



CNMI Government

Group Health and Life Insurance Trust

Employees, Retirees, Surviving Spouses Health Plan Options

Welcome to more health and well-being

Visit aetnainternational.com/cnmi-ghli
today for more information

Plan year 2021

We're honored to be continuing our journey with the CNMI community, delivering health insurance coverage and well-being resources to GHLI active employees, retirees, survivors and families. Here's a few things you'll want to know.

DO NOT submit an enrollment form if you are satisfied with your current plan and coverage.

Your current benefits will be rolled over into the new plan year, and you may continue to use your current Member ID card.

DO submit an enrollment form if:

- You're eligible but not currently enrolled
- You want to make changes to your plan benefits
- You're adding or removing your spouse or dependents from your plan
- You'd like to terminate your plan benefits

Who's eligible to enroll?

To enroll in a CNMI-GHLI health plan, you and your dependents must first meet the eligibility requirements defined by GHLI and submit your enrollment form to your employer with any other required documentation during an open enrollment period or within 30 days from the date you first become eligible, or within 30 days from the date of a qualifying event.

Subscriber eligibility requirements

To be eligible, you must:

- Be a CNMI Government or Autonomous Agency employee working at least 20 hours per week
- Be a retiree or survivor of the NMI Settlement Fund or NMI Retirement Fund

Plan Change Highlights

Applicable to all plans

- New formulary for prescription drugs: Advance Control Formulary
- Out-of-pocket maximum (in-network and outside USA/Guam/CNMI) is now:
 - Individual: \$6,500
 - Family: \$19,500
- When a member meets their individual out of pocket maximum of \$6,500, the plan begins to pay 100% for covered services for that member.

Base Plan

- Deductible increase:
 - Individual \$2,000
 - Family \$6,000
- When in family coverage, a member must only satisfy their individual deductible of \$2,000.

Dependent eligibility requirements

Your eligible dependents include your spouse, domestic partner and dependent children up to age 26 (unless otherwise noted) regardless of student status. Please review dependent eligibility definitions and requirements below.

Dependents	
Legal spouse	<ul style="list-style-type: none">• A person to whom you are legally married• Photocopy of government-issued marriage certificate
Domestic partner	<ul style="list-style-type: none">• Please refer to Domestic Partner Affidavit• Children of a domestic partner, who are not your own children, are not eligible for coverage
Divorced spouse	<ul style="list-style-type: none">• A divorced spouse where there is an order issued by a court having jurisdiction over the parties that the subscriber continue to provide such spouse coverage under the plan, provided that no subscriber can enroll more than one person as a spouse at a time, unless one spouse is covered pursuant to a court order
Biological child	<ul style="list-style-type: none">• A biological son or daughter of the subscriber• Photocopy of birth certificate showing subscriber's name
Adopted child	<ul style="list-style-type: none">• A legally adopted son or daughter of the subscriber• Photocopy of the final adoption decree or photocopy of the child's birth certificate showing the employee as the adopting parent
Stepchild	<ul style="list-style-type: none">• A stepson or stepdaughter of the subscriber by legal marriage• Photocopy of birth certificate showing employee's spouse's name as mother or father
Child under legal guardianship/custody	<ul style="list-style-type: none">• A child for whom the employee has been appointed full legal guardian or granted legal custody• Photocopy of the final court order, with the presiding judge's signature and seal, affirming the employee as the child's legal guardian or custodian
Foster child	<ul style="list-style-type: none">• Certain eligible foster children• Photocopy of the certified foster care documents with name of the child and name of the employee
Disabled child	<ul style="list-style-type: none">• A child age 26 or older who is wholly dependent on the employee for support and maintenance due to a disability that occurred prior to age 26• Photocopy of birth certificate showing employee's name as mother or father• Completed Aetna disability certification form(s) completed by the subscriber and their physician and submitted directly to Aetna



Effective date of coverage

Your coverage begins on the effective date assigned by GHLI. This enrollment information is sent to us to enroll you and your eligible dependents in the plan.

