

Your Benefits Quick Start Guide




Enroll in the Aetna insurance plans offered through Bravo Technical Resources, 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.

**Open enrollment begins on November 15 and
ends on December 15, 2016.**

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



**Network: Open Choice PPO
with PPO Dental**

BRAVO TECHNICAL RESOURCES, INC.
GROUP NUMBER: 800446

YOUR NAME: _____

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

PAYER NUMBER 57604 0039

Cut out your temporary member identification along the dotted line.

Aetna Hospital Plan

Pays fixed cash benefits when you are in the hospital.

Aetna Vision Plan

Reimburses you for an exam, frames, lenses or contact lenses up to an annual limit.

Aetna Dental Plan

Covers a portion of your bill for common dental procedures.

Aetna Short-Term Disability Plan

Pays a portion of your salary up to a set number of weeks, if you become disabled and are unable to work.

Aetna Term Life Insurance

Pays your beneficiary if you die, to help with funeral or other expenses.

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

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 employees are eligible to participate. If you are an eligible employee, you can also enroll your eligible dependents (except for Short-Term Disability). Your eligible dependents are your lawful spouse 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 Dental 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 Limited Dental plan sponsored by the employer. Available benefits are subject to exclusions and limitations. This card does not guarantee coverage. For verification of coverage, filing a claim or for questions other than the discount programs, contact us at the number printed on the front of this card or mail us at the address below.

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

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

Insurance plans are underwritten by Aetna Life Insurance Company (Aetna). This material is for information only. 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, GR-9N, GR-29N.

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.



Financial protection for out-of-pocket costs

Aetna Hospital Plan

Cash benefits directly to you if you are hospitalized

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

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

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

How the plan works with your medical insurance benefits

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

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

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

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

Exclusions and limitations

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

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

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

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

***IMPORTANT INFORMATION ABOUT THE BENEFITS YOU ARE BEING OFFERED:** The Aetna Hospital Plan is a hospital confinement indemnity plan. This plan provides **LIMITED BENEFITS**. This plan pays you fixed dollar amounts regardless of the amount that the provider charges. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have. This disclosure provides a very brief description of the important features of the benefits being considered. It is not an insurance contract and only the actual policy provisions will control.

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

This material is for information only and is not an offer or invitation to contract. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to **www.AetnaHospitalPlan.com**.

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

www.aetna.com

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

Additional plan details

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

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

***THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.**

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

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Take better care of your eyesight

Aetna Vision® Plan

Take good care of your eyesight

For most of us, vision is among the most precious of our senses. Regular eye exams not only detect changes in your vision — they can also help detect medical problems early, including high blood pressure and diabetes.

The Aetna Vision insurance plan can provide you and your loved ones with:

- Benefits to help pay for vision services, from a routine eye exam to eyeglasses, frames, lenses, or contact lenses
- Access to discounts through a broad nationwide network of vision care providers
- Affordable group rates
- Easy payroll deduction

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

Exclusions and limitations

Reimbursements for vision care services other than eye exams, frames or lenses are not included in this plan. Read your enrollment information for the reimbursement amount of your plan.

Benefit period is 12 consecutive months beginning on the later of your effective date or your most recent eye exam covered under this plan. This limited health plan does not meet Massachusetts Minimum Creditable Coverage standards.

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

- Orthoptic vision training (eye exercises to improve vision), subnormal vision aids (tools such as magnifying devices, talking books, etc. used for those with low vision or partial sight), any associated supplemental testing
- Medical and/or surgical treatment of the eyes or supporting structure
- Any eye or vision examination, or any corrective eyewear, required by an employer as a condition of employment

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

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

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

“Vision Disability: Types, News & Information.” Available at www.disabled-world.com/disability/types/vision/#stats. Accessed March 2015.

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

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

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

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Be prepared with dental care

Aetna Dental® Plan

Protect your smile today and tomorrow

If you had a cavity, would you have the money available to take care of it? Now you can be ready with an Aetna Dental plan.

