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 Healthier living  
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 Intelligent solutions



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

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

## Summary of Benefits

Plan Name: **Premier 12M**

Frequency: Exam, Lens & Frames every 12 rolling months.

### In Network

### Out of Network\*

Group# 9884016217 (AVP Standard - Series 9)

#### Exam

#### Aetna Vision Network

**Use your Exam coverage once every 12 rolling months**

	In Network	Out of Network*
Routine/Comprehensive Eye Exam	\$10 Copay	\$25 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

#### Eyeglass Lenses /Lens options

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

	In Network	Out of Network*
Single vision lenses	\$10 Copay	\$20 Reimbursement
Bifocal vision lenses	\$10 Copay	\$40 Reimbursement
Trifocal vision lenses	\$10 Copay	\$65 Reimbursement
Lenticular vision lenses	\$10 Copay	\$65 Reimbursement
Standard Progressive vision lenses	\$75 Copay	\$40 Reimbursement
Premium Progressive vision lenses <sup>1</sup>	20% Discount off retail minus \$120 plan allowance plus \$75 Copay = member out-of-pocket	\$40 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
Polarized	Member pays 80% of retail	Not Covered

#### Contact Lenses

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

	In Network	Out of Network*
Conventional contact lenses	\$115 Allowance** additional 15% off balance over allowance	\$80 Reimbursement
Disposable contact lenses	\$115 Allowance	\$80 Reimbursement
Medically necessary contact lenses	\$0 Copay	\$200 Reimbursement

#### Frames

**Use your Frame coverage once every 12 rolling months**

	In Network	Out of Network*
Any Frame available, including frames for prescription sunglasses	\$130 allowance additional 20% off balance over allowance	\$65 Reimbursement

#### Discounts

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

	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

## Rate Information

**Pricing and Underwriting Assumption** Our proposal assumes that coverage will be extended to all eligible employees. Our quotation is on a pretax basis and will be void for post-tax offerings.

**Contribution type** Our quoted rates are based on a voluntary offering

**Policies and Claim Settlement Practices** Our proposal assumes that our standard contract provisions and claim settlement practices will apply. If a material change is initiated by you due to legislative or regulatory action in the claim payment requirements or procedures, account structure, or any changes materially affecting the manner or cost of paying benefits, we reserve the right to adjust our proposal accordingly.

**Rate Guarantee** Our quoted rates are guaranteed for the first 4 years of the policy period and are valid as of the plan effective date. The quoted rates apply only to the benefit levels and conditions specified and any variations in benefit level or assumed conditions may require a rate change. We reserve the right to review and modify or terminate the guarantee arrangement if any of the following occur during the guarantee period:

- Failure to make required premium payments in accordance with policy provisions.
- A material change in the plan of benefits offered that is initiated by you or required because of legislative or regulatory action.

### **Patient Protection and Affordable Care Act – Fees and Assessments**

The Patient Protection and Affordable Care Act imposes a new fee, the Health Insurer Fee (hereinafter Fee). The Fee is effective as of January 1, 2014.

This rate quote includes an estimated 0% of premium for the proportionate allocation of expenses associated with this Fee. Aetna reserves the right to modify these rates, or otherwise recoup such Fee if estimates are materially insufficient.

**Health Insurer Fee** This recurring annual industry fee will be assessed based on each insurer's share of the fully insured market. A total of \$8.0 billion will be collected for 2014. The total assessment will increase each year, to \$14.3 billion in 2018 and will then increase at the rate of premium growth thereafter.

**Plan Eligibility** Our quoted rates assume that permanent full-time employees work a minimum of 25 hours per week on a regularly scheduled basis and that eligible dependents include an employee's spouse and unmarried children up to age 26.

**Run-Off Claim Processing** Our quoted rates reflect an incurred (mature) claim base and take into account the expenses associated with the processing of run-off claims following cancellation, subject to the conditions of our financial guarantee.

**Fiduciary** Aetna is claim fiduciary

**ID Cards** Our quoted rates include the cost for standard ID cards. Each vision subscriber will receive two ID cards. The ID card includes a toll-free number for accessing member services.

**Disclosure Statement** Aetna has various programs for compensating agents, brokers and consultants. If you would like information regarding compensation programs for which your agent, broker, or consultant is eligible, payments (if any) which Aetna has made to your agent, broker, or consultant; or other material relationships your agent, broker, or consultant may have with Aetna, you may contact your agent, broker or consultant; or your Aetna account representative. Information is also available at [www.aetna.com](http://www.aetna.com).

## Partial list of Exclusions and Limitations

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.

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.

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.

This material is for information only, and is not an offer or invitation to contract.

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.

