



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.

Vision Care Services	2022 Aetna Core Vision		2022 Aetna Plus Vision	
	Member Cost	Out-of-Network Reimbursement	Member Cost	Out-of-Network Reimbursement
Exam Options				
Routine/Comprehensive Eye Exam	\$0 Copay	Up to \$35	\$0 Copay	Up to \$35
Standard Contact Lens Fit & Follow-up	\$55	N/A	\$0 Copay	Up to \$40
Premium Contact Lens Fit & Follow-up	10% off Retail Price	N/A	\$0 Copay, 10% off retail price, then apply \$55 Allowance	Up to \$40
Frames	\$110 Allowance, 20% off balance over allowance	Up to \$40	\$160 Allowance, 20% off balance over \$160	Up to \$80
Standard Lenses				
Single Vision	\$10 Copay	Up to \$20	\$10 Copay	Up to \$20
Bifocal	\$10 Copay	Up to \$30	\$10 Copay	Up to \$30
Trifocal	\$10 Copay	Up to \$55	\$10 Copay	Up to \$55
Lenticular Vision Lenses	\$10 Copay	Up to \$55	\$10 Copay	Up to \$55
Standard Progressive Lens*	\$75 Copay	Up to \$30	\$10 Copay	Up to \$55
Premium Progressive Lens*	\$75 Copay, \$120 Allowance, 20% discount of remaining balance	Up to \$30	\$10 copay, \$120 allowance, 20% discount of remaining balance	Up to \$55
Lens Options				
UV Treatment	\$15	N/A	\$0 Copay	Up to \$8
Tint (Sold & Gradient)	\$15	N/A	\$0 Copay	Up to \$8
Standard Plastic Scratch Coating	\$0 Copay	Up to \$8	\$0 Copay	Up to \$8
Standard Polycarbonate - Adults	\$40	N/A	\$0 Copay	Up to \$20
Standard Polycarbonate - kids under 19	\$40	N/A	\$0 Copay	Up to \$20
Standard Anti-Reflective Coating	\$45	N/A	\$0 Copay	Up to \$23
Polarized	20% off Retail Price	N/A	20% off Retail Price	N/A
Photochromic/Transitions plastic	20% off Retail Price	N/A	20% off Retail Price	N/A
Contact Lenses				
Contact lens allowance includes materials only				
Conventional	\$100 Allowance, 15% off balance over \$100	Up to \$50	\$160 Allowance, 15% off balance	Up to \$128
Disposable	\$100 Allowance	Up to \$50	\$0 Copay; \$160 allowance, plus balance	Up to \$128
Medically Necessary	\$0 Copay, paid in full	Up to \$200	\$0 Copay	Up to \$210
Laser Vision Correction				
Lasik Laser vision correction or PRK from US Laser network only. Call 1-800-422-6600	15% off Retail Price or 5% off promotional price	N/A	15% off retail price or 5% off promotional price	N/A
Retinal Imaging	\$39	N/A	\$39	N/A
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchases. Visit www.aetnavision.com for savings on additional or replacement contact lenses.	N/A	Members also receive a 40% discount off complete pair eyeglass purchases. Visit www.aetnavision.com for savings on additional or replacement contact lenses.	N/A

	Frequency
Examination	Once every 12 months
Frame	Once every 24 months
Lenses OR Contact Lenses	Once every 12 months

	Frequency
Examination	Once every 12 months
Frame	Once every 12 months
Lenses OR Contact Lenses	Once every 12 months

Coverage Level	Cost
Employee	\$4.60
Employee+Child(ren)	\$9.12
Employee+Spouse	\$8.68
Family	\$13.36

Coverage Level	Cost
Employee	\$12.80
Employee+Child(ren)	\$25.36
Employee+Spouse	\$24.16
Family	\$37.20

Plan Limitations and Exclusions

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 balanes may be used. The plan does not provide a declining balance benefits.

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.

Non covered discounts may not be available in all states.

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

Retinal Imaging available at participating locations. Contact your eyecare provider to verify if available.