Leave without pay

Employee is responsible for paying both the government's and employee's share of premiums while on approved leave without pay status. Premium contributions must be made directly to GHLI. Premium payments that are not paid on a timely basis will result in termination of coverage, and you will not be allowed to enroll in the plan until the next open enrollment period.

Military leave

Any employee on active-duty military leave status who wishes to continue enrollment with Aetna during such leave period is advised to contact GHLI for premium payment information. Any employee who wishes to cancel coverage during military leave status may do so by contacting their respective department/agency. Upon completion of military orders or leave status, the member may re-enroll with Aetna by contacting their respective department's or agency's human resources office. The agency/department may require the appropriate documentation including military order to verify qualifying event.

Reduction of hours

If a member's work hours are reduced below 20 per week, the member will no longer be an eligible employee. The member will not be eligible to re-enroll until a future open enrollment period or until their work hours are increased to at least 20 per week.

Qualifying events/Special times you and your dependents can join the plan

You and your dependents may enroll or terminate outside of open enrollment period because of a qualifying event as defined by HIPAA or PPACA. A qualifying event is a time where you may make plan changes outside of an open enrollment period. You have 30 days to submit any plan changes resulting from a qualifying event to your employer. Qualifying events include, but may not be limited to:

- Changes in your household due to marriage, divorce, birth, adoption, legal guardianship or death
- Date of GHLI retirement status
- Enrollment or termination of Medicare
- Change of work status (i.e. from part-time to full-time)

If you do not submit your requested changes within the permitted time frame from the date of your qualifying event, you may have to wait until the next open enrollment period to make such changes.

Changes upon retirement

Please immediately notify your respective agency or department of any changes to your retirement status or to your eligibility to continue in the plan.

Up-to-date information

We need your most current information to properly administer your plan. Please make sure you provide all pertinent information with your enrollment application and that you notify us of any significant changes throughout the year. Please inform your respective department/agency immediately of any error on your Member ID card or any changes in name, address, phone numbers or email address. **Members are advised to verify premiums are being deducted correctly to avoid any premium discrepancies.**

How to enroll or make changes to your benefits

You will find a copy of an enrollment form in this packet. Employees, retirees or survivors wishing to make changes to their benefits, or new hires intending to elect benefits for the first time, should fill out an enrollment form.

Please fill out all the required fields and review your completed enrollment form carefully to ensure that it's complete, accurate and legible for you and any dependents. Missing or incorrect information on this form may result in a delay in the administration of your benefits.

Employees: Completed enrollment forms are to be delivered to the human resources department of your agency for processing.

Retirees/Surviving Spouses: Please deliver your completed enrollment form to:

Pacifica Insurance Underwriters, Inc. located at Joeten Shopping Center, Insatto St., Susupe



Plan comparison

Base Plan

Eligibility Provision

Employee/Retiree/Survivor	Regular full-time employees of an employer participating in this plan working a minimum of 20 hours per week
Dependent	Spouse, domestic partner; eligible children up to age 26, regardless of student status

***Note: Base Plan does not include coverage in the U.S. and/or Out-of-Network**

Your Benefits: What the plan covers	In-Network Participating Providers in CNMI/Guam	Outside the CNMI/Guam Excluding USA
Deductible Per Individual Member	\$2,000	None
Deductible Per Family If a member meets their \$2,000 individual deductible, the plan begins to pay for covered services for that member	\$6,000	None
Coverage Maximum Individual member lifetime maximum	Unlimited	Unlimited
Out-of-Pocket Maximum		
Per Individual member, per calendar year	\$6,500	\$6,500
Per Family per calendar year	\$19,500	\$19,500
<i>(Includes accumulated deductible, copays, & member coinsurance)</i>		
Out of Network/Payment for Non-Preferred Providers*	Not Covered, except when an emergency	
Any Services Outside CNMI/Guam (Excluding USA) (Pre-Certification required)	Requires a Letter of Authorization	
Coverage in the USA*	Excluded	
Deductible and Copay do not apply to these benefits When you go to a Participating Provider	In-Network Participating Providers in CNMI/Guam	Outside the CNMI/Guam Excluding USA
Routine Children Physical Exams <i>7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per 12 months thereafter to age 22 (includes immunizations)</i>	Plan pays 100%	Plan pays 100%
Routine Adult Physical Exams <i>Adults age 22-65 and 65+: 1 exam every 12 months</i>	Plan pays 100%	Plan pays 100%
Routine Gynecological Exams <i>Includes 1 exam and pap smear per calendar year</i>	Plan pays 100%	Plan pays 100%
Mammograms <i>Unlimited visits per calendar year</i>	Plan pays 100%	Plan pays 100%