The dental insurance plan is affordable and a great way to help you and your loved ones keep your smiles healthy. The plan provides:

- Benefits to help you pay for checkups, cleanings and common dental services
- The flexibility to see any dentist you like
- Access to discounted rates through Aetna's broad network of dentists
- Group rates which are typically lower than those you can find on your own
- Easy payroll deduction

How the plan works

Once the annual deductible is met, the plan helps pay for many of the most common dental services up to its stated annual limit. These include:

- Preventive services like checkups and cleanings
- Basic services like fillings and oral surgery
- Major services like crowns, bridges, dentures and root canals (benefits vary by plan)

Waiting periods may apply to some services. See your enrollment information for details.

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

Exclusions and limitations

The dental preferred provider organization (PPO) network is not available in **Alabama, Arkansas, Idaho, Hawaii, Louisiana, Mississippi, New Mexico or Puerto Rico**. To locate a preferred provider, call toll-free **1-888-772-9682**.

Aetna will pay benefits only for expenses incurred while this coverage is in force, and only for the necessary treatment of injury or disease. A service or supply is necessary if it is determined by Aetna to be appropriate for the diagnosis, care or treatment of the disease or injury involved. The plan requires that a deductible is met before a benefit is paid except for preventive services.

A deductible is the amount you must pay for eligible expenses before the plan begins to pay benefits.

This plan does not cover all health care expenses and has exclusions and limitations. Your plan may contain exceptions to this list based on state mandates or the plan design purchased.

The following is a partial list of services and supplies that are generally not covered. However, your plan may contain exceptions to this list based on state mandates or the plan design purchased. The following charges are not covered under the dental plan, and they will not be recognized toward satisfaction of any deductible amount:

- Cosmetic procedures unless needed as a result of injury
- Any procedure, service or supply that is included as covered medical expenses under another group medical expense benefit plan
- Prescribed drugs, premedication, analgesia or general anesthesia
- Services provided for any type of temporomandibular (TMJ) or related structures, or myofascial pain
- Charges in excess of the *Recognized Charge*

¹Everyday Health. Dental Health and Overall Health. Healthy mouth, healthy body: The link between them may surprise you. Available at: www.everydayhealth.com/dental-health. Accessed June, 2014.

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

This material is for information only. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to dental services. Dental insurance plans contain exclusions and limitations. Information is believed to be accurate as of the production date; however, it is subject to change.

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

www.aetna.com

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

Did you know there's a link between dental health and overall health?

Research has shown that diseases of the teeth and gums are risk factors for diabetes, kidney disease, heart disease and even cancer. So going to the dentist twice a year is about more than having a nice smile.¹

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

The Aetna logo consists of the word "aetna" in a lowercase, bold, sans-serif font. The letter "a" is a light green color, while the letters "etna" are a darker green. A registered trademark symbol (®) is located at the top right of the letter "a".

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Be prepared for life's little surprises

Aetna Short-Term Disability Plan

Income protection if you become disabled

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

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

The insurance plan provides these valuable benefits:

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

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

How the plan works

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

Exclusions and limitations

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

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

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

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

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

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

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

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

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Protect the financial future of those you love

Aetna Term Life and Accidental Death Insurance Plan

Protection for those who depend on you

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

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

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

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

Are you and your family ready?

Now you can be ready with affordable Term Life and Accidental Death insurance that includes these great benefits:

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

How the plan works:

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

Exclusions and limitations

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

Term Life Exclusions:

- Suicide or attempted suicide (while sane or insane).

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.”

Protect those who depend on you

59% of all deaths among persons ages 1–44 years of age were due to unintentional related injuries.¹

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

¹Leading Causes of Death. Available at: http://www.cdc.gov/injury/overview/leading_cod.html. Accessed June 2015.

