



Benefit Summary Highlights for
The School Board of Levy County

Underwritten by Aetna Life Insurance Company
Long Term Disability Insurance

Eligibility: *All active full time employees working 20 hours per week or more.*

Purpose: Long Term Disability insurance provides income replacement benefits for you and your family in the event you are unable to work due to an accident or sickness.

Maximizing Income Protection

Long Term Disability (LTD) Insurance can offer an affordable way for educators and administrators to protect their lifestyles—and the people who depend upon them.

Employees can choose from a selection of LTD features they feel best match their financial needs.

- Employees can choose their Monthly Benefit Amount in \$100 increments, from \$200 to \$7,500 (not to exceed 66 2/3% of monthly earnings).
- Employees can choose from among four accident/sickness Benefit Waiting Periods. *A benefit waiting period is the period of time in which an employee must be continuously disabled.*

Accident	Sickness
0 Days	7 Days
14 Days	14Days
30 Days	30 Days
90 Days	90 Days

Maximum Benefit Period:

Plan A: ADEA II for Disability due to Injury and sickness
 Disabled less than age 60, benefits continue to end of the month age 65

<u>Age at Disability</u>	<u>Maximum Duration</u>
age 60 - 64,	60 months
age 65 - 68,	to age 70
age 69+	12 months

Plan B: 3 YR Reducing Benefit Duration for Disability due to Accident or Sickness:

If an employee becomes disabled before age 64, benefits may continue for 3 years. If they become disabled at age 64 or older, the benefit duration is determined by the age when the disability begins:

<u>Age at Disability</u>	<u>Maximum Duration</u>
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69 or older	1 year

Limitations & Exclusions:

Benefits for Mental/Nervous/Substance Abuse/Self Reported Illnesses are limited to 12 months.

Pre-Existing Exclusion:

There is a 3/12 pre-existing conditions clause. This is a look back period to see if you were treatment-free for a 3-month period prior to the effective date of your coverage. If you weren't treatment-free, the pre-existing condition is excluded from coverage if you're disabled within 12-months of first becoming insured.

Plan Features

Maximum Benefit— Employees can protect as much as \$7,500 of their income as long as the benefit is not greater than $66 \frac{2}{3}$ of their salary.

Minimum Benefit— Greater of 10% of Gross Disability Benefit or \$100

Definition of Disability— 2 Year Own Occ with Residual. Covers Non-Occupational and Occupational disabilities – not in lieu of Workers Compensation. During the Elimination Period and the Own Occupation Period – any day that an individual is unable to perform the material duties of his/her own occupation; or while unable to perform the material duties of his/her own occupation, is performing at least one of the material duties of any occupation on a part-time or full-time basis and has lost at least 20% of their indexed pre-disability earnings due to a disable condition. After the Own Occupation Period – any day that an individual is unable to perform the material duties of any occupation for which he/she is or may become fitted, based on training, education or experience; or while unable to perform the material duties of any reasonable occupation, is performing at least one of the material duties of any occupation on a part-time or full-time basis and has lost at least 40% of his/her pre-indexed earnings due to a disabling condition.

1st Day Hospital Benefit—This feature waives the waiting period if an insured is hospitalized. This benefit is included in the 0/7, 14/14, and 30/30 waiting periods.

12 Month Return-to-Work Incentive—This benefit gives an employee the opportunity to return to work part time earning some income plus receive LTD benefits allowing them to receive up to 100% income replacement during the first 12 months.

Deductible Income—Your disability benefit will be reduced by deductible sources of income and any earnings you have while disabled. Your gross disability payment will be reduced immediately by such items as disability income or other amounts you receive or are entitled to receive from sabbatical or assault leave plans and the amount of earnings you receive from an extended sick leave plan as described in Louisiana Revised Statutes or any other act or law with similar intent. After you have received disability payments for 6 months, your disability payment will be reduced by such items as salary continuation or sick leave plans and amounts your or your family receive or are entitled to receive from Social Security.

Survivor Benefit—Pays a lump sum equal to 3 times the non-integrated LTD benefit. Must be disabled 180 days before benefit will be payable.

Rehabilitation Program —during the employee's active participation in an Aetna approved Rehabilitation Program, Aetna will pay an additional 10% of the monthly benefit after all applicable reductions for other income benefits but not more than \$500 per month. This incentive will be paid up to 6 consecutive months for each period of disability

Waiver of Premium—Payment of premium will be waived once a claimant has received benefits for 90 consecutive days.

