



Aetna VisionSM Preferred

www.aetnavision.com

Summary of Benefits for Aspen HR "Middle Plan"

Effective Date: 09/01/2021
Frequency: 12/12/24
Enhanced Plan

In Network

Out of Network*

Exam

Aetna Vision Network

Use your Exam coverage once every rolling 12 months

	In Network	Out of Network*
Eye Exam with Dilation as Necessary	\$0 Copay	\$40 Reimbursement
Standard Contact Lens Fit/Follow Up ¹	Member pays discounted fee up to \$40	Not Covered
Premium Contact Lens Fit/Follow-Up	Member pays 90% of retail	Not Covered

Eyeglass Lenses / Lens options

Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses

	In Network	Out of Network*
Standard Plastic Single Vision Lenses	\$0 Copay	\$40 Reimbursement
Standard Plastic Bifocal Vision Lenses	\$0 Copay	\$55 Reimbursement
Standard Plastic Trifocal Vision Lenses	\$0 Copay	\$90 Reimbursement
Standard Plastic Lenticular Vision Lenses	\$0 Copay	\$90 Reimbursement
Standard Progressive Vision Lenses (copay includes bifocal cost)	\$65 Copay	\$55 Reimbursement
Premium Progressive Vision Lenses ² (Member pays Bifocal copay plus tier amount based on brand)	Tier 1 = \$85 Copay Tier 2 = \$95 Copay Tier 3 = \$110 Copay	\$55 Reimbursement
Other Premium Progressive Lenses ²	20% Discount off retail minus \$120 plan allowance plus \$65 Copay = member out-of-pocket	\$55 Reimbursement
UV Treatment	\$0 Copay	\$15 Reimbursement
Tint (Solid and Gradient)	\$0 Copay	\$15 Reimbursement
Standard Plastic Scratch Coating	\$0 Copay	\$15 Reimbursement
Standard Polycarbonate Lenses - Adult	\$0 Copay	\$15 Reimbursement
Standard Polycarbonate Lenses - Child to age 19	\$0 Copay	\$15 Reimbursement
Standard Anti-Reflective Coating	\$0 Copay	\$15 Reimbursement
Premium Anti-Reflective Coating ² (Tier amount based on brand)	Tier 1 = \$12 Copay Tier 2 = \$23 Copay Tier 3 = 20% discount off retail	\$55 Reimbursement
Photochromic/Transitions Plastic	Member pays discounted fee of \$75	Not Covered
Polarized and Other Lens Add Ons	Member pays 80% of retail	Not Covered

Contact Lenses (contact lens allowance includes materials only)

Use your Contact Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses

	In Network	Out of Network*
Conventional Contact Lenses	\$150 Allowance** Additional 15% off balance over the allowance	\$120 Reimbursement
Disposable Contact Lenses	\$150 Allowance	\$120 Reimbursement
Medically Necessary Contact Lenses	\$0 Copay	\$240 Reimbursement

Frames

Use your Frame coverage once every rolling 24 months

	In Network	Out of Network*
Any Frame available, including frames for prescription sunglasses	\$150 Allowance** Additional 20% off balance over the allowance.	\$80 Reimbursement

Rates

Tiers	Lives	Monthly Rate & Premium
Employee Only	0	\$9.28
Employee + Spouse	0	\$18.62
Employee + Child(ren)	0	\$15.75
Employee + Family	0	\$25.98
Totals	0	\$0.00

Affordable Care Act – Fees and Assessments

Any additional mandated fees or taxes required by Federal laws or regulations (such as, the Patient Protection and Affordable Care Act ("PPACA"), Health Insurance Provider Fee ("HIF") tax) will be built into the rate development for the applicable contract year.

Commissions

10% commissions have been included in our rates.

Rate Guarantee

Our quoted rates are guaranteed for the first 12 months of the policy period and are valid as of the plan effective date.

Customer/Employee Contributions & Participation

There is no minimum participation requirement for the first year. Beginning with the first renewal we will require a minimum participation level of 25% of eligibles.

In Network Discounts

Discounts cannot be combined with any other discounts or promotional offers and may not be available on all brands

Additional pairs of eyeglasses or prescription sunglasses ³	Up to a 40% discount
Non-covered vision items ⁴	20% discount
Lasik Laser Vision Correction or PRK from U.S. Laser Network ⁵ only. Call 1-800-422-6600	15% discount off retail or 5% discount off the promotional price
Hearing Discounts ⁶ - two ways to save Hearing Care Solutions 1-866-344-7756 Amplifon Hearing Health Care 1-877-301-0840	Save on hearing aids, exams, batteries, repairs and more
Retinal Imaging ⁷	Member pays a discounted fee up to \$39

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.

*Out of network coverage is available. To receive reimbursement up to the amounts listed above, a claim form with itemized receipt is required. Reimbursement will not exceed the providers actual charge. Claims forms can be found at aetnavision.com or by calling customer service Monday through Sunday at 877-973-3238. Completed claim forms can be submitted electronically or mailed 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.

¹Contact lens fit and two follow-up visits are allowed once a comprehensive eye exam has been completed.

²Premium 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.

³Additional pair discount applies to purchases made after the plan allowances have been exhausted. Discounts are not insurance.

⁴Non covered discounts may not be available in all states.

⁵Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

⁶Aetna does not endorse any vendor, product or service associated with these discount offers. Vendors are independent of Aetna, not agents or employees. Programs, products and services may not be available at all times. Certain offers may not be available in some states. Products and services are provided by Hearing Care Solutions and Amplifon Hearing Health Care (formerly HearPO).

⁷Retinal Imaging available at participating locations. Contact your eyecare provider to verify if available.

Providers participating in the Aetna Vision network are contracted through EyeMed Vision Care, LLC. EyeMed and Aetna are independent contractors and not employees or agents of each other. Participating vision providers are credentialed by and subject to the credentialing requirements of EyeMed. Aetna does not provide medical/vision care or treatment and is not responsible for outcomes. Aetna does not guarantee access to vision care services or access to specific vision care providers and provider network composition is subject to change without notice.

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For more information about Aetna plans, go to aetna.com.

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.

This quote is based on a contract situs of California. Extraterritorial state requirements may apply to members residing in specific States. If your plan covers members in other states, impacts to your plan of benefits and rates adjustments (if any) will be evaluated and communicated to you at the point of sale.

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 877-973-3238. 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). Help for those who speak another language and for the hearing impaired

For language assistance in your language call 877-973-3238. Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación.

