

Smarter is having a vision plan that saves you money

Aetna VisionSM Preferred

Savings for routine eye exams, contact lenses and eyeglasses, including designer frames*:

	Retail price	Out-of-pocket cost with Aetna Vision Preferred	Your savings with Aetna Vision Preferred
Exam	\$114.00 ¹	\$0	\$114.00
Frames	\$124.41 ²	\$0	\$124.41
Lenses	\$83.00 ¹	\$10.00	\$73.00
Total	\$321.41	\$10.00	\$311.41

See all the benefits of being an Aetna Vision Preferred member:

- Choose from over 55,000 vision offices and retailers,³ including 5 of the top 6 national retailers such as⁴:
 - LensCrafters[®]
 - Pearle Vision[®]
 - JCPenney Optical
 - Target Optical[®]
 - Sears[®] Optical
- Convenient night, weekend and early morning appointments available, including walk-in appointments.
- Discounts on non-covered services, such as:
 - LASIK
 - Additional pairs of eyeglasses and sunglasses
 - Lens options
 - Accessories

*For illustrative purposes only. Out-of-pocket costs may vary based on plan design and available coverage for each service. Amounts shown do not include premium or other expenses.

¹As of 2010, according to CostHelper.com.

²The Vision Council. Annual VisionWatch June 2011.

³EyeMed provider data as of November 2012.

⁴Jobson Consumer Perceptions of Managed Vision Care Report 2011.

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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”).

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 medicines; 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.

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 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.

www.aetna.com