Carnegie Institution for Science

To: Employees and Fellows

From: Cady Canapp
        Manager of Human Resources and Insurance

Date: June 1, 2013

Subject: Health Care Open Enrollment – Please read carefully – there are changes.

Open Enrollment

This year the health care open enrollment will begin on June 3, 2013 and end on June 21, 2013. During this period, you may enroll yourself and/or your eligible dependents. You may also change between the PPO option and the HSA option. A new vision option is being added. This option is completely voluntary and the premium is paid 100% by employees and fellows. This new option is described later in this memo.

Carnegie has been fortunate over the last three years to have relatively small rate increases. However, this year the news is not so good. The rate increase started with a 22.7% increase, but by making some changes in assumptions and risk factors, along with some plan design changes, we were able to reduce the increase to 15.0%

Two Health Plan Options

The two plan options, PPO and HSA, differ significantly. In brief, the PPO is a type of medical plan in which participants receive more coverage if they choose health care providers under contract with Aetna. If you choose this option, there are significant savings when you access doctors, hospitals, and providers that are within Aetna’s network. (Usage of in-network services is also termed “preferred care” herein.)

The Health Savings Account (HSA) option combines a plan with high deductibles that uses the same network of health care providers as the PPO, with an account funded by contributions from the Institution and you, that can be used to cover unreimbursed health care and other expenses currently or in the future. The HSA option also has significantly lower monthly premiums. But, as explained below, it does present some possible disadvantages to the PPO option.

In general, HSAs are intended for individuals and families who are willing to budget for health care expenses up to the plan’s deductible in exchange for an account contribution that can be used to cover health care and other expenses or carried into future years when perhaps one’s needs are greater. Proponents of HSAs believe that they are an important reform that will help reduce the growth of health care costs and increase the efficiency of the health care system. According to proponents, HSAs encourage saving for future health care expenses, provide
protection against major health care expenses, and make consumers more responsible for their own health care choices. At the same time, there are those who worry that many HSA plan participants will end up paying more out-of-pocket for their health care.

In designing this option, we set the terms so that individual employees and fellows would not generally receive more or fewer benefits funded by Carnegie depending on whether they enroll in the PPO or HSA option. Rather, the options differ fundamentally in the risks you assume and the types of benefits you may receive. Carnegie makes no recommendation about which plan is preferable for any employee or fellow.

Further details concerning the PPO and HSA options follow.

**PPO Option Specifics and Plan Changes**

The PPO plan includes changes this year to co-pays. They are indicated below in parentheses. These changes are necessary in order to minimize the costs of premiums for employees and fellows as well as the Institution. The specifics of the PPO plan are:

- The annual deductible under preferred care is $300 for individuals and $600 for families. For non-preferred care, the deductible is $500 for individuals and $1,000 for families.
- The emergency room co-pay is $75 (changing to $150).
- The office visit co-pay is $25 (changing to $30) and the specialist co-pay is $30 (changing to $50).
- Member coinsurance is covered 100% under preferred care, but only at 75% for non-preferred care.
- There is no maximum out-of-pocket limit under preferred care. For non-preferred care, the maximum out-of-pocket limit is $2,000 per individual and $4,000 per family.
- In general, preventive care is covered at 100% of costs and the deductible is waived for preferred care. Most physician, hospital, and emergency services under preferred care are covered at 100% after deductible.

All changes become effective August 1, 2013.

**Health Savings Account (HSA) Option Specifics (no plan changes this year)**

Under the HSA option, an employee or fellow has access to the same network of providers as is available under the PPO option. The HSA specifically features a high annual deductible and lower monthly premiums. Carnegie also makes a pre-tax contribution to an interest-bearing account that can be used to cover eligible health expenses (such as expenses incurred satisfying the high deductible), or other expenses incurred in future years.

Some specifics include:

- The annual deductible under preferred care is $1,500 for individuals and $3,000 for families. For non-preferred care, the deductible is $2,400 for individuals and $4,800 for families.
- Member coinsurance is covered 100% under preferred care, but only at 80% for non-preferred care.
- There is a maximum out-of-pocket limit of $3,000 per individual and $6,000 per family under preferred care. For non-preferred care, the maximum out-of-pocket limit is $4,800 per individual and $9,600 per family.
- In general, preventive care is covered at 100% of costs and the deductible is waived for preferred care. Most physician, hospital, and emergency services are covered at 100% after deductible.
- There are no co-pays.
- Carnegie will make an annual payment of $540 per individual and $1,080 per family into a health savings account. This account will be administered through Aetna and will be available to employees and fellows for the payment of health care expenses. Unused amounts in the account carry forward beyond the plan year and are subject to various requirements concerning investments and withdrawals.
- A person enrolled in the Health Savings Account cannot also be enrolled in a health flexible spending account (FSA) (including the employee’s spouse in his or her employer’s FSA plan).