Continuity of Coverage—Insured individuals do not lose coverage due to an employer's change in group insurance carriers.

Child/Dependent Care— after 6 months of benefit are paid, a benefit is available to reimburse an employee for dependent care expenses while participating in an approved rehabilitation program. An amount of \$350 per month per dependent to a maximum of \$1,000 is payable for up to 24 months.

EAP—Includes 3 face to face counseling sessions, referrals to community services, internet access, unlimited telephonic consultation for covered members and members of their immediate household.

Worksite Modification Benefit—This benefit allows Aetna to pay for expenses of worksite modifications that result in a disabled employee's return to work.

The information above highlights some of the features of the Group Policy, but it is not intended to be a detailed description of coverage. If you become insured, you will receive a Certificate of Coverage that will contain more detailed information about the controlling terms and provisions of coverage.

Levy County School Board			Plan A: Accident/Sickness Benefit Waiting Period			
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit	9thly Semi-Monthly Cost			
			0/7	14 /14	30/30	90/90
\$3,600	\$300	\$200.00	\$6.34	\$5.64	\$4.64	\$2.10
\$5,400	\$450	\$300.00	\$9.51	\$8.46	\$6.96	\$3.15
\$7,200	\$600	\$400.00	\$12.68	\$11.28	\$9.28	\$4.20
\$9,000	\$750	\$500.00	\$15.85	\$14.10	\$11.60	\$5.25
\$10,800	\$900	\$600.00	\$19.02	\$16.92	\$13.92	\$6.30
\$12,600	\$1,050	\$700.00	\$22.19	\$19.74	\$16.24	\$7.35
\$14,400	\$1,200	\$800.00	\$25.36	\$22.56	\$18.56	\$8.40
\$16,200	\$1,350	\$900.00	\$28.53	\$25.38	\$20.88	\$9.45
\$18,000	\$1,500	\$1,000.00	\$31.70	\$28.20	\$23.20	\$10.50
\$19,800	\$1,650	\$1,100.00	\$34.87	\$31.02	\$25.52	\$11.55
\$21,600	\$1,800	\$1,200.00	\$38.04	\$33.84	\$27.84	\$12.60
\$23,400	\$1,950	\$1,300.00	\$41.21	\$36.66	\$30.16	\$13.65
\$25,200	\$2,100	\$1,400.00	\$44.38	\$39.48	\$32.48	\$14.70
\$27,000	\$2,250	\$1,500.00	\$47.55	\$42.30	\$34.80	\$15.75
\$28,800	\$2,400	\$1,600.00	\$50.72	\$45.12	\$37.12	\$16.80
\$30,600	\$2,550	\$1,700.00	\$53.89	\$47.94	\$39.44	\$17.85
\$32,400	\$2,700	\$1,800.00	\$57.06	\$50.76	\$41.76	\$18.90
\$34,200	\$2,850	\$1,900.00	\$60.23	\$53.58	\$44.08	\$19.95
\$36,000	\$3,000	\$2,000.00	\$63.40	\$56.40	\$46.40	\$21.00
\$37,800	\$3,150	\$2,100.00	\$66.57	\$59.22	\$48.72	\$22.05
\$39,600	\$3,300	\$2,200.00	\$69.74	\$62.04	\$51.04	\$23.10
\$41,400	\$3,450	\$2,300.00	\$72.91	\$64.86	\$53.36	\$24.15
\$43,200	\$3,600	\$2,400.00	\$76.08	\$67.68	\$55.68	\$25.20
\$45,000	\$3,750	\$2,500.00	\$79.25	\$70.50	\$58.00	\$26.25
\$46,800	\$3,900	\$2,600.00	\$82.42	\$73.32	\$60.32	\$27.30
\$48,600	\$4,050	\$2,700.00	\$85.59	\$76.14	\$62.64	\$28.35
\$50,400	\$4,200	\$2,800.00	\$88.76	\$78.96	\$64.96	\$29.40
\$52,200	\$4,350	\$2,900.00	\$91.93	\$81.78	\$67.28	\$30.45
\$54,000	\$4,500	\$3,000.00	\$95.10	\$84.60	\$69.60	\$31.50
\$55,800	\$4,650	\$3,100.00	\$98.27	\$87.42	\$71.92	\$32.55
\$57,600	\$4,800	\$3,200.00	\$101.44	\$90.24	\$74.24	\$33.60
\$59,400	\$4,950	\$3,300.00	\$104.61	\$93.06	\$76.56	\$34.65
\$61,200	\$5,100	\$3,400.00	\$107.78	\$95.88	\$78.88	\$35.70
\$63,000	\$5,250	\$3,500.00	\$110.95	\$98.70	\$81.20	\$36.75
\$64,800	\$5,400	\$3,600.00	\$114.12	\$101.52	\$83.52	\$37.80
\$66,600	\$5,550	\$3,700.00	\$117.29	\$104.34	\$85.84	\$38.85
\$68,400	\$5,700	\$3,800.00	\$120.46	\$107.16	\$88.16	\$39.90
\$70,200	\$5,850	\$3,900.00	\$123.63	\$109.98	\$90.48	\$40.95
\$72,000	\$6,000	\$4,000.00	\$126.80	\$112.80	\$92.80	\$42.00
\$73,800	\$6,150	\$4,100.00	\$129.97	\$115.62	\$95.12	\$43.05