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

This material is for information only. Insurance plans contain exclusions and limitations. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

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

www.aetna.com

BENEFITS SUMMARY

Aetna Hospital Plan

Insurance plans are underwritten by Aetna Life Insurance Company.

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

Inside this Benefits Summary:

- Hospital Plan
- Vision Care
- Dental
- Short Term Disability (STD)
- Term Life and Accidental Death Insurance

IMPORTANT INFORMATION ABOUT THE BENEFITS YOU ARE BEING OFFERED: The Aetna Hospital Plan is a hospital confinement indemnity plan. This plan provides LIMITED BENEFITS. This plan pays you fixed dollar amounts regardless of the amount that the provider charges. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have. This disclosure provides a very brief description of the important features of the benefits being considered. It is not an insurance contract and only the actual policy provisions will control. **THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.**

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.

Hospital Plan

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

This provides benefits if you or a covered dependent are admitted to the hospital as an inpatient. **Benefits are provided for Inpatient Hospital Stays ("Stays") only.** A **Stay** is a period during which you are admitted as an inpatient; and are confined in a hospital, non-hospital residential facility, hospice facility, skilled nursing facility, or rehabilitation facility; and are charged for room, board, and general nursing services. A Stay does not include time in the hospital because of custodial or personal needs that do not require medical skills or training. A Stay specifically excludes time in the hospital for observation or in the emergency room unless this leads to a Stay.

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

Hospital Plan Limitations and Exclusions:

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

- All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents.
- Cosmetic surgery, including breast reduction.
- Custodial care.
- Experimental and investigational procedures.
- Infertility services, including donor egg retrieval, artificial insemination and advanced reproductive technologies.
- Reversal of sterilization.
- Nonmedically necessary services or supplies.
- Over-the-counter medications and supplies.

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

- Those received outside the United States
- Those for education, special education or job training, whether or not given in a facility that also provides medical or psychiatric treatment.
- Observation.
- Emergency room (unless emergency room leads to an Inpatient Stay).

Vision Care

Eye Exams

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

Fees for other services must be paid by you. Benefit period is 12 consecutive months beginning on the later of your effective date or your most recent eye exam covered under this plan.

Vision Care Exclusions:

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

- Orthoptic vision training, subnormal vision aids, any associated supplemental testing.
- Medical and/or surgical treatment of the eyes or supporting structure.
- Any eye or vision examination, or any corrective eyewear, required by an employer as a condition of employment.

Dental

Maximum benefit per coverage year	\$500
Deductible per coverage year	\$50
Preventive services (includes checkups and cleanings)	You are responsible for paying up to 20% [†] of the Recognized Charges . These services have no waiting period.
Basic services (includes fillings, oral surgery, and denture, crown and bridge repair)	You are responsible for paying up to 40% [†] of the Recognized Charges . You must be covered under the dental plan without interruption for 3 months before the plan begins to pay for these services.
Major services (includes Perio and Endodontics, crowns, bridges, and dentures)	You are responsible for paying up to 50% [†] of the Recognized Charges . You must be covered under the dental plan without interruption for 12 months before the plan begins to pay for these services.

[†] The percentage of the cost that you are responsible for paying a preferred provider is based on a **Negotiated Charge**. A **Negotiated Charge** is the maximum amount that a preferred provider has agreed to charge for a covered visit, service, or supply. After your plan limits have been reached, the provider may require that you pay the full charge rather than the **Negotiated Charge**.

The percentage of the cost that you are responsible for paying a non-preferred provider is based on a **Recognized Charge**. A **Recognized Charge** is the amount that Aetna recognizes as payable by the plan for a visit, service, or supply. For non-preferred providers (except inpatient and outpatient facilities and pharmacies), the **Recognized Charge** generally equals the 80th percentile of what providers in that geographic area charge for that service, based on the FAIR Health RV Benchmarks database from FAIR Health, Inc. This means that 80% of the charges in the database for geographic area are that amount or less – and 20% are more – for that service or supply. For preferred providers, the **Recognized Charge** equals the **Negotiated Charge**. A non-preferred provider may require that you pay more than the **Recognized Charge**, and this additional amount would be your responsibility.

