



Aetna
 Attn: Billing Statement Dist
 P.O. BOX 67103
 Harrisburg PA 17106-7103
 *005322*J2B7USA*018219*81115562-1001 (1)

*****ALL FOR AADC 100
 7201 2 AB 0.412 30

NES, LLC
 C/O HBRK ASSOCIATES
 575 LEXINGTON AVE 4TH FL
 NEW YORK NY 10022-6146



Prepared Date: 05/15/19
 Invoice Number: [REDACTED]
 Triad Number: [REDACTED]
 Account Number: [REDACTED]
 Bill Package: 1001
 Coverage Period: 06/01/19-06/30/19
 Payment Due Date: 06/01/19

SUMMARY OF ACCOUNT:	
Opening Balance	\$(12,248.40)
Total Payments Received Since Last Invoice	\$0.00
Current Inforce Charges	\$1,818.80
Retroactivity Charges	\$0.00
Current Admin/Other Adjustment Charges	\$0.00
Current Net Charges	\$1,818.80
AMOUNT DUE:	\$(10,429.60)

Total amount due includes the premium due to your health plan, as well as any service fee you are paying your broker as outlined in the executed billing and collection agreement. Please refer to your copy of the billing and collection agreement for details. If you have any questions, please contact your Account Manager.

Important Please Read: The total amount is due on the 1st day of the monthly coverage period. In the coverage period, you have a grace period to pay. If the total amount is not received by the end of the grace period, the contract will be terminated. You will be liable for the total amount due for all periods of coverage (including the grace period) unless you provide at least 30 days of advance written notice of your intent to terminate. If you have more than one invoice, you must pay each invoice separately or supply support detailing the amount to apply to each invoice. If you fail to supply this support your payment will be applied proportionately to each invoice for that month. If the total amount due for all invoices is not received, you may be in arrears on all invoices, and subject to termination.

Aetna and Aetna Business plans administered by Aetna will appear as ALIC or AHM on your financial institution statement

Pay online <http://www.aetna.com/employer-plans/index.html> or call 866-350-7644. Go paperless with eBilling - view, print and pay your invoice online. Just call 800-297-7145 for billing questions.

Please include your invoice number and/or account number on your check. Thank you for your Business.

Detach & return with payment in the enclosed envelope.



Please make checks payable to:

AETNA
 P O BOX 775392
 CHICAGO, IL 60677 - 5392

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Please Pay By	Amount Due
June 01, 2019	\$(10,429.60)

Check Box for Change of Address. See Reverse.

01 E108 0000000081115562 1001 [REDACTED] 00001042960 5

***Plan Key**

Please reference this key while reviewing membership at benefit level.

Product	Specific Plan Type	*Type
<i>Dental</i>	Dental PPO	0100

Family Code	Description
1	EE
2	EE + Spouse
3	EE + Family

Please insert Change of Address information in the space provided

Name

Addr 1

Addr 2

City, State, Zip



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NES, LLC

RETROACTIVITY CHARGES/CREDITS

No Retroactivity

Current Admin/Other Adjustments	Date	Amount	Remarks
Total Admin/Other Adjustments		\$0.00	



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BENEFIT SNAPSHOT CURRENT MEMBERSHIP

Product	*Plan Type	Description	Recorded Empl / Volume	
			Empl / Volume	Amount
Dental	100	EE	2	\$153.20
		EE + Spouse	2	\$284.40
		EE + Family	6	\$1,381.20
		Subtotal		\$1,818.80
Total				\$1,818.80

*See Plan Key

ACTIVE CONTROL-SUFFIX-ACCOUNTS (CSA) REFLECTED IN THIS INVOICE

0797468-031-00000

Your rights and obligations when your Aetna group plan terminates

In the event of policy termination, New York Law requires we tell you of your obligation to comply with NY Labor Law section 217 and NY Insurance Regulation 78. Under this law and regulation you must notify, in writing, each certificate holder (covered employee) resident in New York State who is insured under your group policy that the policy will end.

If Aetna should terminate your plan, you must take the following steps prior to your policy's intended termination date:

* Provide the enclosed notice, along with a cover letter saying when the plan will end, to each certificate holder **at least nine (9) days before the intended termination date**. The notice must be:

1) Hand-delivered at the certificate holder's workplace (e.g., you may include the notice in the employee's pay envelope).

OR

2) Mailed to the certificate holder's last known home address.

* Also, at least 9 days before the intended termination date, you must post a copy of any notice of intent to terminate your plan that you may receive from Aetna in a spot where employees are most likely to see it.

* Note that in accordance with the provisions of Labor Law, section 217(4), the above provisions and the notice requirement of Labor Law, section 271(3), shall not apply if, at least 10 days prior to the intended termination date, you:

(1) Take any necessary steps to keep the policy in force.

(2) Contract with another insurer to replace Aetna to provide similar coverage for the same certificate holders. You must file an affidavit with the Commissioner of Labor and Superintendent of Insurance to that effect.

(i) Affidavits filed with the Commissioner of Labor shall refer to Labor Law, section 217, and be addressed to:

Director of Labor Standards
Department of Labor
Agency Building 12
State Office Building Campus
Albany, NY 12240

(ii) Affidavits filed with the Superintendent of Insurance shall refer to Labor Law, section 217, and shall be addressed to:

Chief, Health Bureau
New York State Insurance Department
One Commerce Plaza
Albany, NY 12257

For more information

If you need assistance or have any questions about these requirements, please contact us at the telephone number on your billing statement.

As required by the New York Labor Law section 217 and New York Insurance Regulation 78, the enclosed member rights document is to be delivered to employees and posted at your place of employment whenever a notice is received from Aetna indicating intent to terminate your group policy.

**Important Information for Aetna New York
Group Health Plan Certificate Holders**

This notice is to advise you and your dependents of the rights/benefits available under your group health plan should Aetna terminate the group health policy with your employer. Please review the available coverage descriptions below. Also note that you and your dependents will be responsible for all charges associated with services received after the termination date.

Extension of Benefits While Member is Receiving Inpatient Care - For Aetna HMO Plan members

If you are receiving inpatient care in a Hospital or Skilled Nursing Facility on the date when group coverage terminates, you may be covered only for the specific medical condition causing that confinement or for complications arising from the condition causing that confinement, until the earlier of:

1. The date of discharge from such inpatient stay;
2. Determination by the HMO Medical Director in consultation with the attending Physician, that care in the Hospital or Skilled Nursing Facility is no longer Medically Necessary;
3. The date the contractual benefit limit has been reached;
4. The date the Member becomes covered for similar coverage from another health benefits plan; or
5. 12 months of coverage under this extension of benefits provision.

The extension of benefits shall not extend the time periods during which you may enroll for conversion coverage, expand the benefits for such coverage, nor waive the requirements concerning the payment of premium for such coverage.

Extension of Benefits - Total Disability - For Aetna HMO and PPO Plan members

You may be able to extend your health benefits if you are totally disabled when coverage under your certificate terminates, but with respect to medical benefits, only as to the expenses incurred in connection with the injury or illness that caused the total disability for up to 12 months from the date that your certificate terminates.

"Totally disabled" means that because of an injury or illness:

- You are not able to work at your own occupation and you cannot work at any occupation for pay or profit.
- Your dependent is not able to engage in most normal activities of a healthy person of the same age and gender.

Extension of your benefits (other than Basic benefits) will end on the first to occur of:

- The date that is 12 months from the date that your certificate terminates, or
- The date that you or your dependent are no longer totally disabled, or
- The date any applicable benefit maximum or your Lifetime Maximum Benefit, if any, is reached.

Conversion from a Group to an Individual Plan - For Aetna HMO and PPO Plan members

If loss of coverage under your group health plan occurs and is not replaced with continuous or similar coverage by the Contract Holder, you may **within 45 days after termination of coverage** apply for an individual health plan (to be effective as of the date of such termination) without providing proof of good health. The conversion coverage will provide no less than what is then required by, and not benefits to the contrary to, any applicable law or regulation. However, the individual policy will not provide the same coverage as the former group plan offered by your employer. Certain benefits may not be available. You will be required to pay the associated premium costs for the coverage.

Further details about extension of benefits or conversion are contained in your group member certificate under the section **Termination of Coverage**.

For additional information, contact your employer or call the toll-free number on your member ID card.

