



Quality health plans & benefits
 Healthier living
 Financial well-being
 Intelligent solutions



A plan with simplicity, savings and choice

Aetna VisionSM Preferred

Something new for Small Group customers

Here's something new you'll be glad to see. It's Aetna Vision Preferred, another plan to help you find the right coverage and cost for small businesses.

Eye care should be easy

Now it is. Aetna Vision Preferred provides coverage for:

- Routine eye exams
- Eyeglasses, including designer frames
- Prescription sunglasses
- Contact lenses and more

Savings and choice in the network

Under this vision plan, members can use any eye care provider they like, in or out of network. But if they visit any of the 65,000+ providers¹ in our network, they pay less out of pocket. The network includes independent eye doctors as well as many of their favorite retail chains, like:



Aetna Vision Preferred monthly plan rates*

Plan option	Self (12 mos./24 mos.)	Self + spouse (12 mos./24 mos.)	Self + child(ren) (12 mos./24 mos.)	Self + family (12 mos./24 mos.)
Basic	\$7.69/\$6.26	\$14.60/\$11.90	\$15.37/\$12.53	\$22.59/\$18.42
Plus	\$8.98/\$7.35	\$17.07/\$13.96	\$17.97/\$14.70	\$26.41/\$21.60
Premier	\$10.23/\$8.42	\$19.43/\$16.00	\$20.46/\$16.85	\$30.07/\$24.77

*Coverage for exams and lenses is every 12 months. Coverage for frames varies. Rates vary based on frame frequency of every 12 or 24 months.

¹EyeMed database as of June 2014.

Key benefit features when a network provider is used	Basic (12/24)	Plus (12/24)	Premier (12/24)
Routine eye exam	\$20 copay	\$10 copay	\$10 copay
Frames (Allowed once every 12 months or 24 months)	\$100 allowance	\$130 allowance	\$130 allowance
Lenses (Single, bifocal, trifocal, lenticular, once every 12 months in lieu of contacts)	\$20 copay	\$25 copay	\$10 copay
Polycarbonate lenses for children under 19 years	Member pays \$40 discounted fee	\$0 copay	Member pays \$40 discounted fee
Plastic scratch coating	Member pays \$15 discounted fee	\$0 copay	Member pays \$15 discounted fee
Lens options (UV treatment, solid and gradient tint, polycarbonate for adults over 19 years, standard anti-reflective coating)	Member pays discounted fee between \$15 – \$45	Member pays discounted fee between \$15 – \$45	Member pays discounted fee between \$15 – \$45
Premium progressive lenses	20% discount off of retail - \$120 plan allowance + \$85 copay Member out-of-pocket	20% discount off of retail - \$120 plan allowance + \$90 copay Member out-of-pocket	20% discount off of retail - \$120 plan allowance + \$75 copay Member out-of-pocket
Standard progressive lenses	\$85 copay	\$90 copay	\$75 copay
Contacts (Once every 12 months in lieu of eyeglass lenses)	\$105 allowance	\$130 allowance	\$115 allowance
In-network discounts (Available at in-network providers only. May not be offered in all states.)	<ul style="list-style-type: none"> • Up to 40% off additional pairs of glasses or prescription sunglasses • Up to 15% off the retail price of LASIK laser eye surgery • 20% off any remaining balance over the plan's frame allowance • 15% off any balance over the allowance on conventional contact lens purchases 		

Contact your Aetna rep to learn more about Aetna Vision Preferred and where it's 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, LLC ("EyeMed").

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Aetna Vision Preferred Small Group plans are not available in all states. Contact your Aetna rep to learn more. This material is for information only, and is not an offer to contract. An application must be completed in order to obtain coverage. 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. Lens coverage can be used once every benefits period to purchase either one pair of eyeglass lenses OR one order of contact lenses. Plan features and availability may vary by location and are subject to change. Discounts for non-covered services may not be available in all states. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

Policy forms issued in Oklahoma include: GR-23 and/or GR-29/GR-29N.

www.aetna.com