The dental PPO network is not available in **Idaho, Hawaii, Montana, New Mexico or Puerto Rico**. To locate a preferred provider, call toll-free **1-888-772-9682** or visit www.aetna.com/docfind/custom/avp.

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

Dental Exclusions:

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

The following charges are not covered under the dental plan, and they will not be recognized toward satisfaction of any deductible amount.

- Cosmetic procedures unless needed as a result of injury.
- Any procedure, service or supplies that are included as covered medical expenses under another group medical expense benefit plan.
- Prescribed drugs, pre-medication, analgesia or general anesthesia.
- Services provided for any type of temporomandibular (TMJ) or related structures, or myofascial pain.
- Charges in excess of the **Recognized Charge**, based on the 80th percentile of the FAIR Health RV Benchmarks.

Short Term Disability (STD)

Benefit Period	Weekly benefits for up to 6 months while you are disabled.
Benefit Amount	50% of base pay received from the employer that sponsors this program (includes reported tips, but not overtime) up to \$125 maximum weekly benefit.
Waiting Period	Benefits begin after 14 days (plan pays immediately if hospitalized). Coverage for employee only; coverage is not available if you work in California, Hawaii, New Jersey, New York, Rhode Island or Puerto Rico.

Short Term Disability Exclusions:

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

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

Term Life and Accidental Death Insurance

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

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

Term Life and Accidental Death Exclusions:

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

Term Life Exclusions:

- Suicide or attempted suicide (while sane or insane).

Accidental Death Benefit Exclusions:

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

Questions and answers

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

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.

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

Financial Sanctions Exclusions Clause

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

<http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

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



Aetna Voluntary Plans Enrollment/Change Request

Bravo Technical Resources, Inc.
800446

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

Instructions: Read and fill out the Enrollment/Change Request (all pages). Make a copy for yourself. Give the original to your employer.

IF YOU ARE NOT CHANGING YOUR EXISTING COVERAGE, YOU DO NOT NEED TO COMPLETE THIS ENROLLMENT/CHANGE REQUEST.

INFORMATION ABOUT YOU

 Complete all information.

Print your name (first, middle initial, last)		Social Security Number		Date of birth (MM/DD/YYYY)	
Home address		Apartment number		City	
Home phone () ()		Work phone () ()		Email address	
Sex		<input type="checkbox"/> Male <input type="checkbox"/> Female		Primary language spoken (Idioma principal)	

ACTION YOU WANT TO TAKE

 Check the box next to the action you want to take.

I am not currently enrolled and I want to...	<input type="checkbox"/> Enroll in the coverage choices selected below. <input type="checkbox"/> Decline this opportunity to participate.
I am currently enrolled and I want to...	<input type="checkbox"/> Make changes to my current coverage choices (add, increase, drop, decrease) as selected below. All of my other coverage choices will remain the same as previously elected. <i>(If outside of an open enrollment, see "Making Changes Outside of an Open Enrollment.")</i> <input type="checkbox"/> Update my personal and/or my dependent and/or beneficiary information. <input type="checkbox"/> Drop all of my current coverage choices.

Your payroll deductions will be taken after taxes are taken.

