

Quality health plans & benefits
Healthier living
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Intelligent solutions



Aetna VisionSM Preferred

visit www.aetnavision.com

Summary of Benefits

Plan Name: **Premier 12M**

Frequency: Exam, Lens & Frames every 12 rolling months.

Group# 9884016217 (AVP Standard - Series 9)

In Network

Out of Network

Exam

Aetna Vision Network

Use your Exam coverage once every 12 rolling months

Routine/Comprehensive Eye Exam	\$10 Copay	\$25 Reimbursement
Standard Contact Lens Fit/Follow-up	Member pays discounted fee of \$40	Not Covered
Premium Contact Lens Fit/Follow-up	Member pays 90% of retail	Not Covered

Eyeglass Lenses /Lens options

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

Single vision lenses	\$10 Copay	\$20 Reimbursement
Bifocal vision lenses	\$10 Copay	\$40 Reimbursement
Trifocal vision lenses	\$10 Copay	\$65 Reimbursement
Lenticular vision lenses	\$10 Copay	\$65 Reimbursement
Standard Progressive vision lenses	\$75 Copay	\$40 Reimbursement
Premium Progressive vision lenses ¹	20% Discount off retail minus \$120 plan allowance plus \$75 Copay = member out-of-pocket	\$40 Reimbursement
UV treatment	Member pays discounted fee of \$15	Not Covered
Tint (Solid and Gradient)	Member pays discounted fee of \$15	Not Covered
Standard plastic scratch coating	Member pays discounted fee of \$15	Not Covered
Standard polycarbonate lenses - Adult	Member pays discounted fee of \$40	Not Covered
Standard polycarbonate lenses - Children to age 19	Member pays discounted fee of \$40	Not Covered
Standard anti-reflective coating	Member pays discounted fee of \$45	Not Covered
Polarized	Member pays 80% of retail	Not Covered

Contact Lenses

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

Conventional contact lenses	\$115 Allowance** additional 15% off balance over allowance	\$80 Reimbursement
Disposable contact lenses	\$115 Allowance	\$80 Reimbursement
Medically necessary contact lenses	\$0 Copay	\$200 Reimbursement

Frames

Use your Frame coverage once every 12 rolling months

Any Frame available, including frames for prescription sunglasses	\$130 allowance additional 20% off balance over allowance	\$65 Reimbursement
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Discounts

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

Additional pairs of eyeglasses or prescription sunglasses. Discount applies to purchases made after the plan allowances have been exhausted.	Up to a 40% Discount	No Discount
Non-covered items such as cleaning cloths and contact lens solution ²	20% Discount	No Discount
Lasik Laser vision correction or PRK from U.S. Laser Network ³ only. Call 1-800-422-6600	15% discount off retail or 5% discount off the promotional price	No Discount
Retinal Imaging ⁴	Member pays a discounted fee up to \$39	No Discount
Replacement contact lenses	Receive significant savings after your lens benefit has been exhausted on replacement contacts by ordering online. Visit www.aetnavision.com for details	No Discount



Partial list of Exclusions and Limitations

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

*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 customer service Mon-Sun @ 877-9-SEE-AETNA. 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.

³Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

⁴Retinal 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 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.