Table of contents

**Understanding your plan of benefits** ............................................. 2
  Where to find information about your specific plan...................................................... 2

**What you pay** .................................................................................. 2
  How we pay your vision care providers ................................................................. 2
  Help for those who speak another language and for the hearing impaired............... 2

**Maryland Aetna Vision™ Preferred Disclosure** .......................... 3
  How we pay providers ......................................................................................... 3

**Premium dollar distribution** .............................................................. 4

**What to do if you disagree with us** .................................................. 5
  Complaints, appeals and external review ............................................................ 5

**We protect your privacy** ................................................................. 5
  Summary of the Aetna Privacy Policy ................................................................... 5
Understanding your plan of benefits

Aetna vision benefits plans cover most types of care from a vision care provider, but they do not cover everything. Also, some services may have limits. For example, a plan may allow only one eye exam per year.

Not all of the information in this booklet applies to your specific plan
Most of the information in this disclosure applies to all plans, but some does not. Information about those topics will only apply if the plan includes those benefits.

Where to find information about your specific plan
To view your plan information and documents, and to view or print your Vision member ID card, visit aetnavision.com to create an account and log in.
Your plan documents list the details for your plan such as what’s covered, what’s not covered and the specific amounts you will pay for services. Plan document names vary. They may include a Booklet-Certificate, Group Agreement and Group Insurance Certificate, Group Policy and/or any riders and updates that come with them. If you can’t find your plan documents, call Member Services at 1-877-973-3238 (TTY: 711) to ask for a copy. Or call the toll-free number on your member ID card.

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, non-covered 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.

Notice: You must personally bear all costs if you use health care not authorized by this plan, or purchase drugs that are 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.

Help for those who speak another language and for the hearing impaired
If you require language assistance, please call the Member Services number on your member ID card, and an Aetna representative will connect you with an interpreter. You can also get interpretation assistance for utilization management issues or for registering a complaint or appeal. If you’re deaf or hard of hearing, use your TTY and dial 711 for the Telecommunications Relay Service. Once connected, please enter or provide the Aetna telephone number you’re calling.

Ayuda para las personas que hablan otro idioma y para personas con impedimentos auditivos
Si usted necesita asistencia lingüística, por favor llame al número de Servicios al Miembro que figura en su tarjeta de identificación de Aetna, y un representante de Aetna le conectará con un intérprete. También puede recibir asistencia de interpretación para asuntos de administración de la utilización o para registrar una queja o apelación. Si usted es sordo o tiene problemas de audición, use su TTY y marque 711 para el Servicio de Retransmisión de Telecomunicaciones (TRS). Una vez conectado, por favor entrar o proporcionar el número de teléfono de Aetna que está llamando.

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 providers 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 to receive available out-of-network reimbursement.

IMPORTANT: 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 their 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, upon your request.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies (Aetna). 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.
# Maryland Aetna Vision℠ Preferred Disclosure

## How we pay providers

<table>
<thead>
<tr>
<th>Terms</th>
<th>These examples show how Dr. Jones, an obstetrician gynecologist, would be compensated under each method of payment.</th>
<th>Percentage of Vision care providers paid by each method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td>A physician is an employee of Aetna and is paid compensation (monetary wages) for providing specific health care services. Since Dr. Jones is an employee of Aetna, she receives her usual biweekly salary regardless of how many patients she sees or the number of services she provides. During the months of providing prenatal care to Mrs. Smith, who is a member of Aetna, Dr. Jones’ salary is unchanged. Although Mrs. Smith’s baby is delivered by Cesarean section, a more complicated procedure than a vaginal delivery, the method of delivery will not have any effect upon Dr. Jones’ salary.</td>
<td>0%</td>
</tr>
<tr>
<td>Capitation</td>
<td>A physician (or group of physicians) is paid a fixed amount of money per month by Aetna for each patient who chooses the physician(s) to be his or her doctor. Payment is fixed without regard to the volume of services an individual patient requires. Under this type of contractual arrangement, Dr. Jones participates in an Aetna network. She is not employed by Aetna. Her contract with Aetna stipulates that she is paid a certain amount each month for patients who select her as their doctor. Since Mrs. Smith is a member of Aetna, Dr. Jones’ monthly payment does not change as a result of her providing ongoing care to Mrs. Smith. The capitation amount paid to Dr. Jones is the same whether or not Mrs. Smith requires obstetric services.</td>
<td>0%</td>
</tr>
<tr>
<td>Fee-for-service</td>
<td>A physician charges a fee for each patient visit, medical procedure or medical service provided. An HMO pays the entire fee for physicians it has under contract and an insurer pays all or part of that fee, depending on the type of coverage. The patient is expected to pay the remainder. Dr. Jones’ contract with the insurer or Aetna states that Dr. Jones will be paid a fee for each patient visit and each service she provides. The amount of payment Dr. Jones receives will depend upon the number, types, and complexity of services, and the time she spends providing services to Mrs. Smith. Because Cesarean deliveries are more complicated than vaginal deliveries, Dr. Jones is paid more to deliver Mrs. Smith’s baby than she would be paid for a vaginal delivery. Mrs. Smith may be responsible for some portion of the bill.</td>
<td>0%</td>
</tr>
<tr>
<td>Discounted fee-for-service</td>
<td>Payment is less than the rate usually received by the physician for each patient visit, medical procedure, or service. This arrangement is the result of an agreement between the payer, who gets lower costs and the physician, who usually gets an increased volume of patients. Like fee-for-service, this type of contractual arrangement involves Aetna paying Dr. Jones for each patient visit and each delivery; but, under this arrangement, the rate, agreed upon in advance, is less than Dr. Jones’ usual fee. Dr. Jones expects that in exchange for agreeing to accept a reduced rate, she will serve a certain number of patients. For each procedure she performs, Aetna will pay Dr. Jones a discounted rate.</td>
<td>100%</td>
</tr>
</tbody>
</table>

