Aetna Life Insurance Company

Hartford, Connecticut 06156

Extraterritorial Certificate Rider *(GR-9N-CR1)*

Policyholder:	California Institute of Technology
Group Policy No.:	GP-866280
Group Control No.:	GP-869106
Rider:	Missouri ET Vision
Issue Date:	December 11, 2019
Effective Date:	January 1, 2020

This certificate rider forms a part of the booklet certificate issued to you by Aetna describing the benefits provided under the policy specified above. This extraterritorial certificate-rider takes the place of any other vision extraterritorial certificate-rider issued to you on a prior date.

Note: The provisions identified herein are specifically applicable ONLY for:

- Benefit plans which have been made available to you and/or your dependents by your Employer;
- Benefit plans for which you and/or your dependents are eligible;
- Benefit plans which you have elected for you and /or your dependents;
- The benefits in this rider are specific to residents of Missouri. **These benefits supersede any provision in your booklet certificate to the contrary unless the provisions in your certificate result in greater benefits**. You are only entitled to these benefits, if you are a resident of Missouri, and if the benefit value exceeds those benefits covered under the group policy and booklet certificate.

Definitions

Adverse Benefit Determination (Decision): A denial; reduction; termination of; or failure to; provide or make payment (in whole or in part) for a service, supply or benefit.

Such **adverse benefit determination** may be based on:

- Your eligibility for coverage.
- Coverage determinations, including plan limitations or exclusions.
- A decision that the service or supply is **experimental or investigational**.
- A decision that the service or supply is not **medically necessary**.
- A determination that the service or supply is **cosmetic**.

Grievance: An oral or written request to **Aetna** to reconsider an **adverse benefit determination**.

Authorized Representative: An individual who represents you in an internal complaint or grievance review process who is any of the following:

- A person to whom you have given express, written consent to represent you in an internal complaint or grievances process;
- A person authorized by law to provide substituted consent for you.

Complaint: Any oral or written expression of dissatisfaction about quality of care or the operation of the Plan.

Expedited Grievance: An expedited Grievance which a medical condition for which the delay caused by a standard Grievance review timeframe could:

- jeopardize your life or health, or
- jeopardize your prognosis or ability to gain maximum function.

If a **Physician** with knowledge of Your medical condition determines a Grievance to meet the definition of an Expedited Grievance, the Grievance must be treated as an Expedited Grievance.

Final Adverse Benefit Determination: An **adverse benefit determination** that has been upheld by **Aetna.**

Full and Fair Review of Claim Determinations and Grievance

Aetna will provide you with any new or additional evidence considered and rationale, relied upon, or generated by us in connection with the claim at issue. This will be provided to you in advance of the date on which the notice of the **final adverse benefit determination** is required to be provided so that you may respond prior to that date.

Prior to issuing a **final adverse benefit determination** based on a new or additional rationale, you must be provided, free of charge, with the rationale; the rationale must be provided as soon as possible and sufficiently in advance of the date on which notice of **final adverse determination** is required.

Claim Determinations

Notice of a claim benefit decision will be provided to you in accordance with the guidelines and timelines provided below. If **Aetna** makes an **adverse benefit determination**, written notice will be provided to you and to your **provider**.

Complaints

If you are dissatisfied with the service you receive from the Plan or want to complain about a **network provider** you must call or write Member Services. The complaint must include a detailed description of the matter and include copies of any records or documents that you think are relevant to the matter. **Aetna** will review the information and provide you with a written response within 30 calendar days of the receipt of the **complaint**, unless more information is needed and it cannot be obtained within this period. The notice of the decision will tell you what you need to do to seek an additional review.

Grievance of Adverse Benefit Determinations

You may submit a **grievance** if **Aetna** gives notice of an **adverse benefit determination**. This Plan provides for one or two levels of **grievances**.

