



**aetna**<sup>®</sup>

**Aetna Vision<sup>SM</sup> Preferred**

www.aetnavision.com

**Summary of Benefits for Orthodox Healthplan**

Effective Date: 05-01-2019  
Plan 30 External Plan ID 9919705130  
Line Value 606  
12 12 24

	In Network	Out of Network*
<b>Exam</b>		
<b>Aetna Vision Network</b>		
<b>Use your Exam coverage once every rolling 12 months</b>		
Routine/Comprehensive Eye Exam	<b>\$0 Copay</b>	\$35 Reimbursement
Standard Contact Lens Fit/Follow-Up	<b>Member pays discounted fee of \$40</b>	Not Covered
Premium Contact Lens Fit/Follow-Up	<b>Member pays 90% of retail</b>	Not Covered
<b>Eye Glass Lenses / Lens options</b>		
<b>Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses</b>		
Standard Plastic Single Vision Lenses	<b>\$0 Copay</b>	\$30 Reimbursement
Standard Plastic Bifocal Vision Lenses	<b>\$0 Copay</b>	\$45 Reimbursement
Standard Plastic Trifocal Vision Lenses	<b>\$0 Copay</b>	\$75 Reimbursement
Standard Plastic Lenticular Vision Lenses	<b>\$0 Copay</b>	\$75 Reimbursement
Standard Progressive Vision Lenses	<b>\$65 Copay</b>	\$45 Reimbursement
Premium Progressive Vision Lenses <sup>1</sup> (Member pays Bifocal copay plus Tier amount based on brand)	<b>20% Discount off retail minus \$120 plan allowance plus \$65 copay = member out-of-pocket</b>	\$45 Reimbursement
UV Treatment	<b>Member pays discounted fee of \$15</b>	Not Covered
Tint (Solid And Gradient)	<b>Member pays discounted fee of \$15</b>	Not Covered
Standard Plastic Scratch Coating	<b>Member pays discounted fee of \$15</b>	Not Covered
Standard Polycarbonate Lenses - Adult	<b>Member pays discounted fee of \$40</b>	Not Covered
Standard Polycarbonate Lenses - Children To Age 19	<b>Member pays discounted fee of \$40</b>	Not Covered
Standard Anti-Reflective Coating	<b>Member pays discounted fee of \$45</b>	Not Covered
Polarized And Other Lens Add Ons	<b>Member pays 80% of retail</b>	Not Covered
<b>Contact Lenses</b>		
<b>Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses</b>		
Conventional Contact Lenses	<b>\$140 Allowance** Additional 15% off balance over allowance</b>	\$100 Reimbursement
Disposable Contact Lenses	<b>\$140 Allowance</b>	\$100 Reimbursement
Medically Necessary Contact Lenses	<b>\$0 Copay</b>	\$200 Reimbursement
<b>Frames</b>		
<b>Use your frame coverage once every rolling 24 months</b>		
Any Frame available, including frames for prescription sunglasses <sup>2</sup>	<b>\$140 Allowance** Additional 20% off balance over allowance</b>	\$70 Reimbursement
<b>Rates - See detailed rate information on page 2</b>		
<b>Employee Only</b>	<b>\$8.87</b>	
<b>Employee + Family</b>	<b>\$21.18</b>	
<b>In Network Discounts</b>		
Additional pairs of eyeglasses or prescription sunglasses <sup>2</sup>	<b>Up to a 40% Discount</b>	
Non-covered items <sup>3</sup>	<b>20% Discount</b>	
Lasik Laser vision correction or PRK from U.S. Laser Network <sup>4</sup> only. Call 1-800-422-6600	<b>15% discount off retail or 5% discount off the promotional price</b>	
Retinal Imaging <sup>5</sup>	<b>Member pays a discounted fee up to \$39</b>	

## Rate Information

We have made every effort to respond to your request in a manner that reflects existing and expected business practices for the effective date that you have chosen.

**Pricing and Underwriting Assumption** Our proposal assumes that coverage will be extended to all eligible employees. This quotation is on a pretax basis and will be void for post-tax offerings.

**Policies and Claim Settlement Practices** Our proposal assumes that our standard contract provisions and claim settlement practices will apply. If a material change is initiated by you due to legislative or regulatory action in the claim payment requirements or procedures, account structure, or any changes materially affecting the manner or cost of paying benefits, we reserve the right to adjust our proposal accordingly.

**Participation requirements** A minimum participation level of 10 enrolled subscribers is required.

**Plan Offering** We have assumed that Aetna will be the sole Vision vendor offered.

**Rate Guarantee** Our quoted rates are guaranteed for the first 4 years of the policy period and are valid as of the plan effective date. The quoted rates apply only to the benefit levels and conditions specified and any variations in benefit level or assumed conditions may require a rate change. We reserve the right to review and modify or terminate the guarantee arrangement if any of the following occur during the guarantee period:

- Failure to make required premium payments in accordance with policy provisions.
  - A material change in the plan of benefits offered that is initiated by you or required because of legislative or regulatory action.
- Affordable Care Act – Fees and Assessments** This rate quote includes, as applicable, an estimated proportionate allocation of expense associated with the ACA Health Insurance Provider Fee. The fee is due for 2018 and 2020 but has been suspended for 2019. Aetna reserves the right to modify these rates, or otherwise recoup such fees, based on future regulatory guidance, subsequent state regulatory approval, or if estimates are materially insufficient.

