



Aetna Vision Insurance



## Take better care of your eyesight

### **Aetna Vision<sup>®</sup> Plan**

#### **Take good care of your eyesight**

For most of us, vision is among the most precious of our senses. Regular eye exams not only detect changes in your vision — they can also help detect medical problems early, including high blood pressure and diabetes.

#### **The Aetna Vision insurance plan can provide you and your loved ones with:**

- Benefits to help pay for vision services, from a routine eye exam to eyeglasses, frames, lenses, or contacts
- Access to discounts through a broad nationwide network of vision care providers
- Affordable group rates
- Easy payroll deduction

**Locate a local Vision provider by visiting:**  
[www.aetna.com/dse/custom/avp](http://www.aetna.com/dse/custom/avp)

#### **Exclusions and limitations**

Reimbursements for vision care services other than eye exams, frames or lenses are not included in this plan. Read your enrollment information for the reimbursement amount of your plan.

This limited health plan does not meet Massachusetts Minimum Creditable Coverage standards.

This plan does not cover all health care expenses and has exclusions and limitations. Members should refer to their booklet certificate to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan may contain exceptions to this list based on state mandates or the plan design purchased.

- Orthoptic vision training (eye exercises to improve vision), subnormal vision aids (tools such as magnifying devices, talking books, etc. used for those with low vision or partial sight), any associated supplemental testing
- Medical and/or surgical treatment of the eyes or supporting structure
- Any eye or vision examination, or any corrective eyewear, required by an employer as a condition of employment

In case of emergency, call 911 or your local emergency hotline; or go directly to an emergency care facility.

**Approximately 14 million Americans aged 12 years and older have self-reported visual impairment. Among them, more than 11 million Americans could have improved their vision.<sup>1</sup>**

**Enroll Today. Follow the instructions provided in your enrollment materials.**

<sup>1</sup>Vision Health Initiative (VHI) [article online]. September 2015. Available at: [www.cdc.gov/visionhealth/data/national.htm](http://www.cdc.gov/visionhealth/data/national.htm). Accessed August 19, 2016.

#### **Vision insurance plans are underwritten by Aetna Life Insurance Company (Aetna).**

This material is for information only. Insurance plans contain exclusions and limitations. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Policies may not be available in all states, and rates and benefits may vary by location. Policies are subject to United States economic and trade sanctions. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to vision services. 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](http://www.aetna.com).

**Policy forms issued in Oklahoma and Idaho include:** GR-9/9N, GR-29/29N, GR-23.

**Policy forms issued in Missouri include:** GR-29N-VISION 01.

## Dental exclusions:

This dental plan does not cover all dental care expenses and has exclusions and limitations. You should refer to your certificate to determine which dental care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan may contain exceptions to this list based on state mandates or the plan design purchased.

1. Cosmetic procedures unless needed as a result of injury.
2. Any procedure, service or supplies that are included as covered medical expenses under another group medical expense benefit plan.
3. Prescribed drugs, pre—medication, analgesia or general anesthesia.
4. Services provided for any type of temporomandibular (TMJ) or related structures, or myofascial pain.
5. Charges in excess of the Recognized Charge, based on the 80th percentile of the FAIR Health RV Benchmarks.

## Vision care

Eye exams Reimbursements of up to \$100 every 12 months for an exam, frames, lenses, or contact lenses.

Fees for other services must be paid by you. Benefit period is 12 consecutive months beginning on the later of your effective date or your most recent eye exam covered under this plan.

EyeMed Vision Care Select Network is not available in **Puerto Rico**.

**This health plan does not meet Massachusetts Minimum Creditable Coverage standards.**

## Vision care exclusions

This plan does not cover all vision care expenses and has exclusions and limitations. Members should refer to their booklet certificate to determine which vision care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, member's plan may contain exceptions to this list based on state mandates or the plan design purchased.

1. Orthoptic vision training, subnormal vision aids, any associated supplemental testing.
2. Medical and/or surgical treatment of the eyes or supporting structure.
3. Any eye or vision examination, or any corrective eyewear, required by an employer as a condition of employment.