Find your annual/monthly earnings above to determine your Maximum Monthly Benefit. If your annual/monthly earnings are not shown, use the next lower annual/monthly earnings and corresponding Maximum Benefit.

Levy County School Board			Plan A: Accident/Sickness Benefit Waiting Period			
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit	9thly Semi-Monthly Cost			
			0/7	14 /14	30/30	90/90
\$75,600	\$6,300	\$4,200.00	\$133.14	\$118.44	\$97.44	\$44.10
\$77,400	\$6,450	\$4,300.00	\$136.31	\$121.26	\$99.76	\$45.15
\$79,200	\$6,600	\$4,400.00	\$139.48	\$124.08	\$102.08	\$46.20
\$81,000	\$6,750	\$4,500.00	\$142.65	\$126.90	\$104.40	\$47.25
\$82,800	\$6,900	\$4,600.00	\$145.82	\$129.72	\$106.72	\$48.30
\$84,600	\$7,050	\$4,700.00	\$148.99	\$132.54	\$109.04	\$49.35
\$86,400	\$7,200	\$4,800.00	\$152.16	\$135.36	\$111.36	\$50.40
\$88,200	\$7,350	\$4,900.00	\$155.33	\$138.18	\$113.68	\$51.45
\$90,000	\$7,500	\$5,000.00	\$158.50	\$141.00	\$116.00	\$52.50
\$91,800	\$7,650	\$5,100.00	\$161.67	\$143.82	\$118.32	\$53.55
\$93,600	\$7,800	\$5,200.00	\$164.84	\$146.64	\$120.64	\$54.60
\$95,400	\$7,950	\$5,300.00	\$168.01	\$149.46	\$122.96	\$55.65
\$97,200	\$8,100	\$5,400.00	\$171.18	\$152.28	\$125.28	\$56.70
\$99,000	\$8,250	\$5,500.00	\$174.35	\$155.10	\$127.60	\$57.75
\$100,800	\$8,400	\$5,600.00	\$177.52	\$157.92	\$129.92	\$58.80
\$102,600	\$8,550	\$5,700.00	\$180.69	\$160.74	\$132.24	\$59.85
\$104,400	\$8,700	\$5,800.00	\$183.86	\$163.56	\$134.56	\$60.90
\$106,200	\$8,850	\$5,900.00	\$187.03	\$166.38	\$136.88	\$61.95
\$108,000	\$9,000	\$6,000.00	\$190.20	\$169.20	\$139.20	\$63.00
\$109,800	\$9,150	\$6,100.00	\$193.37	\$172.02	\$141.52	\$64.05
\$111,600	\$9,300	\$6,200.00	\$196.54	\$174.84	\$143.84	\$65.10
\$113,400	\$9,450	\$6,300.00	\$199.71	\$177.66	\$146.16	\$66.15
\$115,200	\$9,600	\$6,400.00	\$202.88	\$180.48	\$148.48	\$67.20
\$117,000	\$9,750	\$6,500.00	\$206.05	\$183.30	\$150.80	\$68.25
\$118,800	\$9,900	\$6,600.00	\$209.22	\$186.12	\$153.12	\$69.30
\$120,600	\$1,050	\$6,700.00	\$212.39	\$188.94	\$155.44	\$70.35
\$122,400	\$10,200	\$6,800.00	\$215.56	\$191.76	\$157.76	\$71.40
\$124,200	\$10,350	\$6,900.00	\$218.73	\$194.58	\$160.08	\$72.45
\$126,000	\$10,500	\$7,000.00	\$221.90	\$197.40	\$162.40	\$73.50
\$127,800	\$10,650	\$7,100.00	\$225.07	\$200.22	\$164.72	\$74.55
\$129,600	\$10,800	\$7,200.00	\$228.24	\$203.04	\$167.04	\$75.60
\$131,400	\$10,950	\$7,300.00	\$231.41	\$205.86	\$169.36	\$76.65
\$133,200	\$11,100	\$7,400.00	\$234.58	\$208.68	\$171.68	\$77.70
\$135,000	\$11,250	\$7,500.00	\$237.75	\$211.50	\$174.00	\$78.75