The New Vision Option

Carnegie is pleased to include a new vision plan option as part of the Aetna health care plan. The vision option works somewhat like the PPO health option. There is a network of participating vision providers and the benefits are greater if a participating provider is used. Some services and correction lenses are covered using out-of-network providers, but at a lesser benefit than if in-network providers are used.

Briefly, routine/comprehensive eye exams are covered once every rolling 12 months with a $20 co-pay. Standard contact lens fit and follow-up are covered once every rolling 12 months with a discounted fee of $40. Eyeglass lenses or contact lenses are also covered once every rolling 12 months. The co-pay for most lenses is $20. Standard progressive lenses are more. Frames, including for prescription sunglasses are covered once every rolling 24 months. The cost for frames is a $100 allowance with an additional 20% off any balance remaining over the allowance.

The Aetna Vision Preferred network has over 55,000 vision offices in which 75% are private practitioners and 25% are retailers, including LensCrafters, Pearle Vision, JCPenny Optical, Target Optical, and Sears Optical. You can visit the website at aetna.com to find a provider near you. Go to “Find a Doctor” and then enter “Vision”.

There is more about the new vision option attached to this memo. You pay 100% of the cost for vision coverage. Carnegie does not contribute toward the cost.

If you wish to enroll in the new vision option, please complete the attached enrollment form. You may enroll yourself and your dependents by completing the attached enrollment form. Coverage is effective August 1, 2013.
Premium Costs for the 2013-2014 Plan Year

If you are an employee, your **semi-monthly** premium is shown below. Your contribution rate will be adjusted beginning with the July payroll. The increase under the Aetna PPO and HSA options is 15% above the current rate. This increase is the result of Carnegie’s specific claims experience over the last year and projected cost increases in the health care industry.

**Employee Semi-monthly Deductions**

<table>
<thead>
<tr>
<th></th>
<th>Current</th>
<th>New</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna PPO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$ 68.26</td>
<td>$ 78.50</td>
</tr>
<tr>
<td>Two-Party</td>
<td>$135.81</td>
<td>$156.17</td>
</tr>
<tr>
<td>Family</td>
<td>$174.21</td>
<td>$200.34</td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna HSA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$ 53.57</td>
<td>$ 61.60</td>
</tr>
<tr>
<td>Two-Party</td>
<td>$106.58</td>
<td>$122.57</td>
</tr>
<tr>
<td>Family</td>
<td>$136.72</td>
<td>$157.21</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>N/A</td>
<td>$ 2.50</td>
</tr>
<tr>
<td>Two-Party</td>
<td>N/A</td>
<td>$ 4.76</td>
</tr>
<tr>
<td>Family</td>
<td>N/A</td>
<td>$ 6.99</td>
</tr>
</tbody>
</table>

If you are a fellow and paid monthly, the above amounts should be multiplied by two to determine your monthly contribution for your share of the premium.

**Information About Making Enrollment Changes**

Your share of the health insurance premium is deducted from each paycheck on a pre-tax basis, thereby effectively reducing your cost of coverage and saving you tax dollars each pay period. In order for this pre-tax arrangement to work, legislation applies certain restrictions on your ability to change your health care election. You may change your health care election at the beginning of each plan year during the open enrollment period. However, to change your coverage at times other than open enrollment, you must experience a “status change.” A status change is a change in: 1) your marital status; 2) the number of your dependents; 3) your employment status or that of your spouse or dependent child; 4) dependent status (includes reaching the upper age limit and losing or gaining student status); 5) your residence or that of your spouse or dependent child; 6) the legal custody of your child that results in a change in health care; or 7) a significant change in the cost or coverage of your plan or the plan of your
spouse (including circumstances where the open enrollment period of the spouse’s plan is different from the open enrollment period of your plan).
### Summary of Benefits for Carnegie Institution of Washington

**Effective Date:** 08-01-2013  
**Effective Date:** 08-01-2013

#### Exam

<table>
<thead>
<tr>
<th>Use your Exam coverage once every rolling 12 months</th>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine/Comprehensive Eye Exam</td>
<td>$20 Copay</td>
<td>$20 Reimbursement</td>
</tr>
<tr>
<td>Standard Contact Lens Fit/Follow-up</td>
<td>Member pays discounted fee of $40</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Premium Contact Lens Fit/Follow-up</td>
<td>Member pays 90% of retail</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

