Aetna Vision Preferred

Vision care benefits are available to you, including coverage for eye exams, standard lenses and frames, contact lenses (instead of glasses), and discounts for laser surgery.

The Aetna Vision Care plan uses the EyeMed Vision Care network to offer many providers from which to choose. This plan provides a benefit whether you decide to go in or out of the network, but you receive the maximum coverage available when using in-network providers.

Refer to the chart below for the highlights of your vision care coverage.

To locate participating providers, go to www.aetnavision.com

Members can print temporary ID cards and benefit information by registering on the Aetna website.

You can also call Aetna Vision directly at 1-877-973-3238.

aetna	Engage PEO		Engage PEO	
Carrier	Aetna		Aetna	
	Vision Preferred - Low Plan		Vision Preferred - High Plan	
	In Network	Out of Network	In Network	Out of Network
Exam	**Aetna Vision Network**		**Aetna Vision Network**	
	Once every rolling 12 months		Once every rolling 12 months	
Routine/Comprehensive Eye Exam	$10 Copay	$20 Reimbursement	$10 copay	$20 Reimbursement
Standard Contact Lens Fit/Follow-up	Member pays discounted fee of $40	Not Covered	Member pays discounted fee of $40	Not Covered
Premium Contact Lens Fit/Follow-up	Member pays 90% of retail	Not Covered	Member pays 90% of retail	Not Covered
Frames				
Any Frame available, including frames for prescription sunglasses	$130 Allowance** Additional 20% off balance over the allowance	$65 Reimbursement	$180 Allowance** Additional 20% off balance over the allowance.	$99 Reimbursement
Eyeglass Lenses/Lens options				
	Once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses		Once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses	
Standard Plastic Single vision lenses	$25 Copay	$10 Reimbursement	$10 Copay	$35 Reimbursement
Standard Plastic Bifocal vision lenses	$25 Copay	$25 Reimbursement	$10 Copay	$55 Reimbursement
Standard Plastic Trifocal vision lenses	$25 Copay	$55 Reimbursement	$10 Copay	$90 Reimbursement
Standard Plastic Lenticular vision lenses	$25 Copay	$55 Reimbursement	$10 Copay	$100 Reimbursement
Standard Progressive vision lenses	$90 Copay	$25 Reimbursement	$75 Copay	$55 Reimbursement
Premium Progressive vision lenses	20% Discount off retail minus $120 plan allowance plus $90 copay = member out-of-pocket	$25 Reimbursement	20% Discount off retail minus $120 plan allowance plus $75 Copay = member out-of-pocket	$55 Reimbursement
Contact Lenses				
Conventional contact lenses	$130 Allowance** additional 15% off balance over the allowance	$90 Reimbursement	$180 Allowance** Additional 15% off balance over the allowance	$144 Reimbursement
Disposable contact lenses	$130 Allowance	$90 Reimbursement	$180 Allowance	$144 Reimbursement
Medically necessary contact lenses	$0 Copay	$200 Reimbursement	$0 Copay	$220 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	Up to a 40% discount			
Lasik Laser Vision Correction or PRK from U.S. Laser Network4 only. Call 1-800-422-6600	15% discount off retail or 5% discount off the promotional price			