aetna®

The New School Summary of Aetna Vision℠ Preferred Benefits

Plan Year 08-15-2026 - 08-14-2027 AVP Basic (NV) Plan ID: 1038941 303	In Network	Out of Network*
Exam	**Aetna Vision Network**	
Use your Exam coverage once every plan year		
Eye Exam with dilation as necessary	$20 Copay	$30 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 plan year to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses		
Standard Plastic Single Vision Lenses	$20 Copay	$15 Reimbursement
Standard Plastic Bifocal Vision Lenses	$20 Copay	$30 Reimbursement
Standard Plastic Trifocal Vision Lenses	$20 Copay	$60 Reimbursement
Standard Plastic Lenticular Vision Lenses	$20 Copay	$60 Reimbursement
Standard Progressive Vision Lenses	$85 Copay	$30 Reimbursement
Premium Progressive Vision Lenses[1]	Tier 1 = $105 Copay Tier 2 = $115 Copay Tier 3 = $130 Copay	$30 Reimbursement
Other Premium Progressive Vision Lenses	Tier 4 = $85 copay; 20% off retail price less $120 allowance	$30 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	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 = $57 Copay Tier 2 = $68 Copay Tier 3 = 20% Discount off retail	Not Covered
Photocromatic/Transitions Plastic	Member pays discounted fee of $75	Not Covered
Polarized And Other Lens Add Ons	Member pays 80% of retail	Not Covered
Contact Lenses		
Use your Lens coverage once every plan year to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses		
Conventional Contact Lenses	$130 Allowance** Additional 15% off balance over allowance	$104 Reimbursement
Disposable Contact Lenses	$130 Allowance	$104 Reimbursement
Medically Necessary Contact Lenses	$0 Copay	$210 Reimbursement
Frames		
Use your frame coverage once every plan year		
Any Frame available, including frames for prescription sunglasses	$130 Allowance** Additional 20% off balance over allowance	$120 Reimbursement

In Network Discounts	
Additional pairs of eyeglasses or prescription sunglasses[2]	Up to a 40% Discount
Non-covered items[3]	20% Discount
Lasik Laser vision correction or PRK from U.S. Laser Network[4] Call 1-800-422-6600	15% discount off retail or 5% discount off the promotional price
Retinal Imaging[5]	Member pays a discounted fee up to $39
Partial list of Exclusions and Limitations	

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.

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.

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® plan

Aetna Student HealthSM is the brand name for products and services provided by Aetna Life Insurance Company, Aetna Health and Life Insurance Company and their affiliates.

*Students 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 aetnavision.com or by calling 1-877-973-3238. Submit completed claim form with receipts to Aetna, PO Box 8504 Mason, OH 45040-7111. Electronic claim form submission is available.

Enrolled students can access their secure member website once their plan becomes effective. Enrolled students will receive a welcome packet with ID card mailed to the address on file within 15 business days after enrollment is processed.

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

[1]Premium 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.

[2]Additional pair discount applies to purchases made after the plan allowances have been exhausted.

[3]Non covered discounts may not be available in all states.

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

[5]Retinal Imaging available at participating locations. Contact your eyecare provider to verify if available.

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.