Find your annual/monthly earnings above to determine your Maximum Monthly Benefit. If your annual/monthly earnings are not shown, use the next lower annual/monthly earnings and corresponding Maximum Benefit.

School Board of Levy County			Plan B: Accident/Sickness Benefit Waiting Period			
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit	9thly Semi-Monthly Cost			
			0/7	14 /14	30/30	90/90
\$3,600	\$300	\$200.00	\$5.40	\$4.82	\$3.96	\$1.58
\$5,400	\$450	\$300.00	\$8.10	\$7.23	\$5.94	\$2.37
\$7,200	\$600	\$400.00	\$10.80	\$9.64	\$7.92	\$3.16
\$9,000	\$750	\$500.00	\$13.50	\$12.05	\$9.90	\$3.95
\$10,800	\$900	\$600.00	\$16.20	\$14.46	\$11.88	\$4.74
\$12,600	\$1,050	\$700.00	\$18.90	\$16.87	\$13.86	\$5.53
\$14,400	\$1,200	\$800.00	\$21.60	\$19.28	\$15.84	\$6.32
\$16,200	\$1,350	\$900.00	\$24.30	\$21.69	\$17.82	\$7.11
\$18,000	\$1,500	\$1,000.00	\$27.00	\$24.10	\$19.80	\$7.90
\$19,800	\$1,650	\$1,100.00	\$29.70	\$26.51	\$21.78	\$8.69
\$21,600	\$1,800	\$1,200.00	\$32.40	\$28.92	\$23.76	\$9.48
\$23,400	\$1,950	\$1,300.00	\$35.10	\$31.33	\$25.74	\$10.27
\$25,200	\$2,100	\$1,400.00	\$37.80	\$33.74	\$27.72	\$11.06
\$27,000	\$2,250	\$1,500.00	\$40.50	\$36.15	\$29.70	\$11.85
\$28,800	\$2,400	\$1,600.00	\$43.20	\$38.56	\$31.68	\$12.64
\$30,600	\$2,550	\$1,700.00	\$45.90	\$40.97	\$33.66	\$13.43
\$32,400	\$2,700	\$1,800.00	\$48.60	\$43.38	\$35.64	\$14.22
\$34,200	\$2,850	\$1,900.00	\$51.30	\$45.79	\$37.62	\$15.01
\$36,000	\$3,000	\$2,000.00	\$54.00	\$48.20	\$39.60	\$15.80
\$37,800	\$3,150	\$2,100.00	\$56.70	\$50.61	\$41.58	\$16.59
\$39,600	\$3,300	\$2,200.00	\$59.40	\$53.02	\$43.56	\$17.38
\$41,400	\$3,450	\$2,300.00	\$62.10	\$55.43	\$45.54	\$18.17
\$43,200	\$3,600	\$2,400.00	\$64.80	\$57.84	\$47.52	\$18.96
\$45,000	\$3,750	\$2,500.00	\$67.50	\$60.25	\$49.50	\$19.75
\$46,800	\$3,900	\$2,600.00	\$70.20	\$62.66	\$51.48	\$20.54
\$48,600	\$4,050	\$2,700.00	\$72.90	\$65.07	\$53.46	\$21.33
\$50,400	\$4,200	\$2,800.00	\$75.60	\$67.48	\$55.44	\$22.12
\$52,200	\$4,350	\$2,900.00	\$78.30	\$69.89	\$57.42	\$22.91
\$54,000	\$4,500	\$3,000.00	\$81.00	\$72.30	\$59.40	\$23.70
\$55,800	\$4,650	\$3,100.00	\$83.70	\$74.71	\$61.38	\$24.49
\$57,600	\$4,800	\$3,200.00	\$86.40	\$77.12	\$63.36	\$25.28
\$59,400	\$4,950	\$3,300.00	\$89.10	\$79.53	\$65.34	\$26.07
\$61,200	\$5,100	\$3,400.00	\$91.80	\$81.94	\$67.32	\$26.86
\$63,000	\$5,250	\$3,500.00	\$94.50	\$84.35	\$69.30	\$27.65
\$64,800	\$5,400	\$3,600.00	\$97.20	\$86.76	\$71.28	\$28.44
\$66,600	\$5,550	\$3,700.00	\$99.90	\$89.17	\$73.26	\$29.23
\$68,400	\$5,700	\$3,800.00	\$102.60	\$91.58	\$75.24	\$30.02
\$70,200	\$5,850	\$3,900.00	\$105.30	\$93.99	\$77.22	\$30.81
\$72,000	\$6,000	\$4,000.00	\$108.00	\$96.40	\$79.20	\$31.60
\$73,800	\$6,150	\$4,100.00	\$110.70	\$98.81	\$81.18	\$32.39

