

# 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 Wisconsin. The benefits below will apply instead of those in your booklet-certificate unless the benefits in your booklet-certificate are better.

**Benefits payable under this *Booklet-Certificate* are primarily based on recognized charges or scheduled benefits which may be less than the actual charge.**

For benefit information questions, please contact:

Aetna Life Insurance Company  
151 Farmington Avenue  
Hartford, CT 06156

You may also use **Aetna's** toll free customer service number found on your ID card or visit **Aetna's** website at [www.Aetna.com](http://www.Aetna.com).

#### **Coverage for Dependent Children**

To be eligible, a dependent child must be under 27 years of age.

An eligible dependent child includes:

- Your biological children;
- Your stepchildren;
- Your legally adopted children;
- Your foster children, including any children placed with you for adoption;
- Any children for whom you are responsible under court order;
- Your grandchildren in your court-ordered custody; and
- Any other child who lives with you in a parent-child relationship, or whose parent is your child and is covered as a dependent under the plan.

Coverage for a handicapped child may be continued past the age limits shown above. See *Handicapped Dependent Children* for more information.

### **Important Reminder**

Keep in mind that you cannot receive coverage under the plan as:

- Both an employee and a dependent; or
- A dependent of more than one employee.

### **Coverage for your Dependent Child Returning from Military Duty**

You may cover your dependent child if he or she returns from active military duty, and he or she:

- is a full-time student attending an accredited institution of higher education,\* and
- while a full-time student attending an accredited institution of higher education,\* prior to reaching age 27, was called up to active military duty in the National Guard or in a reserve component of the United States armed forces.

If the dependent child over age 27 does not re-enroll in an accredited institution of higher education as a full-time student\* within 12 months of the date of his or her return from active military duty, coverage may be terminated. If he or she is called back to active duty more than once within the first four years following the first call to active duty, the insurer may only use the dependent child's age at the time of the first call to active duty when determining eligibility.

#### **\*Note**

Proof of full-time student status is required each year. This means that the child is enrolled as an undergraduate student with a total course load of at least 15 credits or is enrolled as a graduate student with a total course load of at least nine credits.

## **Special Enrollment Periods**

### **If You Adopt a Child**

Your plan will cover a child who is placed for adoption. ("Placed for adoption" means any of the following: 1) the department, a county department or a child welfare agency licensed under the Wisconsin Code places a child in the insured's home for adoption and enters into an agreement under the Code with the insured; 2) a court under the Wisconsin Code orders a child placed in the insured's home for adoption; 3) a sending agency as defined in the Wisconsin Code places a child in the insured's home for adoption, and the insured takes physical custody of the child at any location within the United States; 4) the person bringing the child into this state has complied with the Wisconsin code, and the insured takes physical custody of the child at any location within the United States; or 5) a court of a foreign jurisdiction appoints the insured as guardian of a child who is a citizen of that jurisdiction, and the child arrives in the insured's home for the purpose of adoption by the insured under the Wisconsin Code.)

Your plan will provide coverage for a child who is placed with you for adoption if:

- The child meets the plan's definition of an eligible dependent on the date he or she is placed for adoption; and
- You request coverage for the child in writing within 60 days of the placement.
- Proof of placement will need to be presented to **Aetna** prior to the dependent enrollment.
- Any coverage limitations for a pre-existing condition will not apply to a child placed with you for adoption provided that the placement occurs on or after the effective date of your coverage.

### **When You Receive a Qualified Child Support Order**

A Qualified Medical Child Support Order (QMCSO) is a court order requiring a parent to provide health care coverage to one or more children. A Qualified Domestic Relations Support Order (QDRSO) is a court order requiring a parent to provide dependent's life insurance coverage to one or more children. Your plan will provide coverage for a child who is covered under a QMCSO or a QDRSO, if:

- The child meets the plan's definition of an eligible dependent; and
- You request coverage for the child in writing within 31 days of the court order.

Coverage for the dependent will become effective on the date of the court order. Any coverage limitations for a pre-existing condition will not apply, as long as you submit a written request for coverage within the 31-day period.

If you do not request coverage for the child within the 31-day period, you will need to wait until the next annual enrollment period.

Under a QMCSO or QDRSO, if you are the non-custodial parent, the custodial parent may file claims for benefits. Benefits for such claims will be paid to the custodial parent.

### **Continuing Coverage for Dependents After Your Death**

If you should die while enrolled in this plan, your dependent's health care coverage, if applicable will continue as long as:

- You were covered at the time of your death;
- Your coverage, at the time of your death, is not being continued after your employment has ended;
- A request is made for continued coverage within 30 days after receiving notice of the right to continue coverage; and
- Payment is made for the coverage.

Your dependent's coverage will end when the first of the following occurs:

- The end of the 18 month period following your death;
- He or she no longer meets the plan's definition of "dependent;"
- He or she becomes eligible for comparable benefits under this or any other group plan; or
- Any required contributions stop; and
- For your spouse, the date he or she remarries.

If your dependent's coverage is being continued for your dependents, a child born after your death will also be covered.

#### **Important Note**

Your dependent may be eligible to convert to a personal policy. Please see the section, *Converting to an Individual Medical Insurance Policy* for more information.

### **Continuing Coverage Full-time Student on Medical Leave**

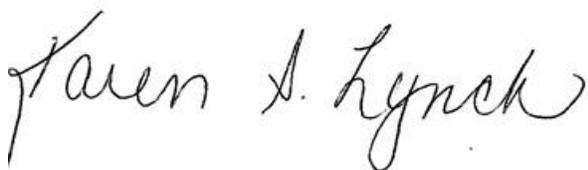
You may continue health care benefits for a full-time student dependent child, if coverage ends due to a medically necessary leave of absence.

A full-time student is only entitled to continue coverage if he or she submits to **Aetna** documentation and certification of the medical necessity of the leave of absence from the full-time student's attending **physician**. The date on which the full-time student ceases to be a full-time student due to the medically necessary leave of absence shall be the date on which the coverage continuation begins.

Your full-time student dependent child's coverage will end when the first of the following occurs:

- Does not intend to return to school full-time.
- Becomes employed full-time.
- Becomes eligible for comparable benefits under this or any other group plan.
- Marries and is eligible for coverage under his or her spouse's health care coverage.
- Ceases to be defined as a full-time student.
- Full-time student coverage ceases under this Plan.
- One year has elapsed since the full-time student's coverage continuation began and the full-time student has not returned to school full-time.

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: Wisconsin Vision ET  
Issue Date: December 11, 2019