

Paychex PEO 2022 Annual Enrollment



Aetna Vision Preferred Core Plan

What it is:

- Vision coverage through large network of providers
- Vision care for non-medical, to include eye exam, lenses (contact or eyeglass lenses) and allowance for frames or contacts with additional optional features with set co-pays

How it works:

- Select an in-network provider at www.aetnavision.com
- Frequency: Exam every 12 months, lenses or contacts every 12 months, frames every 12 months
- Member may elect lenses or contacts, not both in same 12-month frequency
- Out of network services require payment made at time of service and claim submitted — benefits are at reduced fees for out of network provider, and therefore it is recommended to utilize network providers.
- Dependent age through 26 years of age

Full Plan Summary located on Paychex Flex in Health & Benefits Tab at www.paychexflex.com

Exam Options	
Routine/Comprehensive Eye Exam	\$0 Copay
Standard Contact lens Fit & Follow Up	\$55 Copay
Premium Contact Lens Fit & Follow Up	10% off Retail Price
Frames	\$110 allowance, 20% off balance over \$110
Standard Lens	
Single Vision	\$10 Copay
Bifocal	\$10 Copay
Trifocal	\$10 Copay
Standard Progressive Lens	\$75 Copay
Premium Progressive Lens	\$75 Copay, \$120 allowance, 20% discount of balance over \$120
Lens Options	
UV Treatment	\$15 Copay
Standard Plastic Scratch Coating	\$0 Copay
Standard Polycarbonate	\$40 Copay
Standard Anti—Reflective Coating	\$45 Copay
Polarized	20% off retail
Contact Lenses	
Conventional	\$100 Allowance, 15% off balance
Disposable	\$100 Allowance
Medically Necessary	\$0 Copay

How to contact: www.aetnavision.com or call (877) 973-3238 Group # 1018025
 Provider ID Cards mailed to member at initial enrollment only. Not required to obtain services.
 Paychex Health & Benefits team for enrollment questions: (800) 741-6277 option 4 then 2 or email
peo_benefitsteam@paychex.com