aetna®

Summary of Benefits

Aetna Vision℠ Preferred E200 12M		
Plan ID 1054512104 TPID 79012 Line Value 868	Member cost In-Network	Out of Network*
Vision Care Services	**Aetna Vision Network**	
Eye Exam with Dilation as necessary	$0 Copay	$36 Reimbursement
Standard Contact Lens Fit/Follow-Up	Member pays discounted fee of $40	Not Covered
Premium Contact Lens Fit/Follow-Up	10% off retail price	Not Covered
Retinal Imaging	Member pays discounted fee of $39	Not Covered
Standard Plastic Single Vision Lenses	$0 Copay	$30 Reimbursement
Standard Plastic Bifocal Vision Lenses	$0 Copay	$45 Reimbursement
Standard Plastic Trifocal Vision Lenses	$0 Copay	$72 Reimbursement
Standard Plastic Lenticular Vision Lenses	$0 Copay	$72 Reimbursement
Standard Progressive Vision Lenses[1]	$65 Copay	$45 Reimbursement
Premium Progressive Vision Lenses[1] (Tier amount based on brand)	Tier 1 = $85 Copay Tier 2 = $95 Copay Tier 3 = $110 Copay	$45 Reimbursement
Other Premium Progressive Lenses[1]	$65 Copay, 20% off retail price less $120 allowance	$45 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	$0 Copay	$15 Reimbursement
Standard Polycarbonate Lenses - Adult	$0 Copay	$35 Reimbursement
Standard Polycarbonate Lenses - Kids under age 19	$0 Copay	$35 Reimbursement
Standard Anti-Reflective Coating[1]	Member pays discounted fee of $45	Not Covered
Premium Anti-Reflective Coating[1] (Tier amount based on brand)	Tier 1 Member pays discounted fee of$57 Tier 2 Member pays discounted fee of $68 Tier 3 20% discount off retail price	Not Covered
Photochromic/Transitions Plastic	Member pays discounted fee of $75	Not Covered
Polarized And Other Lens Add Ons	20% off retail price	Not Covered
Conventional Contact Lenses	$200 Allowance** *Additional 15% off balance over $200*	$136 Reimbursement
Disposable Contact Lenses	$200 Allowance	$160 Reimbursement
Medically Necessary Contact Lenses	$0 Copay	$200 Reimbursement
Frame	$200 Allowance** *Additional 20% off balance over $200*	$90 Reimbursement
Frequency:		
Exam	Once every 12 rolling months	
Eyeglass Lenses or Contact Lenses	Once every 12 rolling months	
Frame	Once every 12 rolling months	
In-Network Discounts		
Additional pairs of eyeglasses or prescription sunglasses[2]	Up to a 40% discount off retail price	
Non-covered items[3]	20% discount off retail price	
Lasik Laser vision correction or PRK from U.S. Laser Network[4] only. Call 1-800-422-6600	15% discount off retail or 5% discount off the promotional price	

Partial list of Exclusions and Limitations

Exclusions and limitations for vision include: any charges in excess of the benefits, dollar or supply limits listed above; special vision procedures, such as orthoptics, vision therapy or vision training; vision services or supplies that do not meet professionally accepted standards; plano (non-prescription) lenses; non-prescription 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. Other exclusions and limitations may also apply.

*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 AetnaVision.com or by calling customer service at 1-877-973-3238.
Submit completed claim form with receipts to Aetna, PO Box 8504 Mason, OH 45040-7111.
Enrolled members can access our secure member website once their plan becomes effective. Enrolled subscribers will receive a welcome packet with ID card mailed to their home within 15 business days after enrollment is processed.

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

[1]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.

[2]Additional pair discount applies to purchases made after the plan allowances have been exhausted.

[3]Non covered discounts may not be available in all states.

[4]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.

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.

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® plans.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call 1-888-982-3862. If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with Civil Rights Coordinator by contacting: Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512. 1-800-648-7817, TTY: 711, Fax: 859-425-3379, CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

TTY: 711
To access language services at no cost to you, call 1-888-982-3862.

Para acceder a los servicios de idiomas sin costo, llame al 1-888-982-3862. (Spanish)

如欲使用免費語言服務，請致電 1-888-982-3862。(Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 1-888-982-3862. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-888-982-3862. (Tagalog)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-888-982-3862 an. (German)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1-888-982-3862. (Arabic)

Pou jwenn sèvis lang gratis, rele 1-888-982-3862. (French Creole-Haitian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-888-982-3862. (Italian)

言語サービスを無料でご利用いただくには、1-888-982-3862 までお電話ください。(Japanese)

무료 언어 서비스를 이용하려면 1-888-982-3862 번으로 전화해 주십시오. (Korean)

برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-888-982-3862 تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 1-888-982-3862. (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 1-888-982-3862. (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-888-982-3862. (Russian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-888-982-3862. (Vietnamese)

Policy forms issued in Idaho include: AL HGrpPol-Vision 03
Policy forms issued in Missouri include: AL HGrpPol-Vision 02
Policy forms issued in Oklahoma include: AL HGrpPol-Vision 02

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