

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

aetnaSM



It's easy to take care of your eyes

Aetna VisionSM Preferred Plan

Here are some advantages

You're covered for*:

- One routine eye exam
- Lenses
- Frames, including many designer frames
- Contact lenses

PLUS — you can:

- Visit any provider — in or out of the network
- Choose from popular retailers and luxury eyewear brands
- Save on LASIK surgery, extra pairs of eyeglasses, sunglasses and other accessories**

Keep your welcome mailing handy

It includes:

- Your member ID card
- Basic plan information
- A list of providers near you

*Use your lens coverage once every benefit period to purchase either one pair of eyeglass lenses OR one order of contact lenses.

**Discounts for non-covered services may not be available in all states.

Now you're ready to get started!

Three easy steps:

1. **Find a provider.** Just go to www.aetna.com, then “Find a Doctor.” Or log in to www.aetnavision.com. You can also call **1-877-9-SEE AETNA (1-877-973-3238)**.

You can choose from over 55,000 vision offices and retailers¹ — including 5 of the top 6 national retailers² such as LensCrafters®, Pearle Vision®, Target Optical®, JCPenney Optical, Sears® Optical and more.

2. **Set up an appointment.** Call the provider and let the office know you have Aetna Vision Preferred. Most offices offer appointments on nights, weekends and as walk-ins.

3. **Get services.** You can visit a provider in or out of the network.

- **In network:** Just show your ID card — then pay the amount due for the visit. You'll likely pay less when you stay in network. And your claim is sent in for you!

- **Out of network:** You must pay for all services at the time of the visit. Just ask for a receipt. Then send the receipt, along with a claim form, to get your benefit reimbursement. You can find the form at www.aetnavision.com.

Vision information at your fingertips — www.aetna.com

New to the site?

Go to Member Log In and sign up for your Aetna Navigator® secure website. Once you're logged in, just click “coverage and benefits,” then click on the “Aetna Vision Preferred” link.

Then you can:

- Get a new ID card
- Find a provider
- View the progress of your claim
- See what you're covered for
- Update personal information
- Find lots of wellness information
- View a list of member discounts and much more

Take care of your eyes starting today. Log in to www.aetnavision.com to learn more.

¹Data as of November 2012, EyeMed network database.

²Jobson's Consumer Perceptions of Managed Vision Care, 2011.

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Exclusions and limitations for vision include: any charges in excess of the benefit, dollar or supply limits stated in your Booklet-Certificate; any exams given during your stay in a hospital or other facility for medical care; drugs or medicines; eye surgery for the correction of vision, including radial keratotomy, LASIK and similar procedures; for prescription sunglasses or light-sensitive lenses in excess of the amount which would be covered for non-tinted lenses; for an eye exam which is required by an employer as a condition of employment, an employer is required to provide under a labor agreement or is required by any law of a government; prescription or over-the-counter drugs or medicine; special vision procedures, such as orthoptics, vision therapy or vision training; vision services or supplies which do not meet professionally accepted standards; duplicate or spare eyeglasses or lenses or frames for them; lenses and frames furnished or ordered because of an eye exam that was done before the date the person becomes covered; replacement of lost, stolen or broken prescription lenses or frames; special supplies such as nonprescription sunglasses and subnormal vision aids; vision services that are covered in whole or in part under any other part of this plan, under any other plan of group benefits provided by the policyholder or under any workers' compensation law or any other law of like purpose. Other exclusions and limitations may also apply.

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”).

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 is available once every benefit 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.

