# Aetna Vision$^{SM}$ Preferred

**www.aetnafeds.com/vision**

**1-855-347-6899**

aetna®

# 2027

## A Nationwide Vision Plan, available nationwide and overseas

**IMPORTANT**
- Rates: Back Cover
- Changes for 2027: Page 4
- Summary of Benefits: Page 25

Enrollment options for this plan:

- High Option - Self Only
- High Option - Self Plus One
- High Option - Self and Family
- Standard Option - Self Only
- Standard Option - Self Plus One
- Standard Option - Self and Family

FEDVIP
Federal Employees
Dental And Vision Insurance Program

Authorized for distribution by the:

United States
Office of Personnel Management

Healthcare and Insurance
http://www.opm.gov/insure

# Introduction

On December 23, 2004, President George W. Bush signed the Federal Employee Dental and Vision Benefits Enhancement Act of 2004 (Public Law 108-496). The law directed the Office of Personnel Management (OPM) to establish supplemental dental and vision benefit programs to be made available to Federal employees, annuitants, and their eligible family members. In response to the legislation, OPM established the Federal Employees Dental and Vision Insurance Program (FEDVIP). OPM has contracted with dental and vision insurers to offer an array of choices to Federal employees and annuitants. Section 715 of the National Defense Authorization Act for Fiscal Year 2017 (FY 2017 NDAA), Public Law 114-328, expanded FEDVIP eligibility to certain TRICARE-eligible individuals.

This brochure describes the benefits of Aetna Vision under Aetna Life Insurance Company's contract OPM02-FEDVIP-02AP-02 with OPM, as authorized by the FEDVIP law. The address for our administrative office is:

Aetna Vision
Federal Plans
PO Box 818047
Cleveland, OH 44181-8047
1-855-347-6899
www. aetnafeds.com/vision

This brochure is the official statement of benefits. No oral statement can modify or otherwise affect the benefits, limitations, and exclusions of this brochure. It is your responsibility to be informed about your benefits. You and your family members do not have a right to benefits that were available before January 1, 2027, unless those benefits are also shown in this brochure.

If you are enrolled in this plan, you are entitled to the benefits described in this brochure. If you are enrolled in Self Plus One, you and your designated family member are entitled to these benefits. If you are enrolled in Self and Family coverage, each of your eligible family members is also entitled to these benefits, if they are also listed on the coverage.

OPM negotiates benefits and rates with each carrier annually. Rates are shown at the end of this brochure.

Aetna is responsible for the selection of in-network providers in your area. Contact us 1-855-347-6899 for the names of participating providers or to request a provider directory. You may also request or view the most current directory via our website at www. aetnafeds.com/vision. Continued participation of any specific provider cannot be guaranteed. Thus, you should choose your plan based on the benefits provided and not on a specific provider's participation. When you phone for an appointment, please remember to verify that the provider is currently in-network. If your provider is not currently participating in the provider network, you can nominate them to join. Please print off a nomination form from our website at www. aetnafeds.com/vision or call us and we will have a form sent to you. Bring the form to your provider and ask them to complete it if they are interested in participating in our network. You cannot change plans, outside of open season, because of changes to the provider network.

Provider networks may be more extensive in some areas than others. We cannot guarantee the availability of every specialty in all areas. If you require the services of a specialist and one is not available in your area, please contact us for assistance.

**This Aetna Vision Plan and all other FEDVIP plans are not a part of the Federal Employees Health Benefits (FEHB) Program/Postal Service Health Benefits (PSHB) Program.**

**Discrimination is Against the Law**

Aetna complies with all applicable Federal civil rights laws, to include both Title VII of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act. Pursuant to Section 1557, Aetna does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, or sex.

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# FEDVIP Program Highlights

| | |
|---|---|
| **A Choice of Plans and Options** | You can select from several nationwide, and in some areas, regional dental Preferred Provider Organization (PPO) or Health Maintenance Organization (HMO) plans, and high and standard coverage options. You can also select from several nationwide vision plans. You may enroll in a dental plan or a vision plan, or both. Some TRICARE beneficiaries may not be eligible to enroll in both. Visit www.opm.gov/dental or www.opm.gov/vision for more information. |
| **Enroll Through BENEFEDS** | You enroll online at www.BENEFEDS.gov. Please see Section 2, Enrollment, for more information. |
| **Dual Enrollment** | If you or one of your family members is enrolled in or covered by one FEDVIP plan, that person cannot be enrolled in or covered as a family member by another FEDVIP plan offering the same type of coverage; i.e., you (or covered family members) cannot be covered by two FEDVIP dental plans or two FEDVIP vision plans. |
| **Coverage Effective Date** | If you sign up for a dental and/or vision plan during the 2026 Open Season, your coverage will begin on January 1, 2027. Premium deductions will start with the first full pay period beginning on/after January 1, 2027. You may use your benefits as soon as your enrollment is confirmed. |
| **Pre-Tax Salary Deduction for Employees** | Employees automatically pay premiums through payroll deductions using pre-tax dollars. Annuitants automatically pay premiums through annuity deductions using post-tax dollars. TRICARE enrollees automatically pay premiums through payroll deduction or automatic bank withdrawal (ABW) using post-tax dollars. |
| **Annual Enrollment Opportunity** | Each year, an open season will be held, during which you may enroll or change your dental and/or vision plan enrollment. This year, open season runs from November 9, 2026 through midnight EST December 14, 2026. You do not need to re-enroll each open season unless you wish to change plans or plan options; your coverage will continue from the previous year. In addition to the annual open season, there are certain events that allow you to make specific types of enrollment changes throughout the year. Please see Section 2, Enrollment, for more information. |
| **Continued Group Coverage After Retirement** | Your enrollment or your eligibility to enroll may continue after retirement. You do not need to be enrolled in FEDVIP for any length of time to continue enrollment into retirement. Your family members may also be able to continue enrollment after your death. Please see Section 1, Eligibility, for more information. |