![Aetna Logo](https://example.com/aetna_logo.png)
<table>
<thead>
<tr>
<th>Terms</th>
<th>These examples show how Dr. Jones, an obstetrician gynecologist, would be compensated under each method of payment.</th>
<th>Percentage of Vision care providers paid by each method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonus</td>
<td>A physician is paid an additional amount over what he or she is paid under salary, capitation, fee-for-service or other type of payment arrangement. Bonuses may be based on many factors, including member satisfaction, quality of care, control of costs and use of services. Aetna rewards its physician staff or contracted physicians who have demonstrated higher than average quality and productivity. Because Dr. Jones has delivered so many babies and she has been rated highly by her patients and fellow physicians, Dr. Jones will receive a monetary award in addition to her usual payment.</td>
<td>0%</td>
</tr>
<tr>
<td>Case rate</td>
<td>Aetna and the physician agree in advance that payment will cover a combination of services provided by both the physician and hospital for an episode of care. This type of arrangement stipulates how much Aetna will pay for a patient’s obstetric services. All office visits for prenatal and postnatal care, as well as the delivery, and hospital-related charges are covered by one fee. Dr. Jones, the hospital, and other providers (such as an anesthesiologist) will divide payment from Aetna for the care provided to Mrs. Smith.</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Premium dollar distribution**

The cost of providing vision care services in the State of Maryland did not exceed the premium revenue per $100.

*Vision Care Expenses includes the costs of vision services.

**Administrative Expenses include, but may not be limited to: occupancy, depreciation and amortization, marketing, salaries, interest expense and accounting and corporate expenses.
Attention North Carolina vision PPO plan members:
You can request approval for in-network level of benefits when covered vision services are provided by a nonparticipating vision professional
Call Member Services if you cannot find a participating optometrist or ophthalmologist within 20 miles, or if there is an unreasonable appointment delay. Member Services will find a participating vision provider for you (within the accessibility and appointment wait guidelines) or authorize you to receive services from a vision provider outside the network. Your out-of-pocket cost will be the same as if you received services from a participating vision provider.

Connecticut vision PPO plan members
You can ask for approval to get in-network level of benefits for covered services, when:
1) A network provider is not available within 30 miles or 45 minutes (15 miles or 30 minutes in Fairfield County), or
2) If the wait time for the first available appointment is longer than these reasonable times:
   • Urgent care – Within 48 hours
   • Non-urgent specialty care – Within 15 business days

Call Member Services at 1-877-973-3238 (TTY: 711) if you need help finding a provider.

What to do if you disagree with us

Complaints, appeals and external review
Please tell us if you are not satisfied with a response you received from us, or with how we do business.
Call Member Services at 1-877-973-3238 (TTY: 711) to file a verbal complaint or to ask for the appropriate address to mail a written complaint. Or call the phone number on your Aetna ID card. You can also email Member Services through your member website at aetnavision.com.
If you’re not satisfied after talking to Member Services, you can ask to have your issue sent to the appropriate department. You can also write to the following address:
Aetna Grievance and Appeals Unit
PO Box 14080
Lexington, KY 40512-4080
If you don’t agree with a denied claim, you can file an appeal. To file an appeal, follow the directions in the letter or explanation of benefits statement that says your claim was denied. The letter also tells you what we need from you and how soon we will respond.

We protect your privacy
We consider personal information to be private. Our policies protect your personal information from unlawful use. By personal information, we mean information that can identify you as a person, as well as your financial and health information.
Personal information does not include what is available to the public. For example, anyone can access information about what the plan covers. It also does not include reports that do not identify you.

Summary of the Aetna Privacy Policy
When necessary for your care or treatment, or the operation of our health plans or other related activities, we use personal information within our company, share it with our affiliates and may disclose it to:
• Your eye doctors, pharmacies, hospitals and other caregivers
• Those who pay for your vision care services — this can include vision care provider organizations and employers who fund their own vision care plans or who share the costs
• Other insurers
• Vendors
• Government departments
• Third-party administrators (TPAs)
These parties are required to keep your information private as required by law.
Some of the ways in which we may use your information include:
• Paying claims
• Making decisions about what the plan covers
• Coordination of payments with other insurers
• Quality assessment
• Activities to improve our plans
• Audits
We consider these activities key for the operation of our plans. When allowed by law, we use and disclose your personal information in the ways explained above without your permission. Our privacy notice includes a complete explanation of the ways we use and disclose your information. It also explains when we need your permission to use or disclose your information.

We are required to give you access to your information. If you think there is something wrong or missing in your personal information, you can ask that it be changed. We must complete your request within a reasonable amount of time. If we don't agree with the change, you can file an appeal.

If you'd like a copy of our privacy notice, call the toll-free number on your ID card or visit us at aetnavision.com.
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 1-877-973-3238. 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),
Phone: 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).
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 bàgh lílinigóó kojí’ hólne’ 1-888-982-3862. (Navajo)

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

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

আপনাকে বিনামূল্য ভাষা পরিষেবা পেতে হল 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 nwetaohèrè na orú gasi asusu n’efu, kpoó 1-888-982-3862. (Ibo)

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

М дыи вуку-дү кà кò дё бë дëй мàуëн нì Pidyí nì, nìì, дá нëbà нìà кë: 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)

پیام رسمی زبان سے متعلق، خدمات حاصل کرنا کے لئے 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 wonú awon ise èdè l’ofè fun ọ, pe 1-888-982-3862 . (Yoruba)