



Aetna VisionSM Preferred Benefits Summary
Aetna Vision Network

One Point Employer Solutions, Inc,
Effective Date: 07-01-2017

	In-Network	Out of Network
<i>Please note: The availability of certain vision plan designs may vary by state.</i>		<i>Maximum Plan Benefit</i>
Service Frequencies: Comprehensive Exam Lenses (including contacts lenses) ¹ Frames	1 every rolling 24 months 1 every rolling 24 months 1 every rolling 24 months	
Routine/Comprehensive Eye Exam Benefit Exam Options: Standard Contact Lens Fit and Follow-Up Premium Contact Lens Fit and Follow-Up	\$20 Copay Member pays discounted fee Member pays discounted fee	Up to \$20 Reimbursement Not Covered Not Covered
Frames Any available frame at provider location Standard Plastic Lenses Single Vision Bifocal Trifocal Lenticular Standard Progressive Lens Premium Progressive Lens	\$130 Plan Allowance. Member pays 80% of balance over \$130 Plan Allowance \$20 Copay \$20 Copay \$20 Copay \$20 Copay Member Pays \$85 Member Pays \$85 \$120 Plan Allowance. Member pays 80% of charges over \$120 Plan Allowance	Up to \$65 Reimbursement Up to \$15 Reimbursement Up to \$30 Reimbursement Up to \$60 Reimbursement Up to \$60 Reimbursement Up to \$30 Reimbursement Up to \$30 Reimbursement
Lens Options: UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate - Adults Standard Polycarbonate - Kids under 19 Standard Anti-Reflective Coating Polarized	Member Pays \$15 Member Pays \$15 \$0 Copay Member Pays \$40 \$0 Copay Member Pays \$45 Member Pays 80% of Retail	Not Covered Not Covered Up to \$15 Reimbursement Not Covered Up to \$35 Reimbursement Not Covered Not Covered
Contact Lenses <i>(Contact lens reimbursement includes materials only)</i> Conventional Disposable Medically Necessary	\$130 Plan Allowance. Member pays 85% of balance over \$130 Allowance \$130 Plan Allowance. Member pays 100% of balance over \$130 Allowance \$0 Copay	Up to \$90 Reimbursement Up to \$90 Reimbursement \$200 Reimbursement
Laser Vision Correction Lasik or PRK from U.S. Laser Network ²	15% off retail price or 5% off promotional price	Not Covered
Second Pair Discount	Members can receive up to 40% off additional pairs of eyeglasses. Additional discounts are available on contact lens purchases. Use of this program is unlimited.	Not Covered

¹ During each benefit period the plan allows for EITHER lenses or contacts.

² Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

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

Additional Discounts:

Members receive a 20% discount on frames and lenses 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.

After initial purchase, replacement contact lenses may be obtained via the internet at substantial savings and mailed directly to the member. Details are available at www.aetnavision.com. The contact lens benefit allowance is not applicable to this service.

Benefit allowances provide no remaining balance for future use within the same benefit frequency. Certain brand name vision materials in which the manufacturer imposes a no discount practice.

Providers participating in the Aetna Vision Network are contracted through EyeMed Vision Care, LLC ("EyeMed"). 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. Vision insurance plans contain exclusions and limitations. Not all vision services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change.

Partial list of exclusions and limitations - Coverage is not provided for the following:

- Special vision procedures, such as orthoptics, vision therapy, or vision training.
- Vision services that are covered in whole or in part; under any other part of this plan; or under any other plan of group benefits provided by the policyholder; or under any workers' compensation law or any other law of like purpose.
- For an eye exam which: Is required by an employer as a condition of employment; or an employer is required to provide under a labor agreement; or is required by any law of a government.
- For prescription sunglasses or light sensitive lenses in excess of the amount which would be covered for non-tinted lenses.
- Replacement of lost, stolen or broken prescription lenses or frames.
- Any exams given during your stay in a hospital or other facility for medical care.

Other exclusions and limitations may apply. Please refer to your plan documents for additional information.

Vision 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, LLC.

This quote is based on a contract situs of Michigan. 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.