

Aetna VisionSM Preferred Small Group Plans

Note: Each plan has two price options - coverage for frames every 12 months, or 24. Exams and lenses are covered every 12 months. Eyeglass lenses are in lieu of contact lenses per benefit period. Indicate plan selection by checking a box below. Only one plan may be selected to offer all eligible employees.

Plan Name:		E100		E130		E160		E200	
		■ 12M	■ 24M	■ 12M	■ 24M	■ 12M	■ 24M	■ 12M	■ 24M
Monthly Rates	Self	\$6.29	\$4.95	\$7.66	\$6.35	\$8.74	\$7.17	\$13.11	\$10.61
	Self & Spouse	\$11.96	\$9.40	\$14.56	\$12.06	\$16.60	\$13.63	\$24.91	\$20.16
	Self & Child(ren)	\$12.59	\$9.89	\$15.33	\$12.70	\$17.48	\$14.35	\$26.22	\$21.22
	Self & Family	\$18.50	\$14.54	\$22.53	\$18.66	\$25.69	\$21.09	\$38.54	\$31.19

In-network benefit features*	E100	E130	E160	E200
Exam				
Includes dilation, as necessary	\$20 copay	\$10 copay	\$10 copay	\$0 copay
Frame				
Any available frame at provider location	\$100 allowance**, 20% off balance over \$100	\$130 allowance**, 20% off balance over \$130	\$160 allowance**, 20% off balance over \$160	\$200 allowance**, 20% off balance over \$200
Standard plastic lenses				
Single, bifocal, trifocal or lenticular	\$25 copay	\$25 copay	\$20 copay	\$0 copay
Standard progressive lenses ¹	\$90 copay	\$90 copay	\$85 copay	\$65 copay
Premium progressive lenses ¹	Tier 1 = \$110 copay Tier 2 = \$120 copay Tier 3 = \$135 copay	Tier 1 = \$110 copay Tier 2 = \$120 copay Tier 3 = \$135 copay	Tier 1 = \$105 copay Tier 2 = \$115 copay Tier 3 = \$130 copay	Tier 1 = \$85 copay Tier 2 = \$95 copay Tier 3 = \$110 copay
Lens options				
UV treatment	\$15 discounted fee	\$15 discounted fee	\$15 discounted fee	\$15 discounted fee
Tint (solid and gradient)	\$15 discounted fee	\$15 discounted fee	\$15 discounted fee	\$15 discounted fee
Standard plastic scratch coating	\$15 discounted fee	\$0 copay	\$0 copay	\$0 copay
Standard polycarbonate - adult	\$40 discounted fee	\$40 discounted fee	\$40 discounted fee	\$0 copay
Standard polycarbonate - kids under 19	\$40 discounted fee	\$0 copay	\$0 copay	\$0 copay
Standard anti-reflective coating ²	\$45 discounted fee	\$45 discounted fee	\$45 discounted fee	\$45 discounted fee
Premium anti-reflective coating ²	Tier 1 = \$57 discounted fee Tier 2 = \$68 discounted fee Tier 3 = 20% off retail price	Tier 1 = \$57 discounted fee Tier 2 = \$68 discounted fee Tier 3 = 20% off retail price	Tier 1 = \$57 discounted fee Tier 2 = \$68 discounted fee Tier 3 = 20% off retail price	Tier 1 = \$57 discounted fee Tier 2 = \$68 discounted fee Tier 3 = 20% off retail price
Photochromic/transitions plastic	\$75 discounted fee	\$75 discounted fee	\$75 discounted fee	\$75 discounted fee
Polarized and other lens add-ons	20% off retail price	20% off retail price	20% off retail price	20% off retail price
Contact lenses				
Conventional lenses	\$100 allowance**, 15% off balance over \$100	\$130 allowance**, 15% off balance over \$130	\$160 allowance**, 15% off balance over \$160	\$200 allowance**, 15% off balance over \$200
Disposable lenses	\$100 allowance**	\$130 allowance**	\$160 allowance**	\$200 allowance**
Medically necessary lenses	\$0 copay	\$0 copay	\$0 copay	\$0 copay

Partial list of exclusions and limitations

Not all services are covered. 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. See plan documents for a complete description of benefits, exclusions and limitations of coverage.

Plan features and availability may vary by location and are subject to change.

*Out-of-network coverage is included, but the savings will vary from in-network chart prices. See full benefit summary for details.

**Allowances are one-time use benefits. No remaining balances may be used. The plan does not provide a declining balance benefit.

¹ Progressive lens copays shown are inclusive of bifocal copay. Premium progressive tier designations are based on brand. Tier designations are subject to annual review and change based on market conditions. For premium progressive lenses outside of tiers 1-3, members pay the standard progressive lens copay, plus 80% of the retail charge less a \$120 plan allowance.

²Anti-reflective tier designations are based on brand. Tier designations are subject to annual review and change based on market conditions.

All plans have no deductible and no waiting periods.

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.

Providers in the Aetna Vision network are contracted and credentialed through EyeMed Vision Care, LLC according to EyeMed's requirements. EyeMed and Aetna are independent contractors and not agents of each other. Provider participation may change without notice.

Refer to Aetna.com for more information about Aetna® plans.

Rates displayed include any applicable commissions.

Compensation to Producers (Brokers, Agents and Consultants):

Licensed and appointed producers may earn compensation in the form of a commission on the sale of this product. The amount of compensation varies depending on a number of factors, including customer segment and the product selected. Aetna offers additional bonus programs to its producers, which may also apply. Please consult your broker for additional information concerning their compensation for this sale, including commissions and any applicable bonus programs. The producer is prohibited by law from altering the amount of compensation received from Aetna based in whole or in part on the sale.

Compensation to Salaried Aetna Employees:

Salaried employees may earn compensation on the sale of Aetna products. The compensation varied depending on a number of factors, including customer segment and product selected.

Combining all factors, compensation for each product quoted averages less than 8% of the total first year annual premium. Aetna offers additional bonus programs, which may also apply. Neither Aetna nor the employee has material ownership interest in the other. The employee may not alter the amount of compensation received from Aetna. You may obtain additional information about the compensation expected to be received by eligible employees, based in whole or in part on the sale of an Aetna product, or alternative options presented, by contacting Aetna at www.aetna.com/about-us/forms/employee-compensationdisclosure.html.

Policy forms issued in Idaho include: AL HGrpPol-Vision 03

Policy forms issued in Missouri include: AL HGrpPol-Vision 02

Policy forms issued in Oklahoma include: AL HGrpPol-Vision 02

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.