

Colorado - Aetna VisionSM Preferred Network Access Plan

This manual will help you understand your vision plan's provider network and related topics.

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Aetna® is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

Aetna Vision

Preferred Network Access Plan

1. Introduction

The Colorado Division of Insurance (DOI) has licensed Aetna Life Insurance Company as a life, accident and health and disability insurance company.

The DOI requires us to provide you with this Aetna Vision Preferred Network Access Plan for your Aetna Vision Preferred network (AVP). It provides important information about your vision plan's provider network and related topics. This material is for information only. It is neither an offer of coverage nor medical advice. It is not a contract of insurance.

Providers in the Aetna Vision network are contracted and credentialed through EyeMed Vision Care, LLC, according to EyeMed's requirements. EyeMed and Aetna® are independent contractors and not agents of each other. Provider participation may change without notice.

Why use in-network providers?

You may pay less out of pocket when you use providers in our network. We negotiate discounted rates for covered vision care services. This means when you get covered vision care services from an in-network provider, the provider won't bill you for costs above their contracted rate for those services.

Also, we strive to build our network with high quality providers. This improves the vision care experience for all. And members find it easy to get the care they need.

To learn more about your network, just visit [AetnaVision.com](https://www.aetnavision.com). You may also call the phone number on your ID card.

You can get a printed copy of this access plan. Just call us at the toll-free number on your ID card.

2. Your provider network

Provider directories

Aetna provides you with an online provider directory. We update them whenever changes occur. You can also get a printed provider directory upon request. Just call our toll-free number on your vision plan ID card.

How we build your provider network

To build our vision networks, we look at how many vision care providers are in a specific area. This way we can ensure we have enough providers to meet your routine

vision care needs. Our network of eye doctors has thousands of independent providers, popular retailers and online options. So you can see who you want to see, where and when you want to see them.

How we choose providers

We created the vision network based on numerous market variables. We chose providers based on:

- Access and availability
- Credentialing standards met
- Provider ability to meet company participation criteria
- Cost efficiency

Choosing a Provider

You do not need a referral to receive in-network vision services or supplies covered under your vision plan. You can visit any licensed eye care provider to receive covered services, but your out-of-pocket cost may be higher if your provider is not in the network. You can change eye care providers at any time and your plan does not require our approval to change providers.

Your plan documents describe the services and materials that are covered under your plan. Non-routine care provided by a specialist may be covered under your medical plan. Consult your medical plan for additional information.

Continuity of Care

You may have to find a new provider when you:

- Join our plan and your current provider is not in our network
- Are already a member and your provider leaves our network

Quality assurance procedures

We check all providers' credentials before they can join the Aetna VisionSM Preferred network. We require re-credentialing every three years. Between credentialing cycles, we regularly monitor for:

- State board sanctions
- Loss of license
- Office of personnel management/office of inspector general reports
- Medicare opt-out
- Potential quality of care concerns (member complaints and internally identified events)

3. Monitoring network adequacy

We strive to make sure the network has enough licensed vision care providers. We want to make sure you can conveniently and safely have your vision needs met. And that the network meets DOI standards. We are always assessing network adequacy. We work to add more providers wherever needed by ensuring:

- Number of providers to members is adequate
- Geographic distribution — participating providers are within a reasonable distance
- Appointment availability — service and wait times are reasonable

As of June 2024, the Aetna VisionSM Preferred Colorado network is adequate and had 4,102 vision care providers at 519 locations.

This includes 3,829 optometrists and 273 ophthalmologists.

A member can visit either provider type to receive the benefits offered through the Aetna[®] plan for routine eye care services.

Standards for distance and wait time

We routinely measure the adequacy of the provider network. We compare it to Aetna and state standards for driving distances and appointment wait times. When you cannot get an in-network appointment within these standards, we will cover an out-of-network provider at your in-network benefit levels. See the section titled “Out-of-network care”, on page 3.

4. Monitoring network quality

The quality management program monitors the quality and safety of vision care services to members.

We continue to monitor and improve access to providers. Every year we measure:

- Member-to-practitioner ratios
- Member complaints and surveys
- Provider surveys
- Customer service call abandonment rates, average speed of answer and other factors

5. Out-of-network care

You can ask for approval to get in-network benefits when a network provider is not available within a reasonable distance or timeframe. Just call our toll-free number on your vision plan ID card.

6. Grievances and appeals

If you or your provider has a complaint about any aspect of your coverage, you have the right to send us a grievance or appeal. Details on how to do this are in your plan documents, including your individual policy or group member certificate, and your Summary of Benefits and Coverage. Grievance and appeal information is on our website, and on the Explanation of Benefits (EOB) you get after we process your claims.

Hold harmless

Our contracts have a “hold harmless” provision. It prevents network providers from balance billing you if the insurer is insolvent or can’t continue operations.

7. Members with special communication needs

Access and accessibility of services of covered persons with limited English proficiency and illiteracy, with diverse cultural and ethnic backgrounds and with physical or mental disabilities.

Members with limited English proficiency, physical or mental disabilities: Aetna uses Language Line, an interpretation service, to address the needs of enrollees with limited English proficiency. Language Line offers 24/7 over-the-phone interpretation in over 200 languages. EOB statements and other correspondence generated through the claims and appeal process provide notice that translation services are available. And Aetna’s member disclosure information (available to members on our public website as well as in enrollment packets) includes a notice that language services are available for members who speak another language or are hearing impaired.

For hearing-impaired or speech-disabled individuals, Aetna uses a relay service. The relay service acts as an intermediary for telecommunications between hearing individuals and individuals who are deaf, hard of hearing, deaf-blind and/or have speech disabilities. We have specially trained communication assistants who complete the calls and stay online to relay messages either:

- Electronically over a teletypewriter (TTY) or telecommunications device for the deaf (TDD) or
- Verbally to hearing parties

8. Telehealth

For telehealth services, we provide the same benefit as if you went to the provider’s office. This helps to meet the needs of members and provide access to vision care services.

Aetna® doesn't consider the member's race, disability, religion, sex, sexual orientation, health, ethnicity, creed, age or national origin when providing access to care. Aetna and network providers must comply with these laws:

- Title VI of the Civil Rights Act of 1964
- Age Discrimination Act of 1975
- Americans with Disabilities Act
- Laws that apply to those who receive federal funds
- All other laws that protect your rights to receive health care

If a member chooses to provide certain information about race, ethnicity and languages spoken, it may help to improve access to health care and better serve a member. All information a member gives us is private. The member disclosure document addresses privacy and access to health care in more detail.

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, sexual orientation, 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: P.O. 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](tel:18003681019)**, **[1-800-537-7697](tel:18005377697)** (TDD).

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.
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
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.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Amharic	የ ቋንቋ አገልግሎቶችን ያለ ክፍያ ለማግኘት፣ በመኃወቂያዎት ላይ ያለውን ቁጥር ይደውሉ፡፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Cushitic-Oromo	Tajaajiloota afaanii gatii bilisaa ati argaachuuf, lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obula, kpọọ nọmba nọ na kaadi njirimara gi
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Yoruba	Láti ráyèsí àwọn iṣẹ̀ èdè fún ọ̀ lófẹ́ẹ̀, pe nọmbà tó wà lóri káàdì idánimò rẹ.