Group Medical Continuation Notice For Certain Dependents

(See reverse side of this form for Other Health Coverage Options.)

To (Name)			From (Group Policyholder Name)		
Address			Address		
City	State	ZIP Code	City	State	ZIP Code
Date			Group Policy Number		

The group medical insurance which has covered you would normally be terminated on _____ due to the untimely death of the employee (or former employee), divorce from the insured employee, entitlement of the employee to Medicare, or you are no longer an eligible dependent under the plan. However, you may continue coverage by completing the bottom portion of this form and complying with the following requirements:

1. This completed form must be returned to us at the address shown above.
2. You must also enclose your check payable to our Company (the Group Policyholder), for the current monthly cost of the Group Medical Plan which is $_____ for dependents.
3. You must submit the same monthly payment (unless you have been advised of a change) to our Company no later than the _____ of each following month. If you fail to make the monthly payment when due, your coverage will cease at the end of the period for which payment has been made and cannot be reinstated.

If you make your monthly payment as indicated above, your present Medical coverage will be continued until the earliest of the following to occur.

1. 90 days from the date insurance under the policy (including federal COBRA) would have otherwise terminated.
2. The date those eligible leave the state of California.
3. The date those eligible marry or remarry.
4. The date those eligible for this continuation become eligible for any comparable state, federal or private group medical plan.
5. The date those eligible are employed by an employer with its own group plan, even if the plan is less substantive.
6. The date the policy terminates, or the employer's participation in the group policy is terminated.
7. The date those eligible knowingly furnish incorrect information or otherwise improperly obtain benefits under the plan.

NOTE: The departure to another state, or the marriage/remarriage, or change in eligibility status of a dependent child as described above does not invalidate the continuation provision for other family members.

Because this special continuation does not apply beyond the date you become eligible for other group medical coverage, including Medicare, or marry/remarry, you must notify us of the date of eligibility for other group medical coverage (whether insured or self-insured) or Medicare, or the date of your marriage. Also, you should not submit a monthly payment following the date of any of these events.

Authorized Company Representative

Request/Refusal Statement

☐ I request that my Group ☐ Medical ☐ Dental coverage be continued

☐ myself only
☐ myself and my insured dependents

☐ I do **not** want my Group ☐ Medical ☐ Dental coverage continued.

Employee Signature	Date

Return this form to the Policyholder address indicated above.

Provided or administered by Aetna Life Insurance Company and/or its affiliates (collectively "Aetna")

Other Health Coverage Options

You can purchase coverage on your own

You may be able to buy an individual health policy from other health insurance companies that offer these policies in your state. These plans cover pre-existing conditions and you cannot be turned down. You will need to apply for an individual plan within **60 days** from the date your group coverage ends. You can buy these plans online or through a licensed health insurance representative. To purchase an individual plan, you can visit **eHealth.com.**

eHealth is a licensed insurance agency that offers plans from many insurance companies along with tools to help you select the plan for your needs and budget. You can also work with a licensed agent to get help finding a plan.

The Health Insurance Marketplace (Exchange) gives you a way to buy health insurance

You may be able to buy coverage through the Health Insurance Marketplace. The Marketplace will help you find health insurance that meets your needs and budget. It offers "one-stop shopping" to find and compare private health insurance options. You could be eligible for a tax credit that will lower the monthly cost right away. You can find out the monthly cost, the deductibles and out-of-pocket costs of a plan before deciding to enroll.

For more information, visit **www.healthcare.gov**. Here you can get an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Administrative Instructions for Continuation of Medical Coverage

All Policyholders

Prepare an original and one copy of form *GR-61909-1 CA 90-Day Optional* for each individual to be terminated.

1. If there is any question of the proper premium, check with our local Aetna office.
2. Give or mail the original copy of the form to the terminated individual.

Note: Medical and/or Dental coverage may be continued. If Dental is issued as a separate standalone benefit, it will be continued as a separate benefit. If Dental is not issued as a separate benefit, meaning it is issued as part of a Major Medical or Comprehensive Medical plan, it too is continued.

Return this form to the Policyholder address indicated above.

Provided or administered by Aetna Life Insurance Company and/or its affiliates (collectively "Aetna")

Discrimination is Against the Law

Aetna complies with applicable California and Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ethnic group, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, medical condition, genetic information, or sex (consistent with 45 CFR § 92.101(a)(2) and California 2 CCR § 14025). Aetna does not exclude people or treat them less favorably because of race, color, national origin, ethnic group, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, medical condition, genetic information, or disability.

Aetna:

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

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

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ethnic group, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, medical condition, genetic information, or disability, by action or inaction, you can file a grievance with:

Civil Rights Coordinator
Attn: 1557 Coordinator
CVS Pharmacy, Inc.
1 CVS Drive, MC 2332, (HMO customers: P.O. Box 14032 Lexington, KY 40512-4032)
Woonsocket, RI 02895
Phone: 1-800-648-7817, TTY: 711
Email: CRCoordinator@aetna.com

You can file a grievance in person, by mail, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.
Please visit https://www.aetna.com/individuals-families/member-rights-resources/complaints-grievances-appeals.html#california for information about how to file a complaint or grievance with the California Department of Insurance or California Department of Managed Health Care (for HMO enrollees).

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

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

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

"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of companies offering and administering health and dental plans and other products such as life, disability, and long-term care insurance. In California, this includes Aetna's wholly-owned subsidiaries Aetna Life Insurance Company, Aetna Health of California Inc., Aetna Better Health of California Inc., Aetna Dental of California Inc., and Health and Human Resource Center Inc., and its other affiliates licensed in California. Aetna's ultimate parent is CVS Health Corporation ("CVS Health").

Language accessibility statement

Interpreter services are available for free.
TTY: 711

To access language services at no cost to you, call **1-800-385-4104**.

Para acceder a los servicios de idiomas sin costo, llame al **1-800-385-4104**. (Spanish)

如欲使用免費語言服務，請致電 **1-800-385-4104**. (Chinese)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số **1-800-385-4104**. (Vietnamese)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa **1-800-385-4104**. (Tagalog)

무료 언어 서비스를 이용하려면 1-800-385-4104 번으로 전화해 주십시오. (Korean)

Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք **1-800-385-4104** հեռախոսահամարով: (Armenian)

برای دسترسی به خدمات زبان به طور رایگان، با شماره **1-800-385-4104** تماس بگیرید. (Persian-Farsi)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону **1-800-385-4104**. (Russian)

言語サービスを無料でご利用いただくには、 **1-800-385-4104** までお電話ください。 (Japanese)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم **1-800-385-4104**. (Arabic)

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, **1-800-385-4104** 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

ដើម្បីទទួលនសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទលេខ 1-800-385-4104 ។ (Mon-Khmer, Cambodian)

Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu **1-800-385-4104**. (Hmong)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, **1-800-385-4104** पर कॉल करें। (Hindi)

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร 1-800-385-4104. (Thai)

Notice of Language Assistance

HMO and DMO-based plans:
IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at 1-877-287-0117. Planes basados en DMO y HMO –

IMPORTANTE: ¿Puede leer esta carta? En caso de no poder leerla, le brindamos nuestra ayuda. También puede obtener esta carta escrita en su idioma. Para obtener ayuda gratuita, por favor llame de inmediato al 1-877-287-0117.

Traditional Plans:
No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-877-287-0117. For more help call the CA Dept. of Insurance at 1-800-927-4357 English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-877-287-0117. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish