

Important information about organ and tissue donation

To help you learn about donating organs and tissue, we're including these materials for you. This information is required* as part of your New Jersey health benefits plan.

Want to know more? Just use the following contact information, depending on where you live:

If you live in northern or central New Jersey, contact:

New Jersey Sharing Network

691 Central Avenue

New Providence, NJ 07974

Phone: **1-800-742-7365**

Email: **info@njsharingnetwork.org**

Web: **www.njsharingnetwork.org**

If you live in southern New Jersey, contact:

Gift of Life Donor Program

401 N. 3rd Street

Philadelphia, PA 19123

Phone: **1-800-DONORS-1** or **1-800-366-6771**

Email: **info@donors1.org**

Web: **donors1.org**

If you live in another state:

You can find the organization for your state online at **organdonor.gov/awareness/organizations/local-opo.html**.

We're here to help

Have questions? Just call our Member Services department at the phone number on the back of your ID card.

*This notice is sent in compliance with Chapter 220 of the New Jersey Laws of 2017.

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.



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| English | To access language services at no cost to you, call the number on your ID card. |
| Spanish | Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación. |
| Chinese Traditional | 如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼 |
| Korean | 무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오. |
| Portuguese | Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação. |
| Gujarati | તમારે કોઈ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઈડી કાર્ડ પર રહેલ નંબર પર કોલ કરવો. |
| Polish | Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej. |
| Italian | Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa. |
| Arabic | للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك. |
| Tagalog | Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card. |
| Russian | Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте. |
| French Creole (Haitian) | Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou. |
| Hindi | बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें। |
| Vietnamese | Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị. |
| French | Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé. |
| Urdu | لسانی خدمات تک مُفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔ |

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

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

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).



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