



DISCLOSURE INFORMATION STATE OF ILLINOIS



This document contains state of Illinois legal notices and disclosures that relate to your health insurance plan this year. If you have any questions, contact your plan sponsor representative for further information.

Cardiovascular disease annual communication

Early detection and proactive management of cardiovascular disease is important. Cardiovascular diseases, which involve the heart and the blood vessels that carry blood to and from the heart, are the world's largest killers claiming 17.5 million lives a year. Tobacco use, an unhealthy diet, physical inactivity and harmful use of alcohol increase the risk of heart attacks and strokes. These factors increase your chances of developing cardiovascular disease — especially coronary artery disease, the most common type. Blockages in coronary arteries, which provide oxygen and energy to the heart itself, can lead to angina, heart attack and death.

While some of these factors cannot be controlled, such as heredity, age and gender, most risk factors for heart disease can be controlled. Often with measures as simple as maintaining a healthy lifestyle, including proper diet, not smoking and participating in a regular fitness program.

Notice regarding civil union partners in Illinois

The Illinois Religious Freedom Protection and Civil Union Act became effective on June 1, 2011. Under this law, a spouse in a civil union and a spouse in a marriage are to be treated identically for insurance purposes. Illinois law extends eligibility for Health, Life Accidental Death & Dismemberment and Long Term Care benefits to civil union partners.

The law recognizes a civil union as a legal relationship granted by the State of Illinois to unmarried adult partners of either the same or opposite sex. For two people to establish a civil union in Illinois, the persons shall not be a party to another marriage, civil union or legally sanctioned domestic partnership, and they shall not be younger than 18 years of age.

Also, a marriage between persons of the same sex, a civil union, or a substantially similar legal relationship other than common law marriage, legally entered into in another jurisdiction, will be recognized in Illinois. Thus, policies covering married spouses would also cover spouses of a same gender marriage, partners of a civil union and partners of a domestic partnership legally entered into in such jurisdictions.

Right to request information

Illinois law also allows you to request a plan specific description of coverage cover page, worksheet and updated list of participating health care providers. To obtain a copy, contact Customer Service through [My Online Services](#), Coventry's secure member website, or call the Customer Service number on the back of your member ID card.

Notice regarding Social Security Numbers (SSNs) and your ID card

If your SSN is shown on your ID card, you have the right to have it changed to a unique identification number other than your Social Security number. Contact Customer Service by calling the number on your ID card to request this change.

Notice regarding state of Illinois coverage for dependent children up to age 30

According to Illinois law, fully insured group and individual health insurance plans, including self-funded state, county, municipality and school district plans that offer dependent child coverage, must include coverage for dependents up to age 26. This is for unmarried, non-military dependents and up to age 30 for unmarried military veteran dependents who reside in the state of Illinois. Plans are no longer allowed to condition ongoing eligibility for continued enrollment upon proof of enrollment as a full-time college student. The law went into effect as health insurance plans with dependent coverage were issued, delivered or renewed on or after June 1, 2009.

Dependents enrolled under their parents' policies and are ages 26 through 30 will need to submit a DD2-14 veteran certificate in order to remain enrolled. Dependents previously disenrolled from coverage under their parents' policies after they discontinued being full-time students or have aged off will need to reapply. During the first year the law was in effect, there was an open enrollment period beginning with the date of policy issuance or renewal and for the next 90 days. During this open enrollment period, dependents who met the expanded eligibility requirements were allowed to apply.

Notice regarding Illinois military service member insurance reinstatement

No Illinois resident activated for military service and no spouse or dependent of the resident who becomes eligible for a federal government-sponsored health insurance program shall be denied reinstatement into the same individual health insurance coverage with a health insurer that the resident lapsed as a result of activation or becoming covered by the federal government-sponsored health insurance program. This includes the TRICARE program providing coverage for civilian dependents of military personnel, as a result of the activation. The resident shall have the right to reinstatement in the same individual health insurance coverage without medical underwriting, subject to payment of the current premium charged to other persons of the same age and gender that are covered under the same individual health coverage. Except in the case of birth or adoption that occurs during the period of activation, reinstatement must be into the same coverage type as the resident held prior to lapsing the individual health insurance coverage and at the same or, at the option of the

resident, higher deductible level. The reinstatement rights provided above are not available to a resident or dependents if the activated person is discharged from the military under other than honorable conditions.

