna Accident Plan**.

<sup>1</sup>National Safety Council. Injury Facts 2011 edition.

<sup>2</sup>Ferguson RW. Safe Kids Worldwide Analysis of Consumer Product Safety Commission, National Electronic Injury Surveillance System data, 2013.

This plan provides limited benefits. The benefit 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 you may have.

#### **Exclusions and limitations**

This plan has exclusions and limitations. Refer to the actual policy and Booklet-Certificate to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, the plan may contain exceptions to this list based on state mandates or the plan design purchased. No benefit is paid for or in connection with the following stays, visits or services:

- Occupational injuries (unless the plan sponsor has selected this coverage)
- Services not related to an accidental injury
- Self-inflicted harm, including intentional asphyxiation
- Services ordered or performed by, or supplies purchased from, someone who is the insured person or the insured person's immediate family member, household member, employee or employer
- Bacterial infection not due to an accidental injury
- Injuries due to:
  - Being under the influence of a drug
  - Engaging in a criminal act or riot
  - Acts of war
  - Engaging in aircraft operation, hang gliding, bungee jumping, parachuting, sail gliding, parasailing, mountaineering or motor vehicle racing
  - Paid competitive athletics
  - Elective or cosmetic surgery

This material is for information only. Health insurance plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features, rates, eligibility and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

**Policy forms include:** GR-96841, GR-96842.

[www.aetna.com](http://www.aetna.com)





Toys"R"Us, Inc.  
 802234 - LA

# BENEFIT SUMMARY

## Aetna Off Job Accident Plan

**THIS IS NOT A MEDICARE SUPPLEMENT PLAN.** If you are eligible for Medicare, review the free Guide to Health Insurance for People with Medicare available from the company or at [www.medicare.gov](http://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.

**This plan is designed to provide for additional dollars to help pay for covered expenses due to an accident outside your regular Toys"R"Us Aetna medical coverage. This plan is not intended to replace Company-provided medical coverage and does not qualify as medical coverage under the Affordable Care Act.**

**Enrollment in a Toys"R"Us medical option is not required to elect this plan. You must provide the Social Security Number of any dependents and/or beneficiaries at the time of your election.**

**Any potential payments received from the supplemental benefit plan(s) will not offset the amount you receive for short-term disability or sick pay.**

**Note: One (1) benefit per Accident unless otherwise stated.**

Initial Care	Plan 1	Plan 2
<b>Ground Ambulance</b> <i>If transportation is required to or from a hospital within 72 hours after an accidental injury.</i>	\$300	\$300
<b>Air Ambulance</b> <i>If air transportation is required to or from a hospital within 72 hours after an accidental injury.</i>	\$1,500	\$1,500
<b>Initial Treatment - Emergency Room</b> <i>If initial examination and treatment in an emergency room is received within 72 hours after an accidental injury.</i>	\$100 (3 visits per plan year)	\$150 (3 visits per plan year)
<b>Initial Treatment – Physician’s Office or Urgent Care</b> <i>If initial examination and treatment is received within 72 hours after an accidental injury.</i>	\$100 (3 visits per plan year)	\$150 (3 visits per plan year)
<b>X-ray</b> <i>If ordered by a physician and performed by a licensed facility within 30 days after an accidental injury.</i>	\$25	\$50
<b>Medical Imaging (MRI, CT Scan, EEG, etc)</b> <i>If ordered by a physician and performed by a licensed facility within 180 days after an accidental injury.</i>	\$100	\$150

Follow-up Care	Plan 1	Plan 2
<b>Accident Follow-up</b> <i>If follow up treatment is received in a physician's office, urgent care center or emergency room for an accidental injury within one year of the accident.</i>	\$50 (2 visits per Accident / 6 visits per plan year)	\$50 (3 visits per Accident / 9 visits per plan year)
<b>Appliances</b> <i>If appliance is prescribed by a physician within 90 days after an accidental injury.</i>	\$50	\$100
<b>Prosthetic Device/Artificial Limb (One/ Multiple)</b> <i>If one or more prosthetic devices/artificial limbs is received within one year after an accidental injury.</i>	\$500 / \$1,000	\$750 / \$1,500
<b>Pain Management (Epidural Anesthesia)</b> <i>If epidural anesthesia is received within 60 days after an accidental injury.</i>	\$50	\$100
<b>Therapy Services</b> <i>If therapy is received within 90 days after an accidental injury.</i>	\$15 (10 per accident)	\$25 (10 per accident)
<b>Chiropractic Treatment</b> <i>If chiropractic treatment is received within 90 days after an accidental injury.</i>	\$15 (10 visits per Accident / 30 Chiropractic visits per	\$25 (10 visits per Accident / 30 Chiropractic visits per

