aetna®

Vision Insurance

Vision care services	IN-NETWORK	OUT-OF-NETWORK
Exam		
Use your Exam coverage once every calendar year		
Routine/Comprehensive Eye Exam	$0 Copay	$40 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 calendar year to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses		
Single Vision lenses	$20 Copay	$40 Reimbursement
Bifocal Vision lenses	$20 Copay	$60 Reimbursement
Trifocal Vision lenses	$20 Copay	$80 Reimbursement
Lenticular Vision lenses	$20 Copay	$120 Reimbursement
Standard Progessive Vision lenses	$85 Copay	$80 Reimbursement
Premium Progressive Vision lenses[1]	20% Discount off retail minus $120 plan allowance plus $85 Copay = member out-of-pocket	$80 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	Not Covered
Standard Polycarbonate Lenses - Adults	Member pays discounted fee of $40	Not Covered
Standard Polycarbonate Lenses - children <19	$0 Copay	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
Contact Lenses		
Use your Contact Lens coverage once every calendar year to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses		
Conventional contact lenses	$160 Allowance** Additional 15% off balance over the allowance	$160 Reimbursement
Disposable contact lenses	$160 Allowance	$160 Reimbursement
Medically necessary contact lenses	$0 Copay	$320 Reimbursement
Frames		
Use your Frame coverage once every 2 calendar years		
Any Frame available, including frames for prescription sunglasses	$160 Allowance Additional 20% off balance over the Allowance	$50 Reimbursement
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. *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[2]	20% Discount	No Discount
Lasik Laser vision correction or PRK from U.S. Laser Network[3] **only. Call 1-800-422-6600**	15% discount off retail or 5% discount off the promotional price	No Discount
Retinal Imaging[4]	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 www.aetnavision.com for details	No Discount