



Important Disclosure Information

Connecticut Addendum

Certain state laws require the disclosure of additional information. Described below is additional information applicable to members enrolled in the Connecticut plan:

Continuation of health benefits coverage

This is a notice to Connecticut subscribers regarding the options available for continuation of health benefits coverage for your dependent child when that child loses his/her eligibility for coverage under your plan.

As described in your certificate of coverage, in accordance with Connecticut law, when coverage for a dependent child terminates due to the following events:

- the child marries, or
- ceases to be a resident of the state (does not apply to a dependent child under age 19 or a full-time student attending an accredited institution of higher education), or
- becomes covered under a group health plan through the dependent's own employment, or
- attains the age of 26

If a child dependent terminates, there is an option under the plan to continue the child's coverage for the longer of (1) the end of the month following the month in which the child attains the limiting age or (2) for the period set forth in COBRA/state continuation.

Since most often the period for COBRA/state continuation (option 2) will be the longer of the two periods, we will process the termination of the dependent child's coverage effective at the end of the month in which the dependent child's coverage termination event occurred. COBRA/state continuation will begin thereafter.

However, if you choose to elect option (1) as described above, **you must notify your employer**. Your employer will then notify Aetna so that we can process your election appropriately. Please note: If you elect option (1), COBRA/state continuation will not be available at the end of that period.

The options and procedures described above also apply to an employee's spouse upon divorce, court ordered annulment or separation.

If your dependent child is handicapped on the date coverage would otherwise terminate, he/she may be able to continue coverage if you provide documentation of this status within 31 days of the date on which the child's coverage would have terminated in the absence of the handicap. You can contact Member Services at the toll-free number on your member ID card for the forms you need to continue coverage. Complete and return the forms within 31 days of the date on which the child's coverage would have terminated in the absence of the handicap in order to continue coverage; otherwise, your dependent's coverage will end as described above.

If your dependent is not handicapped and you would like information on continuing coverage for him or her within our service area, please contact your benefits administrator.

(continued)

Medical Loss Ratios

Aetna Health Inc.

- For Medical 82.80%
- Dental Stand alone 101.74%

The medical loss ratio is defined as the ratio of incurred claims to earned premium for the prior calendar year for managed care plans issued in Connecticut. Claims shall be limited to medical expenses for services and supplies provided to enrollees and shall not include expenses for stop loss, reinsurance, enrollee educational programs or other cost containment programs or features.

Aetna Life Insurance Company (ALIC)

- For Aetna Life Insurance Company Medical 82.1%
- Dental Stand alone 79.7%

The medical loss ratio is defined as the ratio of incurred claims to earned premium for the prior calendar year for managed care plans issued in Connecticut. Claims shall be limited to medical expenses for services and supplies provided to enrollees and shall not include expenses for stop loss, reinsurance, enrollee educational programs or other cost containment programs or features.

Connecticut health benefits and health insurance plans are offered, underwritten or administered by Aetna Health Inc. (a CT corporation), Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna).

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