Hospital Care	Plan 1	Plan 2
<b>Inpatient Hospital Stay Admission -initial day</b> <i>If you're admitted to the hospital as a result of an injury and stay for at least 24 hours within 180 days after an accidental injury. We will not pay this benefit if you're admitted into an observation unit, treated in a emergency room or outpatient surgery.</i>	\$500	\$1,000
<b>Inpatient Intensive Care Unit (ICU) Admission - initial day</b> <i>If you are admitted directly into the ICU within 30 days after an accidental injury.</i>	\$1,000	\$2,000
<b>Inpatient Hospital Daily</b> <i>If you have a stay in the hospital within 180 days after an accidental injury.</i>	\$100	\$200
<b>Inpatient Intensive Care Unit (ICU) Daily</b> <i>If you are admitted into the ICU within 30 days after an accidental injury.</i>	\$200	\$400
<b>Inpatient Rehabilitation Unit Daily</b> <i>If you are immediately transferred to a rehabilitation unit after a stay in the hospital due to an accidental injury.</i>	\$50	\$100
<b>Observation Unit</b> <i>If services are performed in an observation unit within 72 hours after an accidental injury.</i>	\$100	\$100

<b>Surgical Care</b>	<b>Plan 1</b>	<b>Plan 2</b>
<b>Blood/Plasma/Platelets</b> <i>If you receive the transfusion of blood, plasma and/or platelets within 90 days after an accidental injury.</i>	\$300	\$400
<b>Eye Injury</b> <i>If you sustain an eye injury requiring surgery or the removal of foreign object by a physician within 90 days after an accidental injury.</i>	\$200	\$300
<b>Ruptured Disc</b> <i>If you sustain a ruptured disc in the spine, are treated by a physician within 60 days after an accidental injury and have it repaired through surgery within a year of the accidental injury.</i>	\$500	\$750
<b>Tendon/Ligament/Rotator Cuff (Single/Multiple)</b> <i>If you sustain a torn, ruptured or severed tendon, ligament or rotator cuff, are treated by a physician within 60 days after an accidental injury and have it repaired through surgery within 180 day of the accidental injury.</i>	\$500 / \$1,000	\$750 / \$1,500
<b>Torn Knee Cartilage</b> <i>If you sustain a torn knee cartilage, are treated by a physician within 60 days after an accidental injury and have it repaired through surgery within 180 day of the accidental injury.</i>	\$500	\$750
<b>Surgery (with repair)</b>		
<b>Cranial, Open Abdominal &amp; Thoracic</b> <i>If you undergo surgery and repair within 72 hours of the accidental injury.</i>	\$500	\$1,000
<b>Hernia</b> <i>If you are diagnosed by a physician within 30 days after an accidental injury and have it repaired through surgery within 60 day of the accidental injury.</i>	\$100	\$150
<b>Surgery (with no repair) – Exploratory or Arthroscopic</b> <i>If you undergo exploratory or arthroscopic surgery (no repair is done) within 60 days after an accidental injury.</i>	\$100	\$150

<b>Transportation/Lodging Assistance</b>	<b>Plan 1</b>	<b>Plan 2</b>
<b>Lodging</b> <i>We will pay the amount shown for one motel/hotel room for a companion to accompany the covered person while they are confined to a hospital if the hospital is 50 miles or greater from the residence.</i>	\$100 (30 lodging days)	\$100 (30 lodging days)
<b>Transportation</b> <i>We will pay the amount shown to you if you must travel 50 miles or more (one way) from your residence to receive your prescribed treatment.</i>	\$200 (1 transportation round trip)	\$250 (1 transportation round trip)

## Accidental Death & Dismemberment and Paralysis Benefits

Plan 1

Plan 2

### Accidental Death / Accidental Death Common Carrier

*If you sustain an accidental injury causing death within 90 days after an accident.*

Employee	\$25,000 / \$50,000	\$50,000 / \$100,000
Insured Spouse	\$12,500 / \$25,000	\$25,000 / \$50,000
Insured Children	\$12,500 / \$25,000	\$25,000 / \$50,000

### Accidental Dismemberment

*If you sustain a loss of one or more of the following within 90 days after an accidental injury:*

One Hand, Foot or Eye	\$2,500	\$5,000
One Hand and One Foot, One Hand and Eye, One Foot and Eye	\$5,000	\$10,000
Both Hands, Both Feet or Both Eyes	\$5,000	\$10,000

### Paralysis (Paraplegia/Quadriplegia)

*If you sustain paralysis and are diagnosed by a physician within 60 days after an accidental injury and they confirm paralysis continued for 90 consecutive days.*

\$2,500 / \$5,000	\$5,000 / \$10,000
-------------------	--------------------



<b>Fractures and Dislocations</b> <i>If you sustain a fracture or dislocation diagnosed within 90 days after an accidental injury and it is corrected by open (surgical repair) or closed reduction (non-surgical repair).</i>	<b>Plan 1</b>		<b>Plan 2</b>	
	<b>Open Reductions</b>	<b>Closed Reductions</b>	<b>Open Reductions</b>	<b>Closed Reductions</b>

Hip	\$3,000	\$2,000	\$4,500	\$3,000
Knee (except Patella)	\$1,500	\$1,000	\$2,250	\$1,500
Ankle - Bone or Bones of the Foot (other than Toes)	\$750	\$500	\$1,125	\$750
Collarbone (Sternoclavicular)	\$600	\$400	\$900	\$600
Lower Jaw	\$600	\$400	\$900	\$600
Shoulder (Glenohumeral)	\$600	\$400	\$900	\$600
Elbow	\$600	\$400	\$900	\$600
Wrist	\$600	\$400	\$900	\$600
Bone or Bones of the Hand (other than Fingers)	\$600	\$400	\$900	\$600
Collarbone (Acromioclavicular and separation)	\$150	\$100	\$225	\$150
One Toe or One Finger	\$150	\$100	\$225	\$150

### **Fractures - Closed Reduction\***

Skull (except Bones of the Face or Nose), Depressed	\$4,125	\$2,750	\$6,187.50	\$4,125
Skull (except Bones of the Face or Nose), Non-Depressed	\$4,125	\$2,750	\$6,187.50	\$4,125
Hip, Thigh (Femur)	\$1,725	\$1,150	\$2,587.50	\$1,725
Vertebrae, Body of (excluding Vertebral Processes)	\$1,125	\$750	\$1,687.50	\$1,125
Pelvis (inc. Ilium, Ischium, Pubis, Acetabulum except Coccyx)	\$1,125	\$750	\$1,687.50	\$1,125
Leg (Tibia and/or Fibia Malleolus)	\$1,125	\$750	\$1,687.50	\$1,125
Bones of the Face or Nose (except Mandible or Maxilla)	\$600	\$400	\$900	\$600
Upper Jaw, Maxilla (except Alveolar Process)	\$600	\$400	\$900	\$600
Upper Arm between Elbow and Shoulder (Humerous)	\$600	\$400	\$900	\$600
Lower Jaw, Mandible (except Alveolar Process)	\$600	\$400	\$900	\$600
Collarbone (Clavicle, Sternum)	\$600	\$400	\$900	\$600
Shoulder Blade (Scapula)	\$600	\$400	\$900	\$600
Vertebral Process	\$600	\$400	\$900	\$600
Forearm (Radius and/or Ulna)	\$450	\$300	\$675	\$450
Kneecap (Patella)	\$450	\$300	\$675	\$450
Hand / Foot (except Fingers, Toes)	\$450	\$300	\$675	\$450
Ankle / Wrist	\$450	\$300	\$675	\$450
Wrist	\$450	\$300	\$675	\$450
Rib	\$225	\$150	\$337.50	\$225
Coccyx	\$225	\$150	\$337.50	\$225
Finger, Toe	\$225	\$150	\$337.50	\$225

Other Accidental Injuries	Plan 1	Plan 2
---------------------------	--------	--------

**Burn**

*If you receive a second degree burn or third degree burn and it is treated by a physician within 72 hours after an accidental injury. This does not include burns resulting from exposure to the sun.*

