



Aetna VisionSM Preferred

www.aetnavision.com

Summary of Benefits for TriNet HR III, Inc.

Effective Date: 10/01/2024
External Plan ID: 9790361101
Line Value: 008
Frequency: 12/12/12

In Network

Out of Network*

Exam

Aetna Vision Network

Use your Exam coverage once every rolling 12 months

| | | |
|--|---------------------------------------|--------------------|
| Eye Exam with Dilation as Necessary | \$10 Copay | \$50 Reimbursement |
| Standard Contact Lens Fit/Follow Up ¹ | Member pays discounted fee up to \$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 rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses

| | | |
|--|---|---------------------|
| Standard Plastic Single Vision Lenses | \$25 Copay | \$50 Reimbursement |
| Standard Plastic Bifocal Vision Lenses | \$25 Copay | \$75 Reimbursement |
| Standard Plastic Trifocal Vision Lenses | \$25 Copay | \$100 Reimbursement |
| Standard Plastic Lenticular Vision Lenses | \$25 Copay | \$150 Reimbursement |
| Standard Progressive Vision Lenses (copay includes bifocal cost) | \$90 Copay | \$75 Reimbursement |
| Premium Progressive Vision Lenses ¹ | 20% Discount off retail minus \$120 plan allowance plus \$90 Copay = member out-of-pocket | \$75 Reimbursement |
| UV Treatment | \$0 Copay | \$11 Reimbursement |
| Tint (Solid and Gradient) | \$0 Copay | \$11 Reimbursement |
| Standard Plastic Scratch Coating | \$0 Copay | \$11 Reimbursement |
| Standard Polycarbonate Lenses - Adult | \$0 Copay | \$28 Reimbursement |
| Standard Polycarbonate Lenses - Child to age 19 | \$0 Copay | \$28 Reimbursement |
| Standard Anti-Reflective Coating | \$0 Copay | \$32 Reimbursement |
| Photochromic/Transitions Plastic | Member pays 80% of retail | Not Covered |
| Polarized and Other Lens Add Ons | Member pays 80% of retail | Not Covered |

Contact Lenses (contact lens allowance includes materials only)

Use your Contact Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses

| | | |
|------------------------------------|--|---------------------|
| Conventional Contact Lenses | \$200 Allowance** Additional 15% off balance over the allowance | \$200 Reimbursement |
| Disposable Contact Lenses | \$200 Allowance | \$200 Reimbursement |
| Medically Necessary Contact Lenses | \$0 Copay | \$210 Reimbursement |

Frames

Use your Frame coverage once every rolling 12 months

| | | |
|--|-------------------|-------------------------------|
| Any Frame available, including frames for prescription | \$150 Allowance** | \$75 Reimbursement sunglasses |
| Additional 20% off balance over the allowance. | | |

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 ³ | Up to a 40% discount |
| Non-covered vision items ⁴ | 20% discount |
| Lasik Laser Vision Correction or PRK from U.S. Laser Network ⁵ only. Call 1-800-422-6600 | 15% discount off retail or 5% discount off the promotional price |
| Hearing Discounts ⁶ - 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 |
| Retinal Imaging ⁷ | Member pays a discounted fee up to \$39 |

Partial list of exclusions and limitations

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.

*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 877-973-3238. Completed claim forms can be submitted electronically or mailed to Aetna, PO Box 8504 Mason, OH 45040-7111.

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.

**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 a comprehensive 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. 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). ⁷Retinal 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

Providers participating in the Aetna Vision network are contracted through EyeMed Vision Care, LLC. 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.

All trademarks and logos are the intellectual property of their respective owners. For more information about Aetna plans, go to aetna.com.

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.

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.



LENSCRAFTERS



OPTICAL