

**Product name: Vision Care**

For information prior to enrolling, call 1-877-787-5354 or visit Aetna Vision's Website at [www.AetnaVisionOE.com/avp1](http://www.AetnaVisionOE.com/avp1)

Once enrolled, please call Aetna Vision's Member Services at 1-877-787-5354 with any questions.

7:30 a.m. – 11:00 p.m. ET Monday – Friday

7:30 a.m. – 11:00 p.m. ET Saturday, 11:00 a.m. – 8:00 p.m. ET Sunday

Post Enrollment Web Address: [www.aetnavision.com](http://www.aetnavision.com)

You may elect a different level of coverage for vision than you choose for medical coverage. You do not have to be enrolled in the plan in order to cover a dependent.

Vision Care Services	In-Network	Out-of-Network
<b>Exam with Dilation as Necessary</b>	100% Covered	\$50
<b>Exam Options:</b>		
Standard Contact Lens Fit and Follow-Up:	Member pays up to \$55	N/A
Premium Contact Lens Fit and Follow-Up:	10% off Retail	N/A
<b>Frames: (Any available frame at provider location)</b>	\$150 Allowance, 20% off balance over \$150	\$100
<b>Standard Plastic Lenses</b>		
Single Vision	100% Covered	\$50
Bifocal	100% Covered	\$60
Trifocal	100% Covered	\$90
Lenticular	100% Covered	\$125
Standard Progressive Lens	100% Covered	\$90
Premium Progressive Lens – Scheduled*	\$20 - \$120 copay	\$90
Premium Progressive Lens – Other*	20% off charge less \$120 Allowance	\$90
<b>Lens Options:</b>		
UV Treatment	100% Covered	\$11
Tint (Solid and Gradient)	100% Covered	\$11
Standard Plastic Scratch Coating	100% Covered	\$11
Standard Polycarbonate	100% Covered	\$28
Standard Anti-Reflective Coating	100% Covered	\$32
Premium Anti-Reflective Coating - Scheduled*	\$15 - \$110 copay	\$46
Premium Anti-Reflective Coating - Other*	20% off charge	\$46
Photogrey Glass	100% Covered	\$35
Oversized Lenses	100% Covered	\$22
Intermediate Vision Lenses	100% Covered	\$25
Blended Bifocals	100% Covered	\$25
Hi-Index Lenses	\$30 copay	\$56
Photocromatic / Transitions Plastic	\$30 copay	\$32
Polarized	100% Covered	\$56
Other Add-Ons	20% off Retail Price	N/A
<b>Contact Lenses (Materials only)</b>		
Conventional	\$130 allowance, 15% off balance over \$130	\$130
Disposable	\$130 allowance plus balance over \$130	\$130
Medically Necessary	100% Covered	\$225
<b>Laser Vision Correction</b>		
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
<b>Additional Pairs Benefit (Available once the funded benefit has been used)</b>	Members also receive up to a 40% discount off eyeglass purchases	N/A
<b>Frequency Exam, Lenses or Contact Lenses, Frames</b>	Once every 12 months	

During each benefit period the plan allows for EITHER lenses or contacts.

\*Full list of Premium Progressive and Anti-Reflective brands available in the SPD

Additional Discounts: Members receive a 20% discount on items not covered by the plan at network providers. This discount cannot be combined with any other discounts or promotional offers. This discount does not apply to EyeMed provider's professional services, or contact lenses. Discounts may not be available on all brands.