

Aetna Affordable Health Choices[®]

Member Reference Guide

Facts About The Plan

Group Name: University System of New Hampshire
Group Number: 500056
Underwriter of the coverage(s) issued under the plan:
Insurance plans: Aetna Life Insurance Company
151 Farmington Avenue
Hartford, Connecticut 06156
Aetna Affiliate: Strategic Resource Company (SRC)
221 Dawson Road / PO Box 23759
Columbia, SC 29224-3759
Benefits/Missed Premiums/Claims: 1-888-772-9682
DocFind Online Provider Directory: 1-888-772-9682 www.aetna.com/docfind/custom/aahc
Provider(s) of the discount program(s) within the plan:
Prescription Drug Discount Program: Aetna Pharmacy Management
Members/Providers: 1-800-AETNA-Rx (1-800-238-6279) www.AetnaPharmacy.com
Eyewear Discount Program: Aetna VisionSM Discounts
Exam and Eyewear: 1-800-793-8616 (Weekdays 9 a.m. - 9 p.m., Saturday 9 a.m. - 5 p.m. ET)
LASIK Customer Service: 1-800-422-6600 (Weekdays 8 a.m. - 9 p.m., Saturday 9 a.m. - 6 p.m. ET)
Contacts DirectTM: 1-800-391-5367 www.aetna.com/docfind/custom/aahc

Understanding the Plan

You can only be covered for the plan selection(s) for which (1) you enrolled and (2) premium has been paid. Please check your paycheck stub to confirm that the deduction(s) for your election(s) has/have begun and that the amount agrees with what you had figured for your selection(s), based on its/their cost. If you have any questions about your payroll deductions, contact your benefits department.

Extra-Territorial Information

Some states require that certain benefits or provisions be provided to their residents regardless of where the group insurance policy that covers those residents is issued. If you are a resident of one of those states, your state's requirements will apply to you in place of the benefits or provisions in your policy when those requirements provide a greater benefit or right than described in your policy.

Filing a Claim

How do I file a claim? Obtain a claim form for the type of claim you are filing by:

- Logging on to **www.src-web.com**
- Calling Claims Customer Service at **1-888-772-9682** Monday through Friday, 8:00 a.m. to 8:00 p.m. ET
- Writing to Strategic Resource Company, Attn: Claims Department, PO Box 23759, Columbia, SC 29224-3759.

These claim forms contain instructions on how to fill them out (some forms include sections for your employer to fill out). If a member dies as the result of an accident or illness, their beneficiary should apply for the insurance benefit as soon as possible.

Send completed forms to Strategic Resource Company, Attn: Claims Department, PO Box 23759, Columbia, SC 29224-3759. Your doctor or dentist may prefer to file a claim for you using his or her own form. But if you have a claim, you must send in a signed claim form of the type utilized by this plan. This will help ensure prompt processing of your claim. If you have medical expenses resulting from an accident, you must provide full details of the accident on your completed claim form. The insurer reserves the right to require a medical examination at its expense. For Customer Service call **1-888-772-9682**, Monday through Friday, 8:00 a.m. to 8:00 p.m. ET.

What if I have a Certificate of Creditable Health Coverage from a former employer? If you submit it and it is approved, your pre-existing Waiting Period can be reduced, even eliminated. Make a copy of your certificate and send it to the claims address shown above. If you have lost your certificate, you may request another from the former employer.

How do I (or a beneficiary) appeal a denied claim? If all or a part of your claim is denied, you or the member's beneficiary will be provided a written explanation by the insurance company which will include:

- The specific reasons for the denial;
- Reference to the pertinent plan provisions upon which the denial is based;
- A description of any additional information you might be required to provide and explanation of why it is needed; and
- An explanation of the plan's claim review procedure.

You, your beneficiary (when an appropriate claimant), or a duly authorized representative may appeal any denial of a claim for benefits by filing a written request for a full and fair review to the insurance company. In connection with such a request, documents pertinent to the administration of the plan may be reviewed, and comments and issues outlining the basis of the appeal may be submitted in writing. You may have representation throughout the review procedure. A request for a review must be filed by 180 days after receipt of the written notice of denial of a claim. The full and fair review will be held and a decision rendered by the insurance company no longer than 60 days (45 days for term life or short term disability claims, if included in your plan) after receipt of the request for the review.

In the case of a claim involving urgent care, you will be notified of the plan's benefit determination on review as soon as possible, taking into account the medical exigencies, but not later than 72 hours after receipt of your request of an adverse benefit determination by the plan. A claim involving urgent care is any claim for medical care or treatment with respect to which the application of the time periods for making non-urgent care determinations: (a) could seriously jeopardize the life or health of the claimant to regain maximum function, or (b) in the opinion of a physician with knowledge of the claimant's medical condition, would subject the claimant to severe pain that cannot be adequately managed without the care or treatment that is the subject of the claim.

If there are special circumstances, the decision will be made as soon as possible, but not later than 120 days (90 days for term life or short term disability claims, if included in your plan) after receipt of the request for the review. If such an extension of time is needed, you will be notified in writing prior to the beginning of the time extension period. The decision after your review will be in writing and will include specific reasons for the decision as well as specific references to the pertinent plan provisions on which the decision is based.

Insurance plans are underwritten by
Aetna Life Insurance Company.

Plans are administered by
Strategic Resource Company (SRC).

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