#### Eyeglass Lenses / Lens options

<table>
<thead>
<tr>
<th>Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses</th>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single vision lenses</td>
<td>$20 Copay</td>
<td>$15 Reimbursement</td>
</tr>
<tr>
<td>Bifocal vision lenses</td>
<td>$20 Copay</td>
<td>$30 Reimbursement</td>
</tr>
<tr>
<td>Trifocal vision lenses</td>
<td>$20 Copay</td>
<td>$60 Reimbursement</td>
</tr>
<tr>
<td>Lenticular vision lenses</td>
<td>$20 Copay</td>
<td>$60 Reimbursement</td>
</tr>
<tr>
<td>Standard Progressive vision lenses</td>
<td>$85 Copay</td>
<td>$30 Reimbursement</td>
</tr>
<tr>
<td>Premium Progressive vision lenses[^1]</td>
<td>20% Discount off retail minus $120 plan allowance plus $85 Copay = member out-of-pocket</td>
<td>$30 Reimbursement</td>
</tr>
<tr>
<td>UV treatment</td>
<td>Member pays discounted fee of $15</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Tint (Solid and Gradient)</td>
<td>Member pays discounted fee of $15</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Standard plastic scratch coating</td>
<td>Member pays discounted fee of $15</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Standard polycarbonate lenses - Adult</td>
<td>Member pays discounted fee of $40</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Standard polycarbonate lenses - Children to age 19</td>
<td>Member pays discounted fee of $40</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Standard anti-reflective coating</td>
<td>Member pays discounted fee of $45</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Polarized</td>
<td>Member pays 80% of retail</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

#### Contact Lenses

<table>
<thead>
<tr>
<th>Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses</th>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conventional contact lenses $105 Allowance** additional 15% off balance over allowance</td>
<td>$75 Reimbursement</td>
<td></td>
</tr>
<tr>
<td>Disposable contact lenses $105 Allowance</td>
<td>$75 Reimbursement</td>
<td></td>
</tr>
<tr>
<td>Medically necessary contact lenses $0 Copay</td>
<td>$200 Reimbursement</td>
<td></td>
</tr>
</tbody>
</table>

#### Frames

<table>
<thead>
<tr>
<th>Any Frame available, including frames for prescription sunglasses</th>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$100 allowance additional 20% off balance over allowance</td>
<td>$50 Reimbursement</td>
<td></td>
</tr>
</tbody>
</table>

#### Discounts

Discounts cannot be combined with any other discounts or promotional offers and may not be available on all brands.

<table>
<thead>
<tr>
<th>Additional pairs of eyeglasses or prescription sunglasses. Discount applies to purchases made after the plan allowances have been exhausted.</th>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to a 40% Discount</td>
<td>No Discount</td>
<td></td>
</tr>
<tr>
<td>Non-covered items such as cleaning cloths and contact lens solution[^2]</td>
<td>20% Discount</td>
<td>No Discount</td>
</tr>
<tr>
<td>Lasik Laser vision correction or PRK from U.S. Laser Network[^3] only. Call 1-800-422-6600</td>
<td>15% discount off retail or 5% discount off the promotional price</td>
<td>No Discount</td>
</tr>
<tr>
<td>Replacement contact lenses</td>
<td>No Discount</td>
<td></td>
</tr>
</tbody>
</table>

### Exclusions and Limitations

Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses

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[^1]: 20% Discount off retail minus $120 plan allowance plus $85 Copay = member out-of-pocket.
[^2]: 20% Discount.
[^3]: 15% discount off retail or 5% discount off the promotional price.
*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 or by calling the number on your ID card. Submit completed claim form with receipts to Aetna, PO Box 8504 Mason, OH 45040-7111.

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

1Premium 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.

2Non covered discounts may not be available in all states.

Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

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.

Vision insurance plans contain exclusions and limitations. Not all vision services are covered. See your plan booklet for details.

This material is for information only, and is not an offer or invitation to contract.