**2nd degree burn**, less than or equal to 5% of total body surface

2 <sup>nd</sup> Degree (greater than 5% of total body surface)	\$500	\$1,000
3 <sup>rd</sup> Degree (less than 5% of total body surface)	\$750	\$1,500
3 <sup>rd</sup> Degree (between 5% and 10% of total body surface)	\$3,000	\$6,000
3 <sup>rd</sup> Degree (greater than 10% of total body surface)	\$9,000	\$18,000

**Burn Skin Graft**

*If you are treated by a physician within 72 hours after an accidental injury and receive a skin graft for a burn.*

50% of Burn Benefit

50% of Burn Benefit

**Coma**

*A you sustain a non-medically induced coma as a result accidental injury.*

\$5,000	\$10,000
---------	----------

**Concussion**

*If you sustain a concussion within 72 hours after an accidental injury.*

\$100	\$150
-------	-------

**Dental Treatment – Extractions / Crown**

*If you sustain a broken tooth which is repaired by a dental crown and/or dental extraction within 60 days after an accidental injury.*

\$50 / \$150	\$75 / \$225
--------------	--------------

**Laceration**

*If a laceration occurs within 72 hours after an accidental injury. In the event of multiple lacerations, we will pay the greater amount.*

Without Stitches	\$25	\$25
With Stitches (less than 7.5cm)	\$75	\$75
With Stitches (between 7.6cm and 20cm)	\$300	\$300
With Stitches (greater than 20cm)	\$600	\$600

## Accident Plans: 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.

We will not pay any benefits for any loss caused in whole or in part by or resulting in whole or part from the following:

1. Suicide or attempt at suicide, intentionally self-inflicted injury, or any attempt at self-inflicted injury, except when resulting from a diagnosed disorder in the most current version of the Diagnostic and Statistical Manual (DSM);
2. Being under the influence of a stimulant, depressant, hallucinogen, narcotic or any other drug intoxicant, (excluding those prescribed by a physician), that are misused by the insured person, except when resulting from a diagnosed disorder in the most current version of the DSM;
3. Commission of or attempt to commit a felony or engaged in an illegal occupation;
4. Any act of war, whether declared or not, or voluntary participation in a riot, rebellion or civil insurrection;
5. Operating, learning to operate or serving as a crewmember of an aircraft, whether motorized or not;
6. Engaging in hang gliding, bungee jumping, parachuting, sail gliding, parasailing, mountaineering using ropes and/or other equipment, or motor-driven vehicle racing;
7. Participating in any semi-professional or professional competitive athletic contest, including officiating or coaching, for which the insured person receives any compensation or remuneration;
8. Services ordered or performed by a physician, or supplies purchased from a provider, who is an insured person, the insured person's immediate family member, or someone who resides with or is employed by or who employs an insured person;
9. Any form of intentional asphyxiation;
10. Elective or cosmetic surgery;
11. Bacterial infection that was not caused by a cut or wound from an accidental injury;
12. Occupational injuries.

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.

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

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

## 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 other than termination of the group Policy by your employer. Refer to your Certificate for additional Portability provisions.

## Questions and Answers about the Accident Plans

### **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.*

### **Do I have to be Actively at Work to enroll in coverage?**

*Yes, you must be actively at work in order to enroll and for coverage to take effect. You are actively at work if you are working, or are available to work, and meet the criteria set by your employer to be eligible 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.*

### **How does the Therapy Services benefit work if I receive multiple therapies in one day?**

*Only one Therapy Services benefit will be paid per day, no matter how many different Therapy Services you receive.*

### **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?**

*Claims can be completed online [www.aetna.com/voluntary/employees/materials-forms.html](http://www.aetna.com/voluntary/employees/materials-forms.html) or submitted by mail to: Aetna Voluntary Plans, PO Box 14079, Lexington, KY 40512-4079.*

### **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 **1-888-772-9682**. 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?**

*Should you lose your job, you are able to continue coverage under the Portability provision. You will need to pay premiums directly to Aetna. If the Employer policy is terminated for any reason, the portability option will not be available.*

## Important information about your benefits

**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.**

**This plan provides limited benefits. The 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.**

**IN ORDER FOR BENEFITS TO BE PAYABLE, THE ACCIDENT MUST OCCUR WHILE COVERAGE FOR THE INSURED PERSON IS IN FORCE.**

**This plan does not count as Minimum Essential Coverage under the Affordable Care Act.**

### **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](http://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.

**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](http://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](http://www.mass.gov/doi)**.

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. 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.

**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 Policy forms issued include GR-96841 and GR-96842.