Find your annual/monthly earnings above to determine your Maximum Monthly Benefit. If your annual/monthly earnings are not shown, use the next lower annual/monthly earnings and corresponding Maximum Benefit.

School Board of Levy County			Plan B: Accident/Sickness Benefit Waiting Period			
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit	9thly Semi-Monthly Cost			
			0/7	14 /14	30/30	90/90
\$75,600	\$6,300	\$4,200.00	\$113.40	\$101.22	\$83.16	\$33.18
\$77,400	\$6,450	\$4,300.00	\$116.10	\$103.63	\$85.14	\$33.97
\$79,200	\$6,600	\$4,400.00	\$118.80	\$106.04	\$87.12	\$34.76
\$81,000	\$6,750	\$4,500.00	\$121.50	\$108.45	\$89.10	\$35.55
\$82,800	\$6,900	\$4,600.00	\$124.20	\$110.86	\$91.08	\$36.34
\$84,600	\$7,050	\$4,700.00	\$126.90	\$113.27	\$93.06	\$37.13
\$86,400	\$7,200	\$4,800.00	\$129.60	\$115.68	\$95.04	\$37.92
\$88,200	\$7,350	\$4,900.00	\$132.30	\$118.09	\$97.02	\$38.71
\$90,000	\$7,500	\$5,000.00	\$135.00	\$120.50	\$99.00	\$39.50
\$91,800	\$7,650	\$5,100.00	\$137.70	\$122.91	\$100.98	\$40.29
\$93,600	\$7,800	\$5,200.00	\$140.40	\$125.32	\$102.96	\$41.08
\$95,400	\$7,950	\$5,300.00	\$143.10	\$127.73	\$104.94	\$41.87
\$97,200	\$8,100	\$5,400.00	\$145.80	\$130.14	\$106.92	\$42.66
\$99,000	\$8,250	\$5,500.00	\$148.50	\$132.55	\$108.90	\$43.45
\$100,800	\$8,400	\$5,600.00	\$151.20	\$134.96	\$110.88	\$44.24
\$102,600	\$8,550	\$5,700.00	\$153.90	\$137.37	\$112.86	\$45.03
\$104,400	\$8,700	\$5,800.00	\$156.60	\$139.78	\$114.84	\$45.82
\$106,200	\$8,850	\$5,900.00	\$159.30	\$142.19	\$116.82	\$46.61
\$108,000	\$9,000	\$6,000.00	\$162.00	\$144.60	\$118.80	\$47.40
\$109,800	\$9,150	\$6,100.00	\$164.70	\$147.01	\$120.78	\$48.19
\$111,600	\$9,300	\$6,200.00	\$167.40	\$149.42	\$122.76	\$48.98
\$113,400	\$9,450	\$6,300.00	\$170.10	\$151.83	\$124.74	\$49.77
\$115,200	\$9,600	\$6,400.00	\$172.80	\$154.24	\$126.72	\$50.56
\$117,000	\$9,750	\$6,500.00	\$175.50	\$156.65	\$128.70	\$51.35
\$118,800	\$9,900	\$6,600.00	\$178.20	\$159.06	\$130.68	\$52.14
\$120,600	\$1,050	\$6,700.00	\$180.90	\$161.47	\$132.66	\$52.93
\$122,400	\$10,200	\$6,800.00	\$183.60	\$163.88	\$134.64	\$53.72
\$124,200	\$10,350	\$6,900.00	\$186.30	\$166.29	\$136.62	\$54.51
\$126,000	\$10,500	\$7,000.00	\$189.00	\$168.70	\$138.60	\$55.30
\$127,800	\$10,650	\$7,100.00	\$191.70	\$171.11	\$140.58	\$56.09
\$129,600	\$10,800	\$7,200.00	\$194.40	\$173.52	\$142.56	\$56.88
\$131,400	\$10,950	\$7,300.00	\$197.10	\$175.93	\$144.54	\$57.67
\$133,200	\$11,100	\$7,400.00	\$199.80	\$178.34	\$146.52	\$58.46
\$135,000	\$11,250	\$7,500.00	\$202.50	\$180.75	\$148.50	\$59.25