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.
Eye exams, eyewear and more

Aetna Vision℠ Preferred

• Network* includes 5 of the 6 largest retailers
• Covers routine eye exams and prescription lenses
• Designer frames
• Discounts on LASIK, extra glasses, lens options and accessories when not covered by the plan

It’s easy to use

After you sign up, you’ll get a welcome mailing. It includes:
• Your member ID card
• Basic plan information
• A list of vision offices and retailers near you

See your way to better health

Your vision insurance plan isn’t just for your eyes. It’s for your overall health, too. Eye exams can find eye problems. They can also uncover medical conditions like diabetes, high blood pressure and more. That’s a big deal, especially since it is important to find these conditions early.¹

*EyeMed Vision Care 1/10.
Go practically anywhere for eye care
Choose from more than 50,000 vision offices and retailers including these popular chains:
- LensCrafters®
- Pearle Vision®
- Sears Optical®
- Target Optical®
- JCPenney® Optical

Find an eye doctor or retailer near you
You can look up independent vision care providers and local retailers that participate in our network. Visit www.aetnavision.com and click on “Locate a Provider.”
You can also visit any licensed eye care provider outside the network. But you’ll generally pay less out of pocket if you stay in the network. Network providers will also submit the claim for you!

Show your Aetna Vision Preferred ID card when you visit your provider
Here’s what it covers
- Routine eye exams
- Eyeglasses, including many designer frames
- Prescription sunglasses
- Contact lenses

Pick the latest fashions in eyewear
You’ll look smart in frames, lenses or prescription sunglasses with brands such as Oakley®, Ray-Ban® and Vogue®.

Save on what’s not covered
Even the products and services that aren’t covered are discounted** when you visit a participating provider. You can save on:
- LASIK
- Additional pairs of eyeglasses and sunglasses
- Lens options not covered by the plan like anti-reflective and UV protection
- Eyeglass chains, cases and other accessories

Save again and again. There’s no limit to how often you can use your discounts!

Simple and convenient
Taking care of your eyes should be easy. And now it is! You get:
- Freedom: Go in or out of network for eye care.
- Flexibility: You can buy eyewear at a different place than where you had your eye exam. So you’re virtually guaranteed to find what you like!
- Great hours: Many vision locations are open 7 days a week, including evenings, and many accept walk-ins.
- Convenience: Most locations are inside or nearby major shopping centers.
- Big selection: Get a huge choice of providers and fashion eyewear.
- Speedy service: At many places, you can get your eyewear the same day!
- Help when you need it: Customer service reps are available 7 days a week to respond to all of your questions.

See a big difference. Sign up for Aetna Vision Preferred!

**Discounts on noncovered services may not be provided in all states.
Smarter is seeing how vision care can bring eye-opening results to your employees—and you.

Aetna Vision℠ Preferred

Visit www.aetna.com
The value of a balanced network
Consumers want convenience in nearly everything they do. In particular, they want vision insurance plans that include a balance of independent eye care providers and in-network retail eye care providers that offer flexible evening and weekend hours. The Aetna Vision Preferred network is based on this balance — offering members access to thousands of independent providers, as well as five of the six most preferred national optical retail chains' that have weekday, evening and weekend hours — all in network.

See the Aetna difference: network choice and convenience
With the Aetna Vision Preferred network, members can go where they want, when they want and buy what they want. For added convenience, members can easily schedule an eye exam online for some participating providers. Our plan helps members fit vision care in to their lifestyle.

A smart network
• Balanced network with 55,000+ vision offices and retailers
• Locations with extended evening and weekend hours
• Provider locations inside or nearby major shopping centers
• Service without an appointment in most locations

Great provider choice
As you can see from the chart below, members have access to a variety of provider types with the Aetna Vision Preferred network.

The importance of optical retailers
Members should have access to the types of providers they actually prefer to use, including in-network optical retailers.
• Close to half of eyewear consumers prefer to receive eye care services during evenings and weekends.
• Nearly 60 percent of eyewear dollars are spent at optical retailers.
• Aetna Vision Preferred offers in-network access to five of the top six optical retailers.

Lenses

The real story of disruption
Did you know that more than 60% of optical dollars spent were at optical retailers? This is why it is important to consider offering a network that offers both optical retailers and independent providers.

Take our clients' word for it.
During the first year, you can see how many people began using a retailer once they had access to the Aetna Vision Preferred network.

