

# Aetna Life Insurance Company

## Group Vision

### Extraterritorial booklet-certificate amendment

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**Policyholder:** California Institute of Technology

**Group policy number:** 866280

**Group control number:** 869106

**Effective date:** January 1, 2020

This amendment is part of your booklet-certificate that describes your vision coverage. It is effective on the date shown above and it replaces any other vision extraterritorial booklet-certificate amendment you may have received before.

**Important note:** The following applies only if you live in the State/Commonwealth of Arkansas. The benefits below will apply instead of those in your booklet-certificate unless the benefits in your booklet-certificate are better.

#### Important Information

In the event you need to contact someone about your insurance coverage, you may contact Aetna Life Insurance Company at the following address and telephone number:

Aetna Life Insurance Company  
151 Farmington Avenue  
Hartford, CT 06156  
(860) 273-0123

If you have been unable to contact or obtain satisfaction from Aetna, you may contact the Arkansas Insurance Department at:

Arkansas Insurance Department  
Consumer Services Division  
400 University Tower Building  
1123 South University Avenue  
Little Rock, AR 72204  
(501) 686-2945

## Handicapped Dependent Children

Health Expense Coverage for your fully handicapped dependent child may be continued past the maximum age for a dependent child. However, such coverage may not be continued if the child has been issued an individual medical conversion policy.

Your child is fully handicapped if:

- he or she is not able to earn his or her own living because of mental retardation or a physical handicap which started prior to the date he or she reaches the maximum age for dependent children under your plan; and
- he or she depends chiefly on you for support and maintenance.

Proof that your child is fully handicapped must be submitted to **Aetna** no later than 31 days after the date your child reaches the maximum age under your plan.

Coverage will cease on the first to occur of:

- Cessation of the handicap.
- Failure to give proof that the handicap continues.
- Failure to have any required exam.
- Termination of Dependent Coverage as to your child for any reason other than reaching the maximum age under your plan.

**At the request and expense of Aetna**, proof that your child is fully handicapped must be submitted to **Aetna** by your Employer. In no event will this requirement preclude any eligible dependent, regardless of age. If such incapacity or dependency is removed or terminated, your Employer shall notify **Aetna**.

## Continuation of Coverage for Your Former Spouse

If health coverage for the your dependent spouse would terminate due to divorce or annulment, the former spouse may continue to be covered (except for Dental Insurance). Your former spouse must have been covered for the health coverage as your dependent for at least 3 months in a row.

The person has to request continuation within 10 days of the date of the divorce or annulment.

Premium payments must be continued. Coverage will end on the earlier of the following:

- The end of 120 days after the date of the divorce or annulment.
- The date you are no longer covered under this Plan.
- The date the person becomes eligible for like coverage, including coverage for any preexisting condition, under any other group plan.
- The date dependent coverage ceases under this Plan for your Eligible Class.
- The end of the period for which contributions have been made.

### **Continuing Coverage after Termination of Employment**

If your coverage terminates for any reason you may continue any health coverage (except Dental Insurance) in force for you and your dependents but, only if the coverage has been in force for you for at least 3 months in a row.

You have to make request in writing for this continuation. It must be done within 10 days of the date your coverage would otherwise stop. Premium payments must be made.

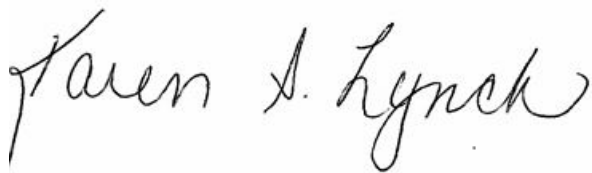
Coverage will stop on the earlier of:

- The end of the 120 day period which starts on the date coverage would otherwise end.
- The date you are eligible for like coverage, including coverage for any preexisting condition under any other group plan.
- The date you fail to make the required contributions.
- The date health coverage discontinues as to employees of your former Employer.

Coverage for a dependent will end when the dependent:

- Ceases to be a defined dependent.
- Becomes eligible for other coverage under the group contract.

This amendment makes no other changes to the **group policy**, booklet-certificate, or schedule of benefits.



Karen S. Lynch  
President  
Aetna Life Insurance Company  
(A Stock Company)

Amendment: Arkansas Vision ET

Issue Date: December 11, 2019