Prostate Specific Antigen (PSA) Unlimited tests per calendar year	Plan pays 100%	Plan pays 100%
Digital Rectal Exam (DRE) Unlimited exams per calendar year	Plan pays 100%	Plan pays 100%
Cancer Screening Includes 1 flex sigmoid and double barium contrast every 5 years; and at age 45+ 1 colonoscopy every 10 years	Plan pays 100%	Plan pays 100%
Routine Eye Exam Includes one routine exam every 24 months	Plan pays 100%	Plan pays 100%
Routine Hearing Exam Includes one routine exam every 24 months	Plan pays 100%	Plan pays 100%
Deductible applies to each of these benefits	In-Network Participating Providers in CNMI/Guam	Outside the CNMI/Guam Excluding USA
Complex Imaging (Diagnostic Testing) <i>MRI, CT, PET scan, and other diagnostic procedures (Pre-Certification required)</i>	Member pays 20%	Member pays 20%
Diagnostic Outpatient Lab & X-ray Services	Member pays 20%	Member pays 20%
Durable Medical Equipment (DME)	Member pays 20%	Member pays 20%
Home Health Care <i>120 visits per calendar year, includes Private Duty Nursing</i>	Member pays 20%	Member pays 20%
Hospice Care Facility Outpatient <i>Unlimited days per calendar year</i>	Member pays 20%	Member pays 20%
Hospital Inpatient & Outpatient <i>Semi-Private Room Limit</i>	Member pays 20%	Member pays 20%
Mental Health and Substance Abuse, Inpatient & Outpatient <i>Unlimited visits per calendar year</i>	Member pays 20%	Member pays 20%
Physician & Specialist Office Visit	Member pays 20%	Member pays 20%
Short Term Rehabilitation <i>Includes coverage for Occupational, Physical and Speech Therapies; 20 combined visits per calendar year</i>	Member pays 20%	Member pays 20%
Spinal Disorder Treatment (Chiropractic Services) <i>15 visits per calendar year</i>	Member pays 20%	Member pays 20%
Urgent Care	Member pays 20%	Member pays 20%

Note: This is not evidence of coverage. You must enroll and be accepted for coverage with the Coverage Administrator before these documents will be effective. In the case of a discrepancy between the Plan Documents and this document, the Plan Documents will determine the Plan of Benefits. As used herein, the term "Plan Documents" includes, but is not limited to, the Booklet, Schedule of Benefits and any Booklet Amendments/Riders including any state-specific variations, as applicable. For further details, refer to your Plan Documents. In the event of a discrepancy between the benefit grid and the Contract with the Government of the CNMI and Aetna, the Contract will prevail.

The proposed plan of benefits is underwritten by Aetna Life Insurance Company. This is only a brief summary of the benefits available. Some restrictions may apply. If you have Maryland or Washington membership, a separate policy may be required. For more specific information about the coverage details, including limitations, exclusions and other plan requirements, please refer to the plan booklet (which will be provided near the time the plan becomes effective).