<table>
<thead>
<tr>
<th>Industry examples</th>
<th># of members</th>
<th>First-year retail utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial services</td>
<td>100,000+</td>
<td>38%</td>
</tr>
<tr>
<td>Health services</td>
<td>30,000+</td>
<td>47%</td>
</tr>
<tr>
<td>Personal care service</td>
<td>7,000+</td>
<td>48%</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>6,000+</td>
<td>26%</td>
</tr>
</tbody>
</table>

Sources:
1. Johnson's Consumer Perceptions of Managed Vision Care, 2011
2. Eyemed provider data as of November 2012
3. Johnson's Consumer Perceptions of Managed Vision Care, 2011
4. EMI Online Research Solutions, consumer study commissioned by Eyemed, 2010

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This material is for information only and is not an offer to contract. An application must be completed in order to obtain coverage. Providers participating in the Aetna Vision Network are contracted through EyeMed Vision Care, LLC ("EyeMed"). 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. Vision insurance plans contain exclusions and limitations. Not all vision services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Lens coverage can be used once every benefit period to purchase either one pair of eyeglass lenses OR one order of contact lenses. Plan features and availability may vary by location and are subject to change. Discounts for non-covered services may not be available in all states. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com. Policy forms issued in Oklahoma include: GR-23 and/or GR-29/GR-29N.

Exclusions and limitations for vision include: any charges in excess of the benefit dollar or supply limits stated in your Booklet-Certificate; any exams given during your stay in a hospital or other facility for medical care; drugs or medicines; eye surgery for the correction of vision, including radial keratotomy, LASIK and similar procedures; for prescription sunglasses or light-sensitive lenses; in excess of the amount which would be covered for non-tinted lenses; for an eye exam which is required by an employer as a condition of employment, an employer is required to provide under a labor agreement or is required by any law of a government; prescription or over-the-counter drugs or medicines; special vision procedures, such as orthoptics, vision therapy or vision training; vision services or supplies which do not meet professionally accepted standards; duplicate or spare eyeglasses or lenses or frames for them; lenses and frames furnished by another because of an eye exam that was done before the date the person becomes covered; replacement of lost, stolen or broken prescription lenses or frames; special supplies such as nonprescription sunglasses and abnormal vision aids; vision services that are covered in whole or in part under any other part of this plan, under any other plan of group benefits provided by the policyholder or under any workers’ compensation law or any other law or of like purpose. Other exclusions and limitations may also apply.
Aetna VisionSM Preferred
Enrollment/Change Request
Aetna Life Insurance Company

Instructions: Refer to the instructions on the back before completing this form. You must complete this application in full or it will be returned to you resulting in a delay in processing. You are solely responsible for its accuracy and completeness.

Employer Group Information (To Be Completed by Employer)

<table>
<thead>
<tr>
<th>Control</th>
<th>Suffix</th>
<th>Account</th>
<th>Plan Number</th>
</tr>
</thead>
</table>

Employer Name – Full Name of Business or Organization

Employer Address (Street, City, State, ZIP Code) – Primary Location of Business or Organization

A. Type of Activity – Employee Completes Sections A – E. Please Print Clearly.

Enrollment – Check one.
☐ New Enrollee/Subscriber

Effective Date: __/__/____
Date of Hire: __/__/____
☐ Rehire/Reinstatement
Date of Rehire/Reinstatement: __/__/____

Change – Check all that apply.
☐ Add Spouse
☐ Add Dependent Child
☐ Name Change
☐ Other ____________________
☐ Control/Suffix/Account/Plan: ____________________

Remove or Terminate – Check all that apply.
☐ Remove Spouse
☐ Remove Dependent Child
☐ Employee Withdrawal/Termination
☐ Cancel Coverage

Date of Event: __/__/____
Reason: ____________________

Continuation of Coverage, i.e., COBRA, State
Not all options are available. Contact Employer for available options.

Coverage for:
☐ Employee ☐ Dependents

Length of Continuation (months):
☐ 18 ☐ 36 ☐ Other ______
☐ 29 – Attach disability determination from the Social Security Administration

Date of Loss of Coverage: __/__/____
Date of Qualifying Event: __/__/____
Continuation of Coverage Expiration Date: __/__/____

B. Employee Information

Social Security Number ____________________
Last Name, First Name, M.I. ____________________
Home Telephone ____________________
Work Telephone ____________________

Employee Status
☐ Active ☐ Retired

Home Address ____________________
Apt. No. ____________________
City, State ____________________
ZIP Code ____________________

Subscriber Primary Language (other than English)
Primer Idioma del suscriptor (que no sea el Ingles) ____________________

Subscriber Disability
Do you have a disability which affects your ability to communicate or read?
☐ Yes ☐ No ☐ If Yes, please indicate the nature of your disability.

What is your primary language? ¿Cuál es su primer idioma?

C. Product Information

☐ Aetna VisionSM Preferred
Aetna VisionSM Preferred may not be available in all states.

