

# Aetna Vision<sup>SM</sup> Preferred

visit [www.aetnavision.com](http://www.aetnavision.com)

## Summary of Benefits for Commonwealth Of Virginia

	In Network	Out of Network*
<b>Eyeglass Lenses /Lens options</b>		
<b>Aetna Vision Network</b>		
<b>Use your Lens coverage once every plan year to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses.</b>		
Single Vision lenses	\$20 Copay	\$50 Reimbursement
Bifocal Vision lenses	\$20 Copay	\$75 Reimbursement
Trifocal Vision lenses	\$20 Copay	\$100 Reimbursement
Lenticular Vision lenses	\$20 Copay	\$100 Reimbursement
Standard Progressive Vision lenses	\$85 Copay	\$75 Reimbursement
Premium Progressive Vision lenses <sup>1</sup>	20% Discount off retail minus \$120 plan allowance plus \$85 Copay = member out-of-pocket	\$75 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
Photochromic/Transitions plastic	Member pays 80% of Retail	Not Covered
Polarized	Member pays 80% of Retail	Not Covered
<b>Contact Lenses</b>		
<b>Use your Contact Lens coverage once every plan year to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses.</b>		
Conventional contact lenses	\$100 Allowance** Additional 15% off balance over the allowance	\$80 Reimbursement
Disposable contact lenses	\$110 Allowance	\$80 Reimbursement
Medically necessary contact lenses	\$250 Allowance	\$210 Reimbursement
<b>Frames</b>		
<b>Use your Frame coverage once every plan year</b>		
Any Frame available, including frames for prescription sunglasses	\$100 Allowance Additional 20% off balance over the Allowance.	\$80 Reimbursement
<b>Discounts</b>		
<b>Discounts cannot be combined with any other discounts or promotional offers and may not be available on all brands.</b>		
	In Network	Out of Network
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 <sup>2</sup>	20% Discount	No Discount
Lasik Laser vision correction or PRK from U.S. Laser Network <sup>3</sup> only. Call 1-800-422-6600	15% discount off retail or 5% discount off the promotional price	No Discount
Retinal Imaging <sup>4</sup>	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 <a href="http://www.aetnavision.com">www.aetnavision.com</a> for details	No Discount
<b>Partial list of exclusions and limitations</b>		
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](http://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.

<sup>1</sup>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.

<sup>2</sup>Non covered discounts may not be available in all states.

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

<sup>4</sup>Retinal Imaging available at participating locations. Contact your eyecare provider to verify if available.