YOUR COVERAGE CHOICES

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

Coverage type	Coverage level	Weekly cost
Hospital Plan	<input type="checkbox"/> No Hospital Plan	
	<input type="checkbox"/> Yourself only.....	\$ 3.72
	<input type="checkbox"/> Yourself plus one.....	\$ 7.44
	<input type="checkbox"/> Yourself and family.....	\$ 11.16
Vision	<input type="checkbox"/> No Vision	
	<input type="checkbox"/> Yourself only.....	\$ 0.92
	<input type="checkbox"/> Yourself plus one.....	\$ 1.57
	<input type="checkbox"/> Yourself and family.....	\$ 2.22
Dental	<input type="checkbox"/> No Dental	
	<input type="checkbox"/> Yourself only.....	\$ 5.06
	<input type="checkbox"/> Yourself plus one.....	\$ 10.13
	<input type="checkbox"/> Yourself and family.....	\$ 16.71
Short Term Disability (STD)	<input type="checkbox"/> No Short Term Disability	
	<input type="checkbox"/> Yourself only.....	\$ 3.49
Coverage is not available if you work in California, Hawaii, New Jersey, New York, Rhode Island, and Puerto Rico.		
Term Life Insurance	<input type="checkbox"/> No Term Life	
	<input type="checkbox"/> Yourself only.....	\$ 1.79
	<input type="checkbox"/> Yourself and family.....	\$ 2.19
<i>Please name your beneficiary.</i>		
Beneficiary _____ Relationship: _____ Social Security Number _____		

EMPLOYER GROUP INFORMATION

 This section is to be completed by your employer.

Employee ID	Hire date (MM/DD/YYYY)	Pay type	Total deduction (\$)	Effective date (MM/DD/YYYY)
Location or site code	Authorized signature	Title	Today's date (MM/DD/YYYY)	

INFORMATION ABOUT YOU Repeat your name and Social Security number here.

Print your name (first, middle initial, last)

Social Security Number

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

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

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove	Print dependent's name (first, middle initial, last)		Social Security Number	
	Sex <input type="checkbox"/> Male / <input type="checkbox"/> Female	Date of birth	Enrolled in: <input type="checkbox"/> Hospital Plan / <input type="checkbox"/> Vision / <input type="checkbox"/> Dental / <input type="checkbox"/> Term Life	
	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic partner <input type="checkbox"/> Child <input type="checkbox"/> Other (Specify): _____			
	Address (if different than yours)		City	State

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove	Print dependent's name (first, middle initial, last)		Social Security Number	
	Sex <input type="checkbox"/> Male / <input type="checkbox"/> Female	Date of birth	Enrolled in: <input type="checkbox"/> Hospital Plan / <input type="checkbox"/> Vision / <input type="checkbox"/> Dental / <input type="checkbox"/> Term Life	
	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic partner <input type="checkbox"/> Child <input type="checkbox"/> Other (Specify): _____			
	Address (if different than yours)		City	State

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove	Print dependent's name (first, middle initial, last)		Social Security Number	
	Sex <input type="checkbox"/> Male / <input type="checkbox"/> Female	Date of birth	Enrolled in: <input type="checkbox"/> Hospital Plan / <input type="checkbox"/> Vision / <input type="checkbox"/> Dental / <input type="checkbox"/> Term Life	
	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic partner <input type="checkbox"/> Child <input type="checkbox"/> Other (Specify): _____			
	Address (if different than yours)		City	State

MAKING CHANGES OUTSIDE OF AN OPEN ENROLLMENT Please read below to see if you are able to make changes to your coverage.

You can add to or increase your coverage during the plan year only if you have a **Qualifying Life Event (QLE)**. If your deductions are taken after taxes, you may drop or decrease coverage at any time. QLEs fall under one of these two categories:

Loss of Other Coverage (LOC): If you previously declined health coverage because you or your dependents were already covered under another health plan and you or your dependents have lost that other coverage, you may be able to enroll yourself and your dependents. If you had a recent LOC, go to the list on the right and check the box next to your LOC and supply the date of the LOC.

Family Status Change (FSC): Whether you are currently enrolled or previously declined coverage, you may be able to add or increase coverage when you experience certain FSC events. If you had a recent FSC, go to the list on the right and check the box next to your FSC and supply the date of the FSC.