D. Individuals Covered - List individuals for whom you are enrolling or adding/Changing/removing coverage.

☐ Check this box if you are refusing coverage for your dependents. *Provide details for "Yes" responses below.

<table>
<thead>
<tr>
<th>Add (C) Change (R) Remove</th>
<th>1. Employee Name - Last, First, M.I.</th>
<th>Relationship Code</th>
<th>Sex (M/F)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Social Security Number</td>
<td>Handicapped</td>
<td>Student</td>
</tr>
<tr>
<td></td>
<td>Birthdate (MM/DD/YYYY)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Other Vision Coverage</td>
<td>Handicapped</td>
<td>Student</td>
</tr>
<tr>
<td></td>
<td>Currently Covered by Medicare</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Add (C) Change (R) Remove</th>
<th>2. Spouse Name - Last, First, M.I. (Explain difference in last name in Special Remarks.)</th>
<th>Relationship Code</th>
<th>Sex (M/F)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Social Security Number (If dependent has no SSN, write &quot;None&quot;)</td>
<td>Handicapped</td>
<td>Student</td>
</tr>
<tr>
<td></td>
<td>Other Vision Coverage</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Currently Covered by Medicare</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Continued on Page 2

GR-68610-26 (2-10)
DC, RI, WV R-POD
D. Individuals Covered – (continued) List individuals for whom you are enrolling or adding/changing/removing coverage.

* Provide details for “Yes” responses below. Attach sheet to list additional children.

<table>
<thead>
<tr>
<th>(A)dd</th>
<th>(C)hange</th>
<th>(R)emove</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Child Name - Last, First, M.I. (Explain difference in last name in Special Remarks.)</td>
<td>Social Security Number (if dependent has no SSN, write “None”)</td>
<td>Other Vision Coverage</td>
</tr>
<tr>
<td>Birthdate (MM/DD/YYYY)</td>
<td></td>
<td>Yes*</td>
</tr>
<tr>
<td>(A)dd</td>
<td>(C)hange</td>
<td>(R)emove</td>
</tr>
<tr>
<td>4. Child Name - Last, First, M.I. (Explain difference in last name in Special Remarks.)</td>
<td>Social Security Number (if dependent has no SSN, write “None”)</td>
<td>Other Vision Coverage</td>
</tr>
<tr>
<td>Birthdate (MM/DD/YYYY)</td>
<td></td>
<td>Yes*</td>
</tr>
<tr>
<td>(A)dd</td>
<td>(C)hange</td>
<td>(R)emove</td>
</tr>
<tr>
<td>5. Child Name - Last, First, M.I. (Explain difference in last name in Special Remarks.)</td>
<td>Social Security Number (if dependent has no SSN, write “None”)</td>
<td>Other Vision Coverage</td>
</tr>
<tr>
<td>Birthdate (MM/DD/YYYY)</td>
<td></td>
<td>Yes*</td>
</tr>
<tr>
<td>(A)dd</td>
<td>(C)hange</td>
<td>(R)emove</td>
</tr>
<tr>
<td>6. Child Name - Last, First, M.I. (Explain difference in last name in Special Remarks.)</td>
<td>Social Security Number (if dependent has no SSN, write “None”)</td>
<td>Other Vision Coverage</td>
</tr>
<tr>
<td>Birthdate (MM/DD/YYYY)</td>
<td></td>
<td>Yes*</td>
</tr>
</tbody>
</table>

1. If “Yes” to Other Vision Coverage and/or Currently Covered by Medicare above, provide effective dates, name & policy number of insurance carrier, vision plan or other source & your Member Identification Number.

2. Does any dependent listed above live at a different address than the employee? □ Yes □ No If “Yes,” who & what address?

Special Remarks:

E. Race/Ethnicity - Optional (This information is designed for the purpose of data collection & will not be used for determining eligibility, rating or claim payment.)

