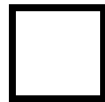


*Consumer's  
Right to Know  
About Health Plans  
in Rhode Island*



**Aetna Life Insurance Company  
January 1, 2012**

***Consumer Disclosure  
Single Service Plan Edition***

*Safe and Healthy Lives In Safe and Healthy Communities*

# Consumer Disclosure

## Aetna Life Insurance Company Vision PPO Plan Certificate #196

### CONSUMER'S RIGHT TO KNOW ABOUT HEALTH PLANS THE HEALTH CARE ACCESSIBILITY AND QUALITY ASSURANCE ACT

Knowing how Health Plans work helps you to be a better consumer. This Health Plan is regulated by the Rhode Island Department of Health and is required by law to disclose the information contained in this document, routinely, to all prospective subscribers and to current subscribers upon request. Official Plan Documents give complete information about this Health Plan, in sample or final form, and are available upon request. Health Plans must also provide a comprehensive list of all participating providers, updated annually.

This Consumer Disclosure has been reviewed and approved by the Rhode Island Department of Health in accordance with R23-17.13 (Rules and Regulations for Certifying Health Plans). Requests for more information about Health Plan certification or consumer rights may be addressed to:

Rhode Island Department of Health, Division of Health Services Regulation, 3 Capitol Hill,  
Providence, RI 02908-5097, Phone: 401 222-6015.

**Q Who can I contact at the Health Plan for information?** Representatives of this Health Plan are available to help you get the information you need. You can contact a Health Plan representative at:

**A**

Aetna Vision Preferred Customer Service  
P.O. Box 8504, Mason, OH 45040-7111  
Toll-Free: 1-877-973-3238

**Q How does the Health Plan Review and approve covered services?** A Health Plan may review covered services that are recommended by providers to decide if the services are medically necessary. If the plan decides the services is not medically necessary, it will not pay. You and your provider can appeal the Health Plan's decision.

**A**

This plan only pays for covered vision expense. A medical necessity determination may be a component of a claims determination.

**Q What if I have an emergency?** An emergency is a problem that needs to be seen by a provider "right-away" to prevent permanent damage or death. Here's what this Health Plan wants you to do when you have an emergency health care problem, at home or out of state.

**A**

In an emergency situation seek treatment immediately. This is a limited scope vision plan and only covers eye exams and certain vision supplies as medically necessary and is not designed to cover medical emergencies.

**Q Does the Health Plan require that I get a second opinion for any services? What if I want a second opinion?** In some cases the Health Plan may require a second opinion before it will pay for a covered service. Or you may just want a second opinion on a plan for diagnosis or treatment.

**A**

This plan does not require that you obtain a second opinion before it will pay for covered services.

**Q How does the Health Plan make sure that my personal health information is protected and kept confidential?** In general, personal health information must be kept confidential (private) by a Health Plan, its employees and agencies it contracts with. Here's how the Health Plan makes sure that personal health information is protected.

**A**

This information cannot be disclosed without your consent. Subject to any applicable state or federal law, disclosure may be made without consent where necessary for the conduct of Aetna's business, to regulators of Aetna's business, or to law enforcement authorities to prevent or prosecute fraud or other illegal activities. Aetna employees are governed by these laws and the requirements in Aetna's Code of Conduct. Providers must agree to comply with all applicable state and federal laws.

**Q How am I protected from discrimination?** You have the right to be treated fairly and equally. Health Plans may not discriminate against you due to age, sex, religion, race or ethnic origin, disability, occupational status or any other characteristics protected by law.

**A**

This plan does not discriminate against members or prospective members due to age, sex, religion, race, ethnic origin, disability, occupational status, or any other characteristic protected by state or federal law.

**Q If I refuse treatment, will it affect my future treatment?** A Health Plan must tell you what effect it will have on future coverage if you refuse to be treated for any condition.

**A**

If you refuse treatment it will not affect coverage for any future treatment you may receive.

**Q How does the health plan pay providers?** Your Health Plan must tell you about the kinds of financial arrangements it has with providers.

**A**

This health plan is not capitated and does not contain other risk sharing arrangements.

**Q How is coverage renewed or canceled?**

**A**

Aetna, the policyholder or a member employer may cancel the policy, in whole or in part, at any time. Among other reasons, Aetna may also cancel the policy, in whole or in part, for failure by your employer to pay premiums. Your coverage will renew on the anniversary date of your employer's plan unless you choose another plan offered by your employer. Provisions of the plan, such as out-of-pocket costs, may change upon renewal. Your coverage may also cancel when your employment ceases, you are not longer in an eligible class, or you fail to make required contributions.

**Q If I am covered by two or more health plans, what should I do?** If you or a family member are covered by two or more Health Plans, you may have to give information on your coverage to each Health Plan. This helps the Health Plans to arrange payments between the plans when you or a family member receive a service. Here's what this plan will ask you to tell them.

**A**

This plan contains a coordination of benefits provision. As a result, if you are covered by two or more health plans, benefits under the other plans may be taken into consideration when determining the benefits payable under this plan. This may mean a reduction in benefits under this plan. You must inform Aetna U.S. Healthcare of the other coverage(s) that you have so that it can be determined whether or not, and to what extent this plan can coordinate benefits with the other plan(s).

**Covered Services:**

Single Service Health Plans (example: dental care, vision care) must provide you with standardized and easy-to-understand information about covered services – including out-of-pocket costs, service limitations and other things you need to know. Health Plans can do this through general information materials or by using a special insert summary called “Covered Services at a Glance.” For more complete information, read the Official Plan Documents or contact a Health Plan Representative.

**Aetna Life Insurance Company**

**COVERED SERVICES AT-A-GLANCE**

**Annual Deductible: In-Network: N/A**

**Out-of-Network: N/A**

Type of Service (Not All Services are Listed  Call plan or check Official Plan Documents for Details	Is Prior Authorization Required *(Yes/No)	What Out-of-Pocket Expenses Will I Have to Pay?	What Other Limitations Apply?	If I Choose a Non-Participating Provider Will the Service be Covered?
Routine Eye Exams	No	\$10 copay	Limited to one routine eye exam per calendar year.	Yes, covered up to \$40 per visit.
Contact Lens Fit and Follow-up	No	N/A	Limited to one contact lens fit visit and two follow-up visits per calendar year.	Yes, covered up to \$40 per visit.
Prescription Lens and Frames	No	Frames: 80% of costs after first \$130 of eligible expenses. Lenses: N/A	Frames: One set of frames every two calendar years. Lenses: One set of lenses every calendar year.  <i>Plan covers only either one set of eyeglass lenses or one order of contact lenses per calendar year.</i>	Frames: Yes, covered up to \$50 per visit. Lenses: Yes, covered up to \$40 for single vision, \$60 for bifocal, \$80 for trifocal, \$125 for lenticular.
Prescription Contact Lenses	No	Conventional: 85% of costs after first \$125 of eligible expenses. Disposable: 100% of costs after first \$125 of eligible expenses. Medically Necessary: N/A	One order of contact lenses per calendar year.  <i>Plan covers only either one set of eyeglass lenses or one order of contact lenses per calendar year.</i>	Yes: Conventional and Disposable covered up to \$125. Medically Necessary covered up to \$210.

Summary for consumer information only. This is not a contract.