

Important disclosure information:

Aetna VisionSM Preferred plan

Vision insurance plans are underwritten by Aetna Life Insurance Company (“Aetna”). Certain claims administration services are provided by First American Administrators, Inc., and certain network administration services are provided through EyeMed Vision Care, LLC (“EyeMed”).

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Here is important disclosure information about our plans. It's followed by required content that varies by state.

Features of a vision plan

What you pay

You are responsible for any amounts due to the provider when you receive care. This may include copayments, coinsurance and deductibles, and any applicable charges for covered, noncovered, or discount-only services. You will pay these amounts directly to the provider when you receive care. Your plan documents list the amounts you'll pay for copayments, coinsurance and deductibles.

Note: You must personally bear all costs if you use health care not authorized by this plan.

How we pay your vision care providers

We pay participating Aetna Vision Preferred providers on a fee-for-service basis. We determine the amount we'll pay for each service through an agreement with the participating provider. However, the service must meet our plan terms and conditions before we'll pay your vision care provider. We encourage you to ask your vision care provider how they are paid for services. When you get care from a nonparticipating provider, you must submit a claim reimbursement form, along with your receipt, in order to receive any available out-of-network reimbursement.

Note: If you opt to receive vision care services, or vision care materials that are not covered benefits under this plan, a participating vision care provider may charge you its normal fee for such services or materials. Prior to providing you with vision care services, or vision care materials that are not covered benefits, the vision care provider will provide you with an estimated cost for each service or material, if you ask them to do so.

Important information for certain states and plans

Here is additional disclosure content that varies by state.

Colorado

Aetna VisionSM Preferred Access plan for Aetna Vision Preferred plan members in Colorado

We maintain a network access plan for our vision provider network in Colorado. This plan has important information about your vision plan's provider network — including how we monitor the network to be sure it meets our members' vision care needs.

Use either of the ways below to read the Aetna Vision Preferred Access plan for Colorado.

- Visit **Aetna.com**, scroll down to the bottom of the page, select "Plan Disclosures," then "State-Specific Information" and scroll down to find Colorado.
- Call the number on your ID card and ask for a printed copy of the plan.

Connecticut

Aetna Vision PPO plan members in Connecticut

Need help finding a provider? Call Member Services at **1-877-973-3238 (TTY: 711)**.

What if there isn't an in-network provider available? Call us to see if you can use an out-of-network provider at in-network prices when:

- An in-network provider is not available within 30 miles or 45 minutes (for all counties except Fairfield)
- An in-network provider is not available within 15 miles or 30 minutes (in Fairfield County only)
- The wait time for the first available appointment is longer than 48 hours for urgent care or more than 15 business days for nonurgent specialty care

Massachusetts

Supplemental vision notice

We are required by law to provide you with the Massachusetts disenrollment rate. The voluntary disenrollment rate for insured persons is 0%. The involuntary disenrollment rate for insured persons is 0%. If you need a printed copy of this notice, call the number on your member ID card.

For the purposes of 211 CMR 52.14(1)(c), the term “voluntary disenrollment” means that an insured has terminated coverage with the carrier due to nonpayment of premium. For the purposes of 211 CMR 52.14(1)(c), the term “involuntary disenrollment” means that a carrier has terminated the coverage of the insured due to any of the reasons contained in 211 CMR 52.13(3)(j)2 and 3, which are:

- Misrepresentation or fraud on the part of the insured
- Commission of acts of physical or verbal abuse by the insured which pose a threat to providers or other insureds of the carrier and which are unrelated to the physical or mental condition of the insured, provided that the commissioner prescribes or approves the procedures for the implementation of the provisions of 211 CMR 52.13(3)(i)3

Questions? Please contact the Massachusetts Office of Patient Protection by any of the ways below.

- Toll-free phone: **1-800-436-7757**
- Fax: 617-624-5046
- Website: **[MASS.gov/orgs/office-of-patient-protection](https://www.mass.gov/orgs/office-of-patient-protection)**

North Carolina

Aetna Vision PPO plan members in North Carolina

You may be eligible to receive authorization for the in-network level of benefits when covered vision services are performed by a nonparticipating vision professional. If you are unable to find a participating optometrist or ophthalmologist (within 20 miles of your home) or if there is an unreasonable appointment delay, you can call Member Services.

Member Services will find a participating vision provider for you (within the accessibility and appointment wait guidelines) or authorize that you can receive services from a vision provider outside the network. Your out-of-pocket cost will be the same as if you had received services from a participating vision provider.

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**), .

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)**.

TTY: 711

To access language services at no cost to you, call 1-888-982-3862 .

Para acceder a los servicios de idiomas sin costo, llame al 1-888-982-3862 . (Spanish)

如欲使用免費語言服務，請致電 1-888-982-3862。 (Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 1-888-982-3862 . (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-888-982-3862 . (Tagalog)

T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó kojí' hólne' 1-888-982-3862 . (Navajo)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-888-982-3862 an. (German)

የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በ 1-888-982-3862 ይደውሉ። (Amharic)

(Arabic) . للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1-888-982-3862

আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে এই নম্বরে টেলিফোন করুন: 1-888-982-3862 । (Bengali)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, 1-888-982-3862 पर कॉल करें। (Hindi)

Iji nwetaòhèrè na ọrụ gasị asụsụ n'efu, kpọọ 1-888-982-3862 . (Ibo)

무료 언어 서비스를 이용하려면 1-888-982-3862 번으로 전화해 주십시오. (Korean)

M̩ d̩yi wuɖu-dù kà kò d̩ò b̩ě d̩yi múuń n̩i P̩idyi ní, níi, d̩á n̩òbà n̩ià k̩ɛ: 1-888-982-3862. (Kru-Bassa)

برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-888-982-3862 تماس بگیرید. (Persian-Farsi)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-888-982-3862 . (Russian)

بلاقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ، 1-888-982-3862 پر بات کریں۔ (Urdu)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-888-982-3862 . (Vietnamese)

Lati wọnú awọn isẹ èdè l'ọfẹ fun ọ, pe 1-888-982-3862 . (Yoruba)