<table>
<thead>
<tr>
<th>Employee 1.</th>
<th>White – 01</th>
<th>African American or Black – 02</th>
<th>Hispanic or Latino – 03</th>
<th>Asian – 04</th>
<th>Other – 05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child 4.</td>
<td>White – 01</td>
<td>African American or Black – 02</td>
<td>Hispanic or Latino – 03</td>
<td>Asian – 04</td>
<td>Other – 05</td>
</tr>
<tr>
<td>Spouse 2.</td>
<td>White – 01</td>
<td>African American or Black – 02</td>
<td>Hispanic or Latino – 03</td>
<td>Asian – 04</td>
<td>Other – 05</td>
</tr>
<tr>
<td>Child 5.</td>
<td>White – 01</td>
<td>African American or Black – 02</td>
<td>Hispanic or Latino – 03</td>
<td>Asian – 04</td>
<td>Other – 05</td>
</tr>
<tr>
<td>Child 3.</td>
<td>White – 01</td>
<td>African American or Black – 02</td>
<td>Hispanic or Latino – 03</td>
<td>Asian – 04</td>
<td>Other – 05</td>
</tr>
<tr>
<td>Child 6.</td>
<td>White – 01</td>
<td>African American or Black – 02</td>
<td>Hispanic or Latino – 03</td>
<td>Asian – 04</td>
<td>Other – 05</td>
</tr>
</tbody>
</table>
Conditions of Enrollment

Applicant Acknowledgments and Agreements
On behalf of myself and the dependents listed on Pages 1 and 2, I agree to or with the following:
1. I acknowledge that by enrolling in an Aetna VisionSM Preferred plan, coverage is underwritten by Aetna Life Insurance Company (referred to as “Aetna”) and that certain claims adjudication and other administrative services are provided by First American Administrators, Inc. (an affiliate of EyeMed Vision Care, LLC) and/or its affiliates.
2. I authorize deductions from my earnings for any contributions required for coverage and I agree to make any necessary payments as required for coverage.
3. I understand and agree that this Enrollment/Change Request may be transmitted to Aetna or its agent by my employer or its agent. I authorize any physician, optometrist, other healthcare professional, hospital or any other healthcare organization (“Providers”) to give Aetna or its agent information concerning the medical history, services or treatment provided to anyone listed on this Enrollment/Change Request form, including those involving mental health, substance abuse and HIV/AIDS. I further authorize Aetna to use such information and to disclose such information to affiliates, Providers, payors, other insurers, third party administrators, vendors, consultants and governmental authorities with jurisdiction when necessary for my care or treatment, payment for services, the operation of my health plan, or to conduct related activities. I have discussed the terms of this authorization with my spouse and competent adult dependents and I have obtained their consent to those terms. I understand that this authorization is provided under state law and that it is not an “authorization” within the meaning of the federal Health Insurance Portability and Accountability Act. This authorization will remain valid for the term of the coverage and so long thereafter as allowed by law. I understand I am entitled to a copy of this authorization upon request and that a photocopy is as valid as the original.
4. The plan documents will determine the rights and responsibilities of member(s) and will govern in the event they conflict with any benefits comparison, summary or other description of the plan.
5. I understand and agree that, with the exception of Aetna Rx Home Delivery®, all participating providers and vendors are independent contractors and are neither agents nor employees of Aetna. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed and provider network composition is subject to change. Notice of the change shall be provided in accordance with applicable state law.

Misrepresentation
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Employee Signature
☐ By checking this box you agree to use Aetna Navigator®, Aetna’s member self-service website for all future printed materials and understand you may choose to receive paper documents in the future.
I certify that all information supplied in this form is true and complete to the best of my knowledge and belief. I have read and agree to the Conditions of Enrollment and Misrepresentation on this Employee Enrollment/Change Request form.

<table>
<thead>
<tr>
<th>Employee Signature - Required</th>
<th>Date (Month/Day/Year)</th>
<th>Employee E-mail Address (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>1/1</td>
<td></td>
</tr>
</tbody>
</table>

Employer Verification (To Be Completed by Employer)

<table>
<thead>
<tr>
<th>Employer Signature - Required</th>
<th>Title</th>
<th>Date (Month/Day/Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td>1/1</td>
</tr>
</tbody>
</table>
Instructions

Employer

- Complete the Employer Group Information at the top of Page 1.
- Complete the Employer Verification below the Employee signature on Page 3. Employer must sign & date the Enrollment/Change Request for new enrollments or coverage changes to be processed.

Employee – Complete Sections A – E. Additional dependent and/or other information may be provided on a separate sheet. All attachments must be signed and dated.

Section A – Type of Activity:
- Check box(es) indicating reason(s) for submitting this Enrollment/Change Request.
- Provide Effective Date(s) & Date of Event(s) where requested.

Section B – Employee Information:
- Complete all information in order for your Enrollment/Change Request to be processed.