Aetna VisionSM Preferred

visit www.aetnavision.com

Summary of Benefits for Volusia County Government

Effective Date: 01-01-2016
External Plan ID: 9918533103
Line Value: 706
Frequency: 12/12/24

In Network

Out of Network^{*}

Exam

Aetna Vision Network

Use your Exam coverage once every calendar year.

| | | |
|-------------------------------------|------------------------------------|--------------------|
| Routine/Comprehensive Eye Exam | \$0 Copay | \$23 Reimbursement |
| Standard Contact lens Fit/Follow up | Member pays discounted fee of \$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.

| | | |
|--|---|--------------------|
| Single Vision lenses | \$25 Copay | \$35 Reimbursement |
| Bifocal Vision lenses | \$25 Copay | \$55 Reimbursement |
| Trifocal Vision lenses | \$25 Copay | \$90 Reimbursement |
| Lenticular Vision lenses | \$25 Copay | \$90 Reimbursement |
| Standard Progressive Vision lenses | \$90 Copay | \$55 Reimbursement |
| Premium Progressive Vision lenses ¹ | 20% Discount off retail minus \$120 plan allowance plus \$90 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 of \$40 | Not Covered |
| Standard Polycarbonate Lenses - Children 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 | Member pays 80% of Retail | Not Covered |

Contact Lenses

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 | \$110 Allowance** Additional 15% off balance over the allowance | \$80 Reimbursement |
| Disposable contact lenses | \$110 Allowance | \$80 Reimbursement |
| Medically necessary contact lenses | \$0 Copay | \$200 Reimbursement |

Frames

Use your Frame coverage once every 2 calendar years.

| | | |
|---|---|--------------------|
| Any Frame available, including frames for prescription sunglasses | \$120 Allowance Additional 20% off balance over the Allowance. | \$55 Reimbursement |
|---|---|--------------------|

Discounts

Discounts cannot be combined with any other discounts or promotional offers and may not be available on all brands.

| | In Network | Out of Network |
|--|---|----------------|
| Additional pairs of eyeglasses or prescription sunglasses. Discount applies to purchases made after the plan allowances** have been exhausted. | Up to a 40% Discount | No Discount |
| Non-covered items such as cleaning cloths and contact lens solution ² | 20% Discount | No Discount |
| Lasik Laser vision correction or PRK from U.S. Laser Network ³ only. Call 1-800-422-6600 | 15% discount off retail or 5% discount off the promotional price | No Discount |
| Retinal Imaging ⁴ | Member pays a discounted fee up to \$39 | No Discount |
| Replacement contact lenses | Receive significant savings after your lens benefit has been exhausted on replacement contacts by ordering online. Visit www.aetnavision.com for details | No Discount |

Partial list of exclusions and limitations

Vision insurance plans contain exclusions and limitations. Not all vision services are covered. See your plan booklet for details.

*You can choose to receive care outside the network. Simply pay for the services up front and then submit a claim form to receive an amount up to the out of network reimbursement amounts listed above. Reimbursement will not exceed the providers actual charge. Claim forms can be found at www.aetnavision.com or by calling customer service Mon-Sun @ 877-9-SEE-AETNA. Submit completed claim form with receipts to Aetna, PO Box 8504 Mason, OH 45040-7111.

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

¹Premium 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.

²Non covered discounts may not be available in all states.

³Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

⁴Retinal Imaging available at participating locations. Contact your eyecare provider to verify if available.

Key Definitions

Copayment - The fixed amount paid by the member under the plan. Providers should collect all copayments

Allowance - Dollar amount to be applied toward the cost of materials or a service

Reimbursement - Dollar amount to be paid to the member from Aetna up to the providers' billed charge

Out-of-Pocket - The amount the member must pay after benefits have been applied

Discount - Percentage off the providers billed charge or retail cost

Standard Polycarbonate - 1.5 mm center thickness with spherical curves

Standard Scratch-Resistant Coating - Front-side factory scratch coat

Standard Progressive Lens - Multi-focal design that produce a gradual change in focus without lines or junctions

Conventional Contact Lens - Lenses intended for ongoing, daily-wear use; rigid gas-permeable lenses are included

Disposable Contact Lens - Lenses that are designed and labeled to be replaced at specified time intervals (e.g., daily, weekly, monthly)

Medically Necessary Contact Lenses - To correct visual acuity to 20/40 or better if such correction is not possible with conventional lenses; or if aphakic lenses are prescribed after cataract surgery

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Vision insurance plans contain exclusions and limitations. Not all vision services are covered. See your plan booklet for details.

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 a stay in a hospital or other facility for medical care.

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 Florida. 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.

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