Low Plan

Eligibility Provision

Employee/Retiree/Survivor	Regular full-time employees of an employer participating in this plan working a minimum of 20 hours per week
Dependent	Spouse, domestic partner; eligible children up to age 26, regardless of student status

***Note: Low Plan does not include coverage in the U.S. and/or Out-of-Network**

Your Benefits: What the plan covers	In-Network Participating Providers in CNMI/Guam	Outside the CNMI/Guam Excluding USA
Deductible Per Individual Member	\$500	None
Deductible Per Family If a member meets their \$500 individual deductible, the plan begins to pay for covered services for that member	\$1,500	None
Coverage Maximum Individual member lifetime maximum	Unlimited	Unlimited
Out-of-Pocket Maximum		
Per Individual member, per calendar year	\$6,500	\$6,500
Per Family per calendar year	\$19,500	\$19,500
<i>(Includes accumulated deductible, copays, & member coinsurance)</i>		
Out of Network/Payment for Non-Preferred Providers*	Not Covered, except when an emergency	
Any Services Outside CNMI/Guam (Excluding USA)	Requires a Letter of Authorization	
Coverage in the USA*	Excluded	
Deductible and Copay do not apply to these benefits When you go to a Participating Provider	In-Network Participating Providers in CNMI/Guam	Outside the CNMI/Guam Excluding USA
Routine Children Physical Exams <i>7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per 12 months thereafter to age 22 (includes immunizations)</i>	Plan pays 100%	Plan pays 100%
Routine Adult Physical Exams <i>Adults age 22-65 and 65+: 1 exam every 12 months</i>	Plan pays 100%	Plan pays 100%
Routine Gynecological Exams <i>Includes 1 exam and pap smear per calendar year</i>	Plan pays 100%	Plan pays 100%
Mammograms <i>Unlimited visits per calendar year</i>	Plan pays 100%	Plan pays 100%

Prostate Specific Antigen (PSA) <i>Unlimited tests per calendar year</i>	Plan pays 100%	Plan pays 100%
Digital Rectal Exam (DRE) <i>Unlimited exams per calendar year</i>	Plan pays 100%	Plan pays 100%
Cancer Screening <i>Includes 1 flex sigmoid and double barium contrast every 5 years; and at age 45+ 1 colonoscopy every 10 years</i>	Plan pays 100%	Plan pays 100%
Routine Eye Exam <i>Includes one routine exam every 24 months</i>	Plan pays 100%	Plan pays 100%
Routine Hearing Exam <i>Includes one routine exam every 24 months</i>	Plan pays 100%	Plan pays 100%
Deductible applies to each of these benefits	In-Network Participating Providers in CNMI/Guam	Outside the CNMI/Guam Excluding USA
Complex Imaging (Diagnostic Testing) <i>MRI, CT, PET scan, and other diagnostic procedures (Pre-Certification required)</i>	Member pays 20%	Member pays 20%
Diagnostic Outpatient Lab & X-ray Services	Member pays 20%	Member pays 20%
Durable Medical Equipment (DME)	Member pays 20%	Member pays 20%
Home Health Care <i>120 visits per calendar year, includes Private Duty Nursing</i>	Member pays 20%	Member pays 20%
Hospice Care Facility Outpatient <i>Unlimited days per calendar year</i>	Member pays 20%	Member pays 20%
Hospital Inpatient & Outpatient <i>Semi-Private Room Limit</i>	Member pays 20%	Member pays 20%
Mental Health and Substance Abuse, Inpatient & Outpatient <i>Unlimited visits per calendar year</i>	Member pays 20%	Member pays 20%
Physician & Specialist Office Visit	Member pays 20%	Member pays 20%
Short Term Rehabilitation <i>Includes coverage for Occupational, Physical and Speech Therapies; 20 combined visits per calendar year</i>	Member pays 20%	Member pays 20%
Spinal Disorder Treatment (Chiropractic Services) <i>15 visits per calendar year</i>	Member pays 20%	Member pays 20%
Urgent Care	Member pays 20%	Member pays 20%

Note: This is not evidence of coverage. You must enroll and be accepted for coverage with the Coverage Administrator before these documents will be effective. In the case of a discrepancy between the Plan Documents and this document, the Plan Documents will determine the Plan of Benefits. As used herein, the term "Plan Documents" includes, but is not limited to, the Booklet, Schedule of Benefits and any Booklet Amendments/Riders including any state-specific variations, as applicable. For further details, refer to your Plan Documents. In the event of a discrepancy between the benefit grid and the Contract with the Government of the CNMI and Aetna, the Contract will prevail.