Section C – Product Information

Section D – Individuals Covered:
- Add/Change/Remove – Use “A”, “C”, or “R” to indicate whether you are adding, changing or removing coverage for an individual.
- Print your full name along with the names(s) of your dependent(s), if applicable. Indicate Sex, Birthdate, & Social Security Number for each individual.
  - Relationship Code – Use ONLY: H=Husband, W=Wife, S=Son, D=Daughter, Y=Sponsored Male, X=Sponsored Female. If the dependent is NOT your spouse or a biological or legally adopted child, please indicate relationship to employee in Special Remarks.
- If you or your dependent(s) have Other Vision Coverage and/or are Currently Covered by Medicare, check the “Yes” box(es) and provide beginning & ending effective dates, name & policy number of insurance carrier, vision plan or other source & your Member Identification Number for the insurance plan in the space provided in Number 1.
- If a dependent is Handicapped & financially dependent, check “Yes” & provide proof of handicapped status from the attending physician.
- If a dependent is a Student, check “Yes”. Refer to your Summary Coverage for plan definitions. Aetna may request that you provide proof from the educational institution.

Section E – Race/Ethnicity (Optional): Check the appropriate Race/Ethnicity code for each individual. If your Race/Ethnicity is “Other,” print the Race/Ethnicity for each individual in the space provided.

Conditions of Enrollment/Misrepresentation – Employee Signature: Employee must sign & date the Enrollment/Change Request for new enrollments or coverage changes to be processed.
**Employer Group Information:**

To Be Completed by Employer

Carnegie Institution of Washington

<table>
<thead>
<tr>
<th>Employer Name: Full Name of Business or Organization</th>
<th>Control Number</th>
<th>Suffix</th>
<th>Account Number</th>
<th>Plan Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>468756</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**A. Type of Activity - Employee Completes Sections A - E. Please Print Clearly:**

- **Instructions:** Refer to the instructions on the back before completing this form.
  - You, the employee, must complete this application in full or it will be returned to you resulting in a delay in processing.
  - You are solely responsible for its accuracy and completeness.

- **Employment Information:**
  - New Employee/Subscriber
  - Effective Date
  - Date of Hire

- **Change:**
  - Add Spouse
  - Add Dependent Child
  - Name Change

- **Remove or Terminate:**
  - Remove Spouse
  - Remove Dependent Child
  - Employee Withdrawal/Termination

- **Continuation of Coverage, I.e., COBRA, State - Not all options are available. Contact Employer for available options.**
  - Coverage For:
    - Employee
    - Dependants
  - Length of Continuation (months):
    - 18
    - 36
    - Other
  - 29 - Attach disability determination from the Social Security Admin.

**B. Employee Information**

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Home Telephone</th>
<th>Work Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee Status</th>
<th>Apt. No.</th>
<th>City, State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retired</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Beneficiary Designation - Full Beneficiary Name (First, Middle, Last) if more than one beneficiary, use Special Remarks (Section D).**

**Relationship to Employee**

- Full Beneficiary
- Spouse
- Child

**Earnings**

- Weekly
- Annual

**Social Security Number of Beneficiary**

**C. Plan Options - Your selection must be made by your employer.**

- Aetna Choice POS II
- Open Choice PPO
- Aetna HealthFund
- Traditional Choice
- Aetna Open Access
- Elect Choice
- Aetna Open Access
- Aetna Plus
- Aetna EPO
- Other

**D. Individuals Covered - List individuals for whom you are adding, changing or removing coverage.**

<table>
<thead>
<tr>
<th>Name (First, Middle Initial, Last)</th>
<th>Sex</th>
<th>Birthdate</th>
<th>Social Security Number</th>
<th>Prior Insur. Plan</th>
<th>Other Medical Coverage</th>
<th>Other Rx Drug Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MM DD YYYY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Provide details for "Yes" responses below.
- Check this box if you are refusing coverage for your dependents.

**D. Individuals Covered**

<table>
<thead>
<tr>
<th>Name (First, Middle Initial, Last)</th>
<th>Sex</th>
<th>Birthdate</th>
<th>Social Security Number</th>
<th>Prior Insur. Plan</th>
<th>Other Medical Coverage</th>
<th>Other Rx Drug Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MM DD YYYY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. If "Yes" to Prior Insurance Plan and/or Other Medical Coverage above, provide effective dates, name & policy number of insurance carrier, HMO or other source and your Member Identification Number.

2. If "Yes" to Other Rx Drug Coverage above, provide effective dates, name & policy number of insurance carrier, HMO or other source and your Member Identification Number.

**E. Employee Signature**

- By checking this box you agree to use Aetna Navigator, Aetna's member self-service website, for all future printed materials.

**Primary Language Spoken**

- X

Please make a copy for your records. visit us at www.aetna.com