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English	To access language services at no cost to you, call the number on your ID card.
Amharic	እርስዎ ውጪ ሳያወጡ የቋንቋ አገልግሎቶችን ለመድረስ በመታወቂያ ካርድዎ (ID) ላይ ወዳለው ቁጥር ይደውሉ።
Arabic	للحصول على خدمات اللغة مجانًا، اتصل بالرقم الموجود على بطاقة العضوية الخاصة بك.
Armenian	Ձեր նախընտրած լեզվով ավելճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հէրախոսահամարով հէրախոսահամարով
(Kapasal Falawasch)	Ngir mëna am sarwis lakk yi te doo fay, woo nimero bi am ci sa kàrt.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.
Chinese Traditional	如欲使用免費語言服務，請致電您 ID 卡上的電話號碼。
Cushitic-Oromo	Tajaajila afaanii bilisaan argachuuf, lakkoofsa Waraqaa Eenyummeessaa (ID) keessan irra jiru irratti bilbilaa.
French	Pour accéder gratuitement aux services linguistiques, appelez le numéro figurant sur votre carte d'identité.
French Creole (Haitian)	Pou w jwenn aksè ak sèvis lang gratis pou ou, rele nimewo ki sou kat idantite w la.
German	Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie die Nummer auf Ihrem Ausweis an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઈ પણ તના ખર્ચે ના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇ કાડપર રહેલ નંબર પર કોલ કરવો.
Hindi	बना कसी कमत के भाषा सेवाओ का उपयोग करने के लए, अपने आइड काडर् पर दए नंबर पर कॉल कर।
Hmong	Kom tau txais cov kev pab cuam txhais lus yam tsis sau nqi ntawm koj, thov hu rau tus xov tooj nyob ntawm koj daim npav ID.
Italian	Per accedere gratuitamente ai servizi linguistici, chiama il numero riportato sul tuo tesserino identificativo.
Japanese	無料の言語サービスをご利用いただくには、ご自身のIDカードに記載されている番号にお電話ください。
Karen	လၢကမၤမးန့ၣ် ကျိတၢ်မၤစၢတၢ်မၤ လၢတလိၣ်လာ်ဘူဉ်လာ်စုၤ လၢနၤဂီၤအဂီၢ် , ကိးနှဉ်ဂၤ် လၢအဝိဉ် ဖံၤ ID အဖီခိဉ်နှဉ်တက့ၢ်.
Korean	무료로 언어 서비스를 이용하려면 ID 카드에 적힌 전화번호로 전화하세요.
Laotian	ເພື່ອເຂົ້າເຖິງການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាភ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរស័ព្ទទៅលេខដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក។
Navajo	T'áá ni nízaad k'ehjí bee níká a'doowoł doo bąąh íiljígóó naaltsoos bee atah nílíjgo nanitinígíí bee nééhó'dólzinígíí béésh bee hane'í bikáʼígíí áajj' hólne'.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.
Persian-Farsi	برای دسترسی به خدمات زبانی رایگان، با شماره مندرج روی کارت ID خود تماس بگیرید.
Polish	Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod numer podany na karcie ID.
Portuguese	Ligue para o número que está no seu cartão de identificação para receber assistência linguística gratuita.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆ ਪਜਾਬੀ ਸੇਵਾਵਾ ਦੀ ਵਰਤ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿਤੇ ਨਬਰ 'ਤ ਫ਼ੋਨ ਕਰੋ।
Russian	Чтобы получить бесплатные языковые услуги, позвоните по номеру телефона, указанному на вашей идентификационной карте.
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Spanish	Para acceder a servicios de idiomas sin costo alguno, llame al número que figura en su tarjeta de identificación.
Syriac-Assyrian	ܠܡܐܢ ܬܫܬܡܫ ܒܫܝܪܘܬ ܠܫܢ̈ܐ ܒܠܐ ܡܚܝܪ ܠܟ ܒܝܢ ܐܢ̈ܫ ܐ̈ܢ ܠܡܣܦܪ ܕܒܟܪܛܝܣ ܕܙܗܘܬܟ ܐ̈ܢ ܠܡܣܦܪ ܕܛܠܦܘܢ ܕܒܟܪܛ ܕܙܗܘܬ ܐ̈ܢ ܠܡܣܦܪ ܕܛܠܦܘܢ ܕܒܟܪܛ ܕܙܗܘܬ ܐ̈ܢ ܠܡܣܦܪ ܕ
Tagalog	Upang ma-access ang mga serbisyo sa wika nang wala kang babayaran, tawagan ang numero sa iyong ID card.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Ukrainian	Щоб безкоштовнj отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікайній картці.
Vietnamese	Để truy cập dịch vụ ngôn ngữ miễn phí, hãy gọi đến số điện thoại trên thẻ ID của quý vị.