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High Plan

Eligibility Provision

Employee/Retiree/Survivor	Regular full-time employees of an employer participating in this plan working a minimum of 20 hours per week
Dependent	Spouse, domestic partner; eligible children up to age 26, regardless of student status

*** Note: High plan includes coverage in the USA and Out-of-Network**

Your Benefits: What the plan covers	In-Network Participating Providers in CNMI/Guam/USA	Outside the CNMI/Guam/USA
Deductible Per Individual Member	\$500	None
Deductible Per Family If a member meets their \$500 individual deductible, the plan begins to pay for covered services for that member	\$1,500	None
Coverage Maximum Individual member lifetime maximum	Unlimited	Unlimited
Out-of-Pocket Maximum		
Per Individual member, per calendar year	\$6,500	\$6,500
Per Family per calendar year	\$19,500	\$19,500
<i>(Includes accumulated deductible, copays, & member coinsurance)</i>		
Out of Network*	Not Covered, except when an emergency	
Payment for Non-Preferred Providers*	Professional: 105% of Medicare Facility: 140% of Medicare	
Deductible (Individual/Family) per calendar year Out-of-Pocket Maximum (Individual/Family) per calendar year Coinsurance <i>Deductible + coinsurance applies to most services</i>	\$1,500/\$4,500 \$10,000/\$30,000 50%	
Any Services Outside CNMI/Guam (Excluding USA)	Requires a Letter of Authorization	
Coverage in the USA*	Included	
Deductible and Copay do not apply to these benefits When you go to a Participating Provider	In-Network Participating Providers in CNMI/Guam/USA	Outside the CNMI/Guam/USA
Routine Children Physical Exams <i>7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per 12 months thereafter to age 22 (includes immunizations)</i>	Plan pays 100%	Plan pays 100%
Routine Adult Physical Exams <i>Adults age 22-65 and 65+: 1 exam every 12 months</i>	Plan pays 100%	Plan pays 100%
Routine Gynecological Exams <i>Includes 1 exam and pap smear per calendar year</i>	Plan pays 100%	Plan pays 100%

Mammograms <i>Unlimited visits per calendar year</i>	Plan pays 100%	Plan pays 100%
Prostate Specific Antigen (PSA) <i>Unlimited tests per calendar year</i>	Plan pays 100%	Plan pays 100%
Digital Rectal Exam (DRE) <i>Unlimited exams per calendar year</i>	Plan pays 100%	Plan pays 100%
Cancer Screening <i>Includes 1 flex sigmoid and double barium contrast every 5 years; and at age 45+ 1 colonoscopy every 10 years</i>	Plan pays 100%	Plan pays 100%
Routine Eye Exam <i>Includes one routine exam every 24 months</i>	Plan pays 100%	Plan pays 100%
Routine Hearing Exam <i>Includes one routine exam every 24 months</i>	Plan pays 100%	Plan pays 100%
Deductible applies to each of these benefits	In-Network Participating Providers in CNMI/Guam/USA	Outside the CNMI/Guam/USA
Complex Imaging (Diagnostic Testing) <i>MRI, CT, PET scan, and other diagnostic procedures (Pre-Certification required)</i>	Member pays 20%	Member pays 20%
Diagnostic Outpatient Lab & X-ray Services	Member pays 20%	Member pays 20%
Durable Medical Equipment (DME)	Member pays 20%	Member pays 20%
Home Health Care <i>150 visits per calendar year, includes Private Duty Nursing</i>	Member pays 20%	Member pays 20%
Hospice Care Facility Outpatient <i>Unlimited days per calendar year</i>	Member pays 20%	Member pays 20%
Hospital Inpatient & Outpatient <i>Semi-Private Room Limit</i>	Member pays 20%	Member pays 20%
Mental Health and Substance Abuse, Inpatient & Outpatient <i>Unlimited visits per calendar year</i>	Member pays 20%	Member pays 20%
Physician & Specialist Office Visit	Member pays 20%	Member pays 20%
Short Term Rehabilitation <i>Includes coverage for Occupational, Physical and Speech Therapies; 20 combined visits per calendar year</i>	Member pays 20%	Member pays 20%
Spinal Disorder Treatment (Chiropractic Services) <i>15 visits per calendar year</i>	Member pays 20%	Member pays 20%
Urgent Care	Member pays 20%	Member pays 20%