**Plan Eligibility** Our quoted rates assume that permanent full-time employees work a minimum of 25 hours per week on a regularly scheduled basis and that eligible dependents include an employee's spouse and unmarried children up to age 26.

**Run-Off Claim Processing** Our quoted rates reflect an incurred (mature) claim base and take into account the expenses associated with the processing of run-off claims following cancellation, subject to the conditions of our financial guarantee.

**Fiduciary** Aetna is claim fiduciary

**ID Cards** Our quoted rates include the cost for standard ID cards. Each vision subscriber will receive two ID cards. The ID card includes a toll-free number for accessing member services.

**Commissions** - 10% commissions have been included in our rates.

**Compensation to Producers (Brokers, Agents and Consultants):**

Licensed and appointed producers may earn compensation in the form of a commission on the sale of this product. The amount of compensation varies depending on a number of factors, including customer segment and the product selected. Aetna offers additional bonus programs to its producers, which may also apply. Please consult your broker for additional information concerning their compensation for this sale, including commissions and any applicable bonus programs. The producer is prohibited by law from altering the amount of compensation received from Aetna based in whole or in part on the sale.

**Compensation to Salaried Aetna Employees:**

Salaried employees may earn compensation on the sale of Aetna products. The compensation varied depending on a number of factors, including customer segment and product selected. Combining all factors, compensation for each product quoted averages less than 8% of the total first year annual premium. Aetna offers additional bonus programs, which may also apply. Neither Aetna nor the employee has material ownership interest in the other. The employee may not alter the amount of compensation received from Aetna. You may obtain additional information about the compensation expected to be received by eligible employees, based in whole or in part on the sale of an Aetna product, or alternative options presented, by contacting Aetna at [www.aetna.com/about-us/forms/employee-compensation-disclosure.html](http://www.aetna.com/about-us/forms/employee-compensation-disclosure.html).

## Partial list of Exclusions and Limitations

Exclusions and limitations for vision include: any charges in excess of the benefits, dollar or supply limits listed above; special vision procedures, such as orthoptics, vision therapy or vision training; vision services or supplies that do not meet professionally accepted standards; plano (non-prescription) lenses; non-prescription sunglasses; two pair of glasses in lieu of bifocals; medical and/or surgical treatment of the eyes; cosmetic services; lost or broken lenses, frames, glasses or contact lenses. Other exclusions and limitations may also apply.

\*You can choose to receive care outside the network. Simply pay for the services up front and then submit a claim form to receive an amount up to the out of network reimbursement amounts listed above. Reimbursement will not exceed the providers actual charge. Claim forms can be found at [www.aetnavision.com](http://www.aetnavision.com) or by calling customer service Mon-Sun @ 877-9-SEE-AETNA. Submit completed claim form with receipts to Aetna, PO Box 8504 Mason, OH 45040-7111.

Enrolled members can access our secure member website once their plan becomes effective. Enrolled subscribers will receive a welcome packet with ID card mailed to their home within 15 business days after enrollment is processed.

\*\*Allowances are one-time use benefits. No remaining balances may be used. The plan does not provide a declining balance benefit.

<sup>1</sup>Premium progressives and premium anti-reflective Brand designations are subject to annual review and change based on market conditions. Ask your eye care provider for more information.

<sup>2</sup>Additional pair discount applies to purchases made after the plan allowances have been exhausted.

<sup>3</sup>Non covered discounts may not be available in all states.

<sup>4</sup>Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

<sup>5</sup>Retinal Imaging available at participating locations. Contact your eyecare provider to verify if available.

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 ("EyeMed"), LLC.

Providers participating in the Aetna Vision network are contracted through EyeMed Vision Care, LLC. EyeMed and Aetna are independent contractors and not employees or agents of each other. Participating vision providers are credentialed by and subject to the credentialing requirements of EyeMed. Aetna does not provide medical/vision care or treatment and is not responsible for outcomes. Aetna does not guarantee access to vision care services or access to specific vision care providers and provider network composition is subject to change without notice.

This quote is based on a contract situs of Connecticut. Extraterritorial state requirements may apply to members residing in specific States. If your plan covers members in other states, impacts to your plan of benefits and rates adjustments (if any) will be evaluated and communicated to you at the point of sale.

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

Aetna provides 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 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 Civil Rights Coordinator by contacting: Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512. 1-800-648-7817, TTY: 711, Fax: 859-425-3379, [CRCoordinator@aetna.com](mailto: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). Help for those who speak another language and for the hearing impaired

For language assistance in your language call 877-973-3238. Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

