

Aetna VisionSM Preferred plan

Eye care with you in mind

Envision more

Better vision, better health

Having vision insurance is good for your overall health. Routine eye exams don't just spot vision problems like glaucoma. They also detect signs of health conditions like high blood pressure and diabetes — even before symptoms appear.

Aetna Vision Preferred provides coverage* for:

- Routine eye exams, including dilation
- One pair of eyeglasses (lenses and frame) or contact lenses
- Prescription sunglasses

After enrolling, you'll get a welcome packet in the mail. Inside will be your member ID card, insurance plan information and a list of local vision providers.

A choice of many locations

With Aetna, you'll have a huge selection of neighborhood retail locations, as well as national ones like:



Freedom to use any provider

You can also visit any licensed eye care provider outside the network. Keep in mind that you may pay more out of pocket and may have to file your own claims.

Shop online

For your convenience, you can shop online for contacts or glasses at the retailers below. Your vision benefits will be applied automatically when you check out.

contactsdirect

GLASSES.COM

OPTICAL



Enroll today in the plan that makes it easy to connect to care.

*Up to the plan benefit limit.

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").

Aetna.com

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Discounts and savings

Find discounts on products and services through in-network providers, including:

20 percent off any balance over your frame allowance

15 percent off any balance over your conventional* contact lens allowance

Up to 40 percent off extra pairs of prescription eyeglasses and sunglasses

Up to 20 percent off noncovered items, including nonprescription sunglasses and lens extras/add-ons, like antireflective coatings

Discounts on LASIK surgery

40 percent off hearing exams and special pricing on hearing aids

Coupon codes for free express shipping and more when you shop online



Features that fit your busy lifestyle

Flexibility

You can get your eye exam and buy your eyewear at different places.

Extended hours

Many provider locations are open seven days a week, as well as evenings, and even accept walk-ins.

Convenient digital tools

Search for providers, manage your benefits and view your ID card online at **AetnaVision.com** or on our mobile app.

Service

Our customer service reps are available seven days a week.



You can use your flexible spending account or health savings account toward out-of-pocket expenses.

*Lenses intended for ongoing, daily-wear use, including rigid gas-permeable lenses.

Trademarks and logos displayed are the property of their respective owners.

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 (nonprescription) lenses; nonprescription sunglasses; two pairs 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.

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 VisionSM 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. 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 noncovered services may not be available in all states.** Discounts are not insurance. Refer to **Aetna.com** for more information about Aetna[®] plans.

Visit **[Aetna.com/individuals-families/member-rights-resources/rights/disclosure-information.html](https://www.aetna.com/individuals-families/member-rights-resources/rights/disclosure-information.html)** to view or print your medical, dental or vision plan disclosures. Here, you can also find state requirements and information on the Women's Health and Cancer Rights Act.

Policy forms issued in Idaho include: GR-29/GR-29N, AL HGrpPOL-Vision 01.

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

Policy forms issued in Missouri include: AL HGrpPOL-Vision 01.

[Aetna.com](https://www.aetna.com)

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Summary of Benefits for Orlando Utilities Commission
Aetna VisionSM Preferred

Effective Date: 01/01/2024	In Network Member Cost Aetna Vision Network	Out of Network Member Reimbursement*
Frequency (Exam/Frame/Lens): NC/24/12		
Enhanced Plan		
Experience Group 1, 3T, Pkg=A, Opt=1		
826836 - Package A		

Frames

Use your Frame Coverage once every two Calendar Years

Any Frame available, including frames for prescription sunglasses	\$0 Copay; \$145 Allowance**, 20% off balance over allowance	\$91 Reimbursement
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Standard Plastic Lenses

Use your Lens/Lens Option Coverage once every Calendar Year to purchase 1 pair of eyeglass lenses OR 1 order of contact lenses

Single Vision	\$25 Copay	\$30 Reimbursement
Bifocal	\$25 Copay	\$50 Reimbursement
Trifocal	\$25 Copay	\$70 Reimbursement
Lenticular	\$25 Copay	\$70 Reimbursement
Standard Progressive Lens (copay includes bifocal cost)	\$90 Copay	\$50 Reimbursement
Premium Progressive Lens Tier 1 (copay includes bifocal cost) ¹	\$110 Copay	\$50 Reimbursement
Premium Progressive Lens Tier 2 (copay includes bifocal cost) ¹	\$120 Copay	\$50 Reimbursement
Premium Progressive Lens Tier 3 (copay includes bifocal cost) ¹	\$135 Copay	\$50 Reimbursement
Premium Progressive Lens Tier 4 (copay includes bifocal cost) ¹	\$90 Copay; 80% of Charge less \$120 allowance	\$50 Reimbursement

Lens Options

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
Polycarbonate Lenses - Adult	Member pays discounted fee of \$40	Not Covered
Polycarbonate Lenses - Children to age 19	Member pays discounted fee of \$40	Not Covered
Standard Anti-Reflective Coating	Member pays discounted fee of \$45	Not Covered
Premium Anti-Reflective Coating Tier 1 ¹	Member pays discounted fee of \$57	Not Covered
Premium Anti-Reflective Coating Tier 2 ¹	Member pays discounted fee of \$68	Not Covered
Premium Anti-Reflective Coating Tier 3 ¹	20% off Retail Price	Not Covered
Photochromic/Transitions Plastic - Adult	Member pays discounted fee of \$75	Not Covered
Photochromic/Transitions Plastic - Child to age 19	Member pays discounted fee of \$75	Not Covered
Other Add-Ons	20% off Retail Price	Not Covered

Contact Lenses

Use your Contact Lens Coverage once every Calendar Year to purchase 1 pair of eyeglass lenses OR 1 order of contact lenses

Conventional	\$0 Copay; \$145 Allowance**, 15% off balance over allowance	\$145 Reimbursement
Disposable	\$0 Copay; \$145 Allowance	\$145 Reimbursement
Medically Necessary	Covered in Full	\$210 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 ²	Up to 40% off prescription eyeglasses/sunglasses and 15% off conventional contact lenses once the funded benefit has been used
Non-covered Items ³	20% off Retail Price
Hearing Discounts ⁴ - 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

Partial list of exclusions and limitations

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.

*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 1-877-973-3238. Completed claim forms can be submitted electronically or mailed to Aetna, PO Box 8504 Mason, OH 45040-7111. You also have access to Allied Providers, such as Costco Vision, who will apply your out-of-network benefits at the point of service and handle the claim submission process for you.

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

¹Contact lens fit and two follow-up visits are allowed once an eye exam has been completed.

²Premium 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. Premium Progressive Lens cost includes bifocal cost.

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

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

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

⁶Aetna does not endorse any vendor, product or service associated 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).

Policies and plans are insured and/or administered 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.

Not all services are covered. 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. These are the plan's main exclusions and limitations. See the booklet-certificate for a complete description. The plan does not cover: special vision procedures, such as orthoptics, vision therapy or vision training; vision services or supplies that do not meet professionally accepted standards; plano (nonprescription) lenses; nonprescription 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.

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.

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.