Pharmacy Benefit – All Plans

***Note: High plan includes coverage in the USA and Out-of-Network**

Prescription Drug Coverage Advance Control Formulary	In-Network Participating Pharmacies in CNMI/Guam	Outside the CNMI/Guam/USA
Health Care Reform Drug List — Preventive RX <i>Prescription required</i>	Plan pays 100%	Member pays 20%
Preferred Generic Drugs <i>(365-day maximum supply)</i>	Member Pays 20% Includes Mail Order Drugs	Member pays 20%
Preferred Brand Name Drugs <i>(365-day maximum supply)</i>	Member Pays 20% Includes Mail Order Drugs	Member pays 20%
Non-Preferred Generic and Non-Preferred Brand Name Drugs <i>(365-day maximum supply)</i>	Member Pays 50% Includes Mail Order Drugs	Member pays 20%

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The information you need... anytime, anywhere

When you have questions about your health or the health of a family member, it's important to know that you can quickly and easily find the answers you need. That's why we've put it right at your fingertips — no matter where you are in the world!

On the web

Aetna Health

If you're already logged into Health Hub, you can easily access Aetna Health at Aetna.com without a separate sign-in. Aetna Health gives you more tools and resources to help you manage your health and benefits online, allowing you to:

- Find U.S. Mainland doctors, hospitals and walk-in clinics
- Track your claim status
- Access your digital Member ID card
- Estimate your out-of-pocket costs
- Compare costs and quality of area hospitals, medical procedures and prescriptions
- Take advantage of a whole host of health and well-being programs

Health Hub

Health Hub is your personalized, secure member website at AetnaInternational.com. It's fast and easy to use on any device, helping you find in-network hospitals and providers, submit claims, access your health care plan documents, browse our available well-being resources, services and special offers, and much more.

On your phone

Aetna Health app

Our Aetna Health app is a great on-the-go tool when you are in CNMI/Guam or within mainland United States and want to:

- Find doctors, hospitals, urgent care centers and walk-in clinics in the United States
- Estimate your costs
- Track your claims
- Access your digital Member ID card

International Mobile Assistant app

When you go off-island to anywhere outside the United States, our International Mobile Assistant app is useful for:

- Locating providers outside the United States
- Submitting your claims
- Finding forms, health care resources and more

Your GHLI website

We've developed a website especially for GHLI members like you that's fast, simple and efficient. If you haven't already explored the site, please do it today! It's a great place to learn more about making the most of your health care benefits. Whether you're on- or off-island, the website will help you discover:

- Many of the key features of your Aetna International health care benefits
- How to access our many online resources for managing your health and benefits
- Contact information for our local, on-island member support as well as 24/7 support from anywhere in the world

To see it all, go to

www.aetnainternational.com/cnmi-ghli

High-quality health care... wherever you go

No matter where you are in the world, you'll find the care you need through our comprehensive network of quality doctors and hospitals.

With Aetna International, you get convenient access to thousands of regional and international providers, including:

- 1.3 million medical providers in the United States, including California and Hawaii
- 165,000 international providers outside of the United States, including:
 - Over 650 providers in Guam/CNMI
 - 66,750 providers in the Philippines
 - 950 providers in Hong Kong
 - 150 providers in Japan
 - 40 providers in Korea
 - 10 providers in Taiwan



For more information

Aetna International

24/7 Member Services: 800-231-7729

[Aetnainternational.com/cnmi-ghli](https://www.aetnainternational.com/cnmi-ghli)

For local support, contact

Pacifica Insurance Underwriters, Inc.

Monday through Friday, 8am – 5pm

Tel: 670-234-6267



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Aetna does not provide care or guarantee access to health services. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plans and programs are underwritten and administered by Aetna Life Insurance Company.

[AetnaInternational.com](https://www.aetnainternational.com)

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