aetna™

Aetna Vision℠ Preferred

www.aetnavision.com

Summary of Benefits for Pace University

Effective Date: 1/1/2022 Frequency: 12/12/24	In Network	Out of Network*
Exam	**Aetna Vision Network**	
Use your Exam coverage once every calendar year		
Eye Exam with Dilation as Necessary	**$10 Copay**	$45 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 calendar year to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses		
Standard Plastic Single Vision Lenses	**$20 Copay**	$32 Reimbursement
Standard Plastic Bifocal Vision Lenses	**$20 Copay**	$55 Reimbursement
Standard Plastic Trifocal Vision Lenses	**$20 Copay**	$65 Reimbursement
Standard Plastic Lenticular Vision Lenses	**$20 Copay**	$80 Reimbursement
Standard Progressive Vision Lenses (copay includes bifocal cost)	**$85 Copay**	$55 Reimbursement
Premium Progressive Vision Lenses[1]	**20% Discount off retail minus $120 plan allowance plus $85 Copay = member out-of-pocket**	$55 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 up to $40**	Not Covered
Standard Polycarbonate Lenses - Child to age 19	**$0 Copay**	$35 Reimbursement
Standard Anti-Reflective Coating	**Member pays discounted fee of $45**	Not Covered
Photochromic/Transitions Plastic	**Member pays 80% of retail**	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 calendar year to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses		
Conventional Contact Lenses	**$130 Allowance** **Additional 15% off balance over the allowance**	$105 Reimbursement
Disposable Contact Lenses	**$130 Allowance**	$105 Reimbursement
Medically Necessary Contact Lenses	**$0 Copay**	$210 Reimbursement
Frames		
Use your Frame coverage once every 2 calendar years		
Any Frame available, including frames for prescription sunglasses	**$130 Allowance** **Additional 20% off balance over the allowance.**	$71 Reimbursement
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.

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

[2]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.

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

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

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

[6]Aetna does not endorse any vendor, product or service aessociated 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).

[7]Retinal 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.

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 New York. 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.