Next, complete the rest of this Enrollment/Change Request. When finished, make a copy and submit it to your employer with your documentation attached. You must submit this Enrollment/Change Request, together with documentation, to your employer within 31 days of the LOC/FSC.

Loss of Other Coverage (LOC):

- Divorce, legal separation or death
- Termination of employment of a dependent
- Reduction of a dependent's hours
- Termination of your or your dependents' COBRA rights
- Loss of employer's contribution to spouse's or domestic partner's coverage
- Dependent child losing eligibility as a dependent
- Other loss of coverage

Family Status Change (FSC):

- Divorce, legal separation or death
- Marriage
- Birth or adoption of a dependent
- Other

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

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

By submitting this Enrollment/Change Request, I acknowledge that the Aetna Hospital Plan is not comprehensive, major medical insurance but is a fixed indemnity plan that pays fixed daily dollar benefits for covered services without regard to the health care provider's actual charges. The benefit payments are not intended to cover the full cost of medical care. I am responsible for the difference between the fixed benefit amounts and the provider's actual charges (or, for providers in Aetna's network, Aetna's contracted rate). **THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT.**

I represent that all information supplied in this Enrollment/Change Request is true and complete to the best of my knowledge and/or belief. I have read and agree to the Conditions of Enrollment on the last page of this Enrollment/Change Request.

Your signature

Today's date (MM/DD/YYYY)

Do you have a disability which affects your ability to communicate or read? Yes No
If "Yes," please indicate the nature of your disability. _____

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. **For life and disability coverages:** I understand that the effective date of insurance for myself or for any of my dependents, if applicable, is subject to my being actively at work with the employer on that date and that the effective date of insurance for any of my dependents is also subject to the dependent health condition requirements of the benefit plan. I understand that, in the event I fail to sign this form within 31 days of the effective date of eligibility or that for any reason Aetna does not receive notice of the Enrollment/Change Request within a reasonable time following the date I was eligible to enroll or change my coverage, my and my dependents' eligibility, if applicable, may be affected. Further, I understand that any life or disability insurance subject to evidence of good health or medical information will not become effective until Aetna gives its written consent.
4. I understand and agree that this Enrollment/Change Request may be transmitted to Aetna or its agent by my employer or its agent. I authorize any physician, other healthcare professional, hospital or any other healthcare organization ("Providers") to give Aetna or its agent information concerning the medical history, services or treatment provided to anyone listed on this Enrollment/Change Request, including those involving mental health, substance abuse and HIV/AIDS. I further authorize Aetna to use such information and to disclose such information to affiliates, providers, payors, other insurers, third party administrators, vendors, consultants and governmental authorities with jurisdiction when necessary for my care or treatment, payment for services, the operation of my health plan, or to conduct related activities. I have discussed the terms of this authorization with my spouse and competent adult dependents and I have obtained their consent to those terms. I understand that this authorization is provided under state law and that it is not an "authorization" within the meaning of the federal Health Insurance Portability and Accountability Act. This authorization will remain valid for the term of the coverage and so long thereafter as allowed by law. I understand that I am entitled to receive a copy of this authorization upon request and that a photocopy is as valid as the original.
5. The plan documents will determine the rights and responsibilities of member(s) and will govern in the event they conflict with any benefits comparison, summary or other description of the plan.
6. I understand and agree that all participating providers and vendors are independent contractors and are neither agents nor employees of Aetna. Aetna Rx Home Delivery, LLC and Aetna Specialty Pharmacy, LLC, wholly owned subsidiaries of Aetna Inc., are participating providers and independent contractors of Aetna, and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed and provider network composition is subject to change. Notice of the change shall be provided in accordance with applicable state law. Aetna does not provide health or dental care services and, therefore, cannot guarantee any results or outcome. Some benefits are subject to limitations or maximums.
7. **Misrepresentation:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any intentional misrepresentation of material fact or conceals, for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act, which may be a crime and may subject 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.