Find your annual/monthly earnings above to determine your Maximum Monthly Benefit. If your annual/monthly earnings are not shown, use the next lower annual/monthly earnings and corresponding Maximum Benefit.



Non-Discrimination Notice

Only applicable to Members/Claimants

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need help in your language, you can email us at TranslationGI@AETNA.com. Be sure to include your name and claim number. You'll also need to tell us what information you'd like our help with. If you can't email, you can call us at the number in our letters to you. We don't charge you for this help.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

Availability of Language Assistance Services

TTY: 711

If you need help in your language, you can email us at TranslationGI@AETNA.com. Be sure to include your name and claim number. You'll also need to tell us what information you'd like our help with. If you can't email, you can call us at the number in our letters to you. We don't charge you for this help. (English)

Si necesita ayuda en su propio idioma, puede enviarnos un correo electrónico a TranslationGI@AETNA.com. No se olvide de incluir su nombre y número de reclamo. También debe especificar el asunto por el cual necesita nuestra ayuda. Si no puede enviarnos un correo electrónico, llámenos al número que figura en la correspondencia que le mandamos. Esta asistencia se brinda sin costo. (Spanish)

如果您需要以您的語言取得幫助，可以寄電子郵件給我們 TranslationGI@AETNA.com。請務必註明您的姓名和理賠號碼。您還需要告知我們您希望我們提供幫助的相關資訊。如果您無法寄電子郵件，則可致電聯絡我們，電話號碼列於我們寄給您的信函中。為您提供此幫助，我們不會向您收費。(Chinese)

Si vous avez besoin d'aide dans votre langue, vous pouvez nous écrire à TranslationGI@AETNA.com. N'oubliez pas d'inclure votre nom et numéro de réclamation. Vous devrez également nous indiquer en quoi nous pouvons vous aider. Si vous ne pouvez pas nous écrire par e-mail, vous pouvez nous rejoindre au numéro indiqué dans nos correspondances. Nous vous offrons cette assistance, sans frais. (French)

Kung kailangan mo ng tulong sa iyong wika, maaari kang mag-email sa amin sa TranslationGI@AETNA.com. Siguruhing isama ang iyong pangalan at numero ng paghahabol. Kakailanganin mo ring sabihin sa amin kung anong impormasyon ang kakailanganin mo ng tulong mula sa amin. Kung hindi ka makapag-email, matatawagan mo kami sa numerong nakalagay sa mga sulat namin sa iyo. Hindi ka namin sisingilin para sa tulong na ito. (Tagalog)

Wenn Sie in Ihrer Sprache Hilfe benötigen, so können Sie uns eine Mail an TranslationGI@AETNA.com schicken. Bitte geben Sie dabei Ihren Namen und Ihre Antragsnummer an und erklären Sie auch, bezüglich welcher Informationen Sie von uns Hilfe erhalten möchten. Falls Sie uns nicht mailen können, rufen Sie uns einfach unter der in unseren Briefen an Sie angegebenen Telefonnummer an. Diese Hilfe ist für Sie mit keinen Kosten verbunden. (German)

إذا احتجت المساعدة في لغتك الخاصة، بإمكانك إرسال بريد إلكتروني على TranslationGI@AETNA.com. تأكد من إدراج اسمك ورقم المطالبة. كما عليك إطلاعنا على المعلومات التي تود مساعدتنا فيما يتعلق بها. إذا كنت لا تستطيع إرسال بريد إلكتروني، بإمكانك الاتصال بنا من خلال الأرقام الموجودة في الرسائل المرسلّة إليك. إننا لا نحتسب أية رسوم عن هذه المساعدة. (Arabic)