Notice of protection provided by the Illinois Life and Health Insurance Guarantee Association

This notice provides a brief summary description of the Illinois Life and Health Insurance Guaranty Association (the Association) and the protection it provides for policyholders. This safety net was created under Illinois law that determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your member life, annuity or health insurance company becomes financially unable to meet its obligations and is placed into receivership by the Insurance Department of the state in which the company is domiciled. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Illinois law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association per insolvency are:

- Life Insurance
 - \$300,000 in death benefits
 - \$100,000 in cash surrender or withdrawal values
- Health Insurance
 - \$500,000 in hospital, medical and surgical insurance benefits*
 - \$300,000 in disability insurance benefits
 - \$300,000 in long-term care insurance benefits
 - \$100,000 in other types of health insurance benefits
- Annuities
 - \$250,000 in withdrawal and cash values

* The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$300,000, except special rules apply to hospital, medical and surgical insurance benefits for which the maximum amount of protection is \$500,000.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion of a policy or contract that the insurer does not guarantee. For example, certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also residency requirements and other limitations under Illinois law.

To learn more about these protections, as well as protections relating to group contracts or retirement plans, visit the [Association's website](#) or contact:

Illinois Life and Health Insurance Guaranty Association
1520 Kensington Road, Suite 112
Oak Brook, Illinois 60523-2140
773-714-8050

Illinois Department of Insurance
4th Floor
320 West Washington Street
Springfield, Illinois 62767
217-782-4515

Insurance companies and agents are not allowed by Illinois law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Illinois law, then Illinois law will control.

Applicable to Illinois HMO plans only

WPHCP requirements: Notice to all female plan members

With Aetna, it's a standard benefit for female members to visit a participating OB/GYN without a referral for a well-woman exam, gynecological-related problems, follow-up care, and obstetrical care. Also, a female member does not need a referral from her primary care physician for any medical service that is rendered by her participating woman's principal health care provider and provided as a covered service under the terms of the plan. Illinois law requires Aetna to provide the following notification about your health plan benefits:

Your right to select a women's principal health care provider

Illinois law allows you to select "a woman's principal health care provider" in addition to your selection of a primary care physician. A woman's principal health care provider is a physician licensed to practice medicine in all its branches specializing in obstetrics or gynecology or specializing in family practice. A woman's principal health care provider may be seen for care without referrals from your primary care physician. If you have not already selected a woman's principal health care provider, you may do so now or at any other time. You're not required to have or to select a woman's principal health care provider.

Your woman's principal health care provider must be a part of your plan. You may get the list of participating obstetricians, gynecologists, and family practice specialists from your employer's employee benefits coordinator. Or for your own copy of the current list, go to [Coventry's website](#). You can also call the Customer Services number on your ID card. The list will be sent to you within 10 days after your call. To designate a woman's principal health care provider from the list, call the Customer Services number on your ID card and tell our staff the name of the physician you have selected.

Applicable to Illinois PPO/POS plans only

Warning of limited benefits when nonparticipating providers used

Warning, limited benefits will be paid when nonparticipating providers are used. You should be aware that when you elect to utilize the services of a nonparticipating provider for a covered service in non-emergency situations, benefit payments to such non-participating provider are not based upon the amount billed. The basis of your benefit payment will be determined according to your policy's fee schedule, usual and customary charge (which is determined by comparing charges for similar services adjusted to the geographical area where the services are performed), or other method as defined by the policy.

You can expect to pay more than the coinsurance amount defined in the policy after the plan has paid its required portion. Nonparticipating providers may bill members for any amount up to the billed charge after the plan has paid its portion of the bill.

Participating providers have agreed to accept discounted payments for services with no additional billing to the member other than co-insurance and deductible amounts.

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