

Plan Year 08-15-202 - 08-14-202  
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Group ID 1038941 101

**Exam** **Aetna Vision Network**

Use your Exam coverage once every plan year

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|-------------------------------------|------------------------------------|--------------------|
| Eye Exam with dilation as necessary | \$20 Copay                         | \$30 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        |

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|--|--|--------------------|
| Standard Plastic Single Vision Lenses          | \$20 Copay   | \$15 Reimbursement |
| Standard Plastic Bifocal Vision Lenses         | \$20 Copay   | \$30 Reimbursement |
| Standard Plastic Trifocal Vision Lenses        | \$20 Copay   | \$60 Reimbursement |
| Standard Plastic Lenticular Vision Lenses      | \$20 Copay   | \$60 Reimbursement |
| Standard Progressive Vision Lenses             | \$85 Copay   | \$30 Reimbursement |
| Premium Progressive Vision Lenses <sup>1</sup> | Tier 1 = \$105 Copay<br>Tier 2 = \$115 Copay<br>Tier 3 = \$130 Copay | \$30 Reimbursement |

## In Network Discounts

Additional pairs of eyeglasses or prescription sunglasses<sup>2</sup>

Non-covered items<sup>3</sup>

Lasik Laser vision correction or PRK from U.S.

Laser Network<sup>4</sup> Call 1-800-422-6600

Retinal Imaging<sup>5</sup>

Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Plan features and availability may vary by location and are subject to change. These are the plan's main exclusions and limitations. See the booklet-certificate for a complete description. The plan does not cover: special vision procedures, such as orthoptics, vision therapy or vision training; vision services or supplies that do not meet professionally accepted standards; plano (nonprescription) lenses; nonprescription sunglasses; two pair of glasses in lieu of bifocals; medical and/or surgical treatment of the eyes; cosmetic services; lost or broken lenses, frames, glasses or contact lenses.

Policies and plans are insured and/or administered 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 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. Refer to Aetna.com for more information about Aetna® plan

Aetna Student Health<sup>SM</sup> is the brand name for products and services provided by Aetna Life Insurance Company, Aetna Health and Life Insurance Company and their affiliates.

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