Si ou bezwen asistans nan lang ou, ou kapab voye nou yon imèl bay TranslationGI@AETNA.com. Tanpri sonje byen pou mete ladan non ou ak nimewo reklamasyon ou. Epitou, ou pral bezwen di nou avèk ki enfòmasyon nou kapab ede ou. Si ou pa kapab voye yon imèl, ou kapab rele nou nan nimewo telefòn lan nou te ekri nan lèt la nou te voye ba ou. Nou pa chaje ou okenn lajan lè nou ede ou. (French Creole)

Per assistenza con la tua lingua, puoi contattarci tramite e-mail all'indirizzo TranslationGI@AETNA.com. Includi il tuo nome e il numero della richiesta. Dovrai anche indicare quali sono le informazioni per le quali richiedi assistenza. Se non puoi inviare e-mail, puoi contattarci telefonicamente al numero che troverai nelle nostre lettere di comunicazione. Il nostro servizio di assistenza è gratuito. (Italian)

特定の言語でのヘルプについては、TranslationGI@AETNA.com までお問い合わせください。お名前とクレーム番号を記載してください。また、どの情報に関するヘルプをお望みなのかも指定してください。Eメールできない場合は、弊社からの手紙に記載されている電話番号にお問い合わせください。かかるヘルプの手料はございません。(Japanese)

귀하가 구사하는 언어로 도움이 필요하시면 TranslationGI@AETNA.com(으)로 이메일을 보내실 수 있습니다. 귀하 성함과 청구 번호를 꼭 이메일에 기재해 주십시오. 또한 어떤 내용에 대한 당사의 도움이 필요하신지 밝혀주셔야 합니다. 이메일을 보내실 수 없으시면 당사가 귀하께 보내는 편지에 기재되어 있는 번호로 전화해 주십시오. 이러한 도움은 무료로 제공됩니다.(Korean)

اگر به زبان خودتان به کمک و راهنمایی نیاز دارید، می توانید به آدرس TranslationGI@AETNA.com برای ما ایمیل بفرستید. حتماً نام و شماره ادعای خود را منظور کنید. همچنین لازم است به ما بگویید که در مورد چه اطلاعاتی به کمک و راهنمایی ما نیاز دارید. اگر نمی توانید ایمیل بفرستید، می توانید با شماره ای که در نامه های ما قید شده با ما تماس بگیرید. ما هزینه ای را برای این کمک و راهنمایی از شما مطالبه نمی کنیم.(Persian)

Jeśli potrzebujesz pomocy w swoim języku, możesz wysłać e-mail na adres TranslationGI@AETNA.com. Pamiętaj, aby podać swoje imię i nazwisko oraz numer roszczenia. Należy również wyszczególnić informacje, w sprawie których potrzebujesz naszej pomocy. Jeśli nie możesz wysłać e-maila, możesz kontaktować się z nami telefonicznie pod numerem podanym w naszych listach do Ciebie. Nie pobieramy opłat za tę pomoc. (Polish)

Se necessitar de ajuda no seu idioma, envie-nos um email para TranslationGI@AETNA.com. Não se esqueça de incluir o seu nome e número de queixa. Também terá que nos explicar que tipo de ajuda precisa da nossa parte. Se não poder enviar por email, poderá telefonar-nos para o número fornecido na correspondência enviada por nós. Não cobramos por esta ajuda. (Portuguese)

Если вам необходима помощь на вашем языке, вы можете послать нам электронное письмо по адресу TranslationGI@AETNA.com. Пожалуйста, укажите в письме номер вашей заявки, а также существо вопроса, в решении которого вам необходима помощь. Если у вас отсутствует возможность отправить электронную почту, позвоните, пожалуйста, по телефону, указанному в наших почтовых отправлениях. Помощь будет предоставлена вам бесплатно. (Russian)

Nếu quý vị cần được trợ giúp bằng ngôn ngữ của quý vị, quý vị có thể gửi email cho chúng tôi đến TranslationGI@AETNA.com. Xin ghi nhớ là cần nêu tên và số yêu cầu bảo hiểm của quý vị. Quý vị cũng sẽ cần cho chúng tôi biết quý vị muốn chúng tôi hỗ trợ thông tin gì. Nếu quý vị không thể gửi email, quý vị có thể gọi cho chúng tôi theo số điện thoại nêu trong các bức thư mà chúng tôi gửi cho quý vị. Chúng tôi không tính phí quý vị cho sự trợ giúp này. (Vietnamese)