You have 180 calendar days following the receipt of notice of an **adverse benefit determination** to request your Level One **Grievance**. Your **grievance** must be submitted in writing and must include:

- Your name, date of birth and address.
- Member ID number.
- The Policyholder's name.
- A copy of **Aetna's** notice of an **adverse benefit determination**.
- Your reasons for making the **grievance**.
- Any other information you would like to have considered.

Send your written **grievance** to the address shown on the notice of **adverse benefit determination**, or you may call in your **grievance** using the telephone number listed on the notice.

You may also choose to have another person (an authorized representative) make the **grievance** on your behalf. You must provide written consent to **Aetna**.

Expedited Grievance

If Your Grievance requires a quicker decision or action by Us because of the urgency of Your medical condition, then You, Your authorized representative, Your **Primary Care Physician (PCP),** or Your treating **physician** may submit an Expedited Grievance by phone or fax by calling the Customer Service number on the back of Your Member ID Card.

We will make a decision on Your Urgent Care Grievance as soon as possible, taking into account the medical exigencies of the case, but not later than 72 hours after we receive Your Expedited Grievance. We will also send You a written confirmation within three (3) working days after Our decision.

Level One Grievance
A review of a Level One **Grievance** of an **adverse benefit determination** shall be provided by **Aetna** personnel. They shall not have been involved in making the **adverse benefit determination**.

Your **grievance** should include a description of the issue. You should include copies of any records or documents that you think are important. We will let you know in writing within 10 working days that we received your **grievance**. We will then review your **grievance** and provide you with a written response within 20 working days of receiving the **grievance.** We will let you know if we need more information to make a decision and will complete our investigation within 30 working days after we receive all the information we need.

We will make a determination on your **grievance** within the timeframes listed in the chart below. We will tell you in writing about our decision and explain this decision in terms that are clear and specific. In addition, we will inform you of your right to submit a second grievance.

Timeframes for deciding grievances

The amount of time that we have to tell you about our decision on a grievance depends on the type of claim. The chart below shows a timetable view of the different types of claims and how much time we have to tell you about our decision.

Type of notice	Urgent care/emergency care grievance	Pre-service grievance	Post-service grievance
Grievance determinations at each level (us)	36 hours We will confirm our decision in writing within 3 working days of the initial decision	15 calendar days or 5 days after our investigation is complete (whichever is earlier).	20 working days* or 5 days after our investigation is complete (whichever is earlier).
Extensions	None	None	30 calendar days

***** If we cannot make a decision within the timeframe listed, we will send you a letter telling you why. We will however make a decision within 30 calendar days thereafter.

Level Two Grievances

If **Aetna** upholds an **adverse benefit determination** at the first level of **grievance**, you or your authorized representative has the right to file a Level Two **Grievance**. The **grievance** must be submitted within 60 calendar days following the receipt of a decision of a Level One **Grievance**.

Review of a Level Two **Grievance** of an **adverse benefit determination** of a claim shall be provided by **Aetna** personnel. They shall not have been involved in making the **adverse benefit determination**.

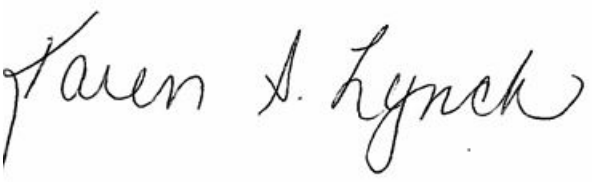
You may at any time contact the Missouri Department of Insurance at:

Missouri Department of Insurance,
Financial Institutions and Professional Registration
Consumer Services Section
P. O. Box 690
Jefferson City, Missouri 65102-0690
Consumer Hotline: 800-726-7390
TDD: (573) 526-4536

You are encouraged to exhaust the applicable Level One and Level Two processes of the Grievance Procedure before you:

- Establish any:
  -litigation;
  -arbitration; or
  -administrative proceeding;

regarding an alleged breach of the policy terms by **Aetna** or any matter within the scope of the Grievance Procedure.



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