

BENEFIT PLAN

Prepared Exclusively for
HSP Southern Healthcare, LLC

Aetna Vision Preferred Extraterritorial Riders

**Extraterritorial
Riders**

Aetna Life Insurance Company

These Extraterritorial Riders are part of the Group Insurance Policy between **Aetna** Life Insurance Company and the Policyholder



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Aetna Life Insurance Company

Group Vision

Extraterritorial booklet-certificate amendment

Policyholder: HSP Southern Healthcare, LLC

Group policy number: GP-141582-A

Effective date: August 1, 2020

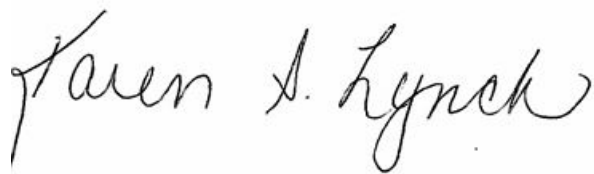
This amendment is part of your booklet-certificate that describes your vision coverage. It is effective on the date shown above and it replaces any other vision extraterritorial booklet-certificate amendment you may have received before.

Important note: The following applies only if you live in the State/Commonwealth of Illinois. The benefits below will apply instead of those in your booklet-certificate unless the benefits in your booklet-certificate are better.

Payment of Benefits (GR-9N 32-025-01 IL)

Benefits will be paid as soon as the necessary proof to support the claim is received. Written proof must be provided for all benefits. For all health coverages, benefits will be paid within 30 days following receipt of written proof to support the claim.

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: Illinois Vision ET
Issue Date: July 25, 2020

Aetna Life Insurance Company

Group Vision

Extraterritorial booklet-certificate amendment

Policyholder: HSP Southern Healthcare, LLC

Group policy number: GP-141582-A

Effective date: August 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 Ohio. The benefits below will apply instead of those in your booklet-certificate unless the benefits in your booklet-certificate are better.

Continuing Coverage for Dependents After Your Death

If you should die while enrolled in this plan, your dependent's coverage 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, as provided in the *When Coverage Ends* section;
- A request is made for continued coverage within 31 days after your death; and
- Payment is made for the coverage.

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

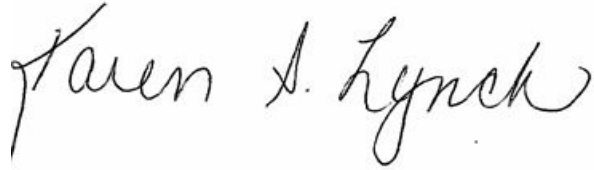
- The end of the 12 month period following your death;
- He or she no longer meets the plan's definition of "dependent";
- Dependent coverage is discontinued under the group contract;
- He or she becomes eligible for comparable benefits under this or any other group plan; or
- Any required contributions 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.

This amendment makes no other changes to the **group policy**, booklet-certificate, or schedule of benefits.

A handwritten signature in black ink that reads "Karen S. Lynch". The signature is written in a cursive style with a large initial 'K' and 'L'.

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

Amendment: Ohio Vision ET
Issue Date: July 25, 2020

Aetna Life Insurance Company

Group Vision

Extraterritorial booklet-certificate amendment

Policyholder: HSP Southern Healthcare, LLC

Group policy number: GP-141582-A

Effective date: August 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 Tennessee. The benefits below will apply instead of those in your booklet-certificate unless the benefits in your booklet-certificate are better.

Recovery of Overpayments (GR-9N-32-015-01 TN)

Health Coverage

If a benefit payment is made by **Aetna**, to or on your behalf, which exceeds the benefit amount that you are entitled to receive, **Aetna** has the right:

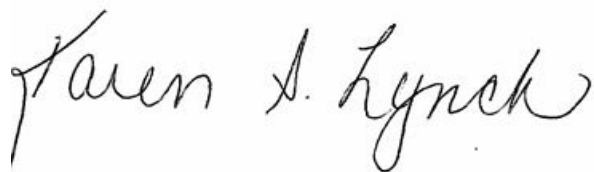
- To require the return of the overpayment; or
- To reduce by the amount of the overpayment, any future benefit payment made to or on behalf of that person or another person in his or her family.

Such right will not apply more than 15 months as to you and 18 months as to a health care provider after the overpayment was made unless:

- the overpayment was made due to failure to provide complete information, fraud or material misstatements (on the part of you or the health care provider); or
- you or the health care provider has otherwise agreed to return the overpayment.

Such right does not affect any other right of recovery **Aetna** may have with respect to such overpayment.

This amendment makes no other changes to the **group policy**, booklet-certificate, or schedule of benefits.

A handwritten signature in black ink that reads "Karen S. Lynch". The signature is written in a cursive, flowing style.

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

Amendment: Tennessee Vision ET
Issue Date: July 25, 2020