## How We Have Changed For 2027

**Changes to the High and Standard Option include:**

There are no changes to the High or Standard Option for 2027.

# Section 1 Eligibility

**Federal Employees**

If you are a Federal or U.S. Postal Service employee, you are eligible to enroll in FEDVIP, if you are eligible for the Federal Employees Health Benefits (FEHB) Program, Postal Service Health Benefits (PSHB) Program, or the Health Insurance Marketplace (Exchange) and your position is not excluded by law or regulation. Enrollment in the FEHB Program, PSHB Program, or a Health Insurance Marketplace (Exchange) plan is not required.

**Temporary/Seasonal Employees**

Certain temporary, intermittent, and seasonal Federal and U.S. Postal Service employees are now eligible to enroll in FEDVIP. To be eligible, these employees must be expected to work 130 hours per calendar month for at least 90 days. In addition, certain firefighters hired under a temporary appointment and intermittent emergency response personnel are eligible to enroll in FEDVIP. The employing agency must determine and notify these employees of their eligibility.

**Federal Annuitants**

You are eligible to enroll if you:

- retired on an immediate annuity under the Civil Service Retirement System (CSRS), the Federal Employees Retirement System (FERS), or another retirement system for employees of the Federal Government;
- retired for disability under CSRS, FERS, or another retirement system for employees of the Federal Government.

Your FEDVIP enrollment will continue into retirement, if you retire on an immediate annuity or for disability under CSRS, FERS or another retirement system for employees of the Government, regardless of the length of time you had FEDVIP coverage as an employee. There is no requirement to have coverage for 5 years of service prior to retirement in order to continue coverage into retirement, as there is with the FEHB/PSHB Program.

Your FEDVIP coverage will end if you retire on a Minimum Retirement Age (MRA) + 10 retirement and postpone receipt of your annuity. You may enroll in FEDVIP again when you begin to receive your annuity.

**Survivor Annuitants**

If you are a survivor of a deceased Federal/U.S. Postal Service employee or annuitant and you are receiving an annuity, you may enroll or continue the existing enrollment.

**Compensationers**

A compensationer is someone receiving monthly compensation from the Department of Labor's Office of Workers' Compensation Programs (OWCP) due to an on-the-job injury/illness who is determined by the Secretary of Labor to be unable to return to duty. You are eligible to enroll in FEDVIP or continue FEDVIP enrollment into compensation status.

**Family Members**

Except with respect to TRICARE-eligible individuals, family members include your spouse and unmarried dependent children under age 22. This includes legally adopted children and recognized natural children who meet certain dependency requirements. This also includes stepchildren and foster children who live with you in a regular parent-child relationship. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support. FEDVIP rules, FEHB/PSHB rules for family member eligibility are **NOT** the same. For more information on family member eligibility visit the website at www.opm.gov/healthcare-insurance/dental-vision/ or contact your employing agency or retirement system.

With respect to TRICARE-eligible individuals, family members include your spouse, unremarried widow, unremarried widower, unmarried child, and certain unmarried persons placed in your legal custody by a court. An unremarried former spouse who meets the U.S. Department of Defense's 20-20-20 and/or 20-20-15 benefit eligibility requirements may only enroll in a self-only FEDVIP vision plan. Children include legally adopted children, stepchildren, and pre-adoptive children. Children and dependent unmarried persons must be under age 21 if they are not a student, under age 23 if they are a full-time student, or incapable of self-support because of a mental or physical incapacity.

**Not Eligible**

The following persons are not eligible to enroll in FEDVIP, regardless of FEHB/PSHB eligibility or receipt of an annuity or portion of an annuity:

- Deferred annuitants
- Former spouses of employees or annuitants. **Note:** Former spouses of TRICARE-eligible individuals may enroll in a FEDVIP vision plan.
- FEHB/PSHB Temporary Continuation of Coverage (TCC) enrollees
- Anyone receiving an insurable interest annuity who is not also an eligible family member
- Active duty uniformed service members. **Note:** If you are an active duty uniformed service member, your dental and vision coverage will be provided by TRICARE. Your family members will still be eligible to enroll in the TRICARE Dental Plan (TDP).
- Temporary/seasonal employees who does not meet the 130 hours per calendar month for 90 days.

## Section 2 Enrollment

**Enroll Through BENEFEDS**

**You must use BENEFEDS to enroll or change enrollment in a FEDVIP plan. BENEFEDS is a secure enrollment website (www.BENEFEDS.gov) sponsored by OPM. If you do not have access to a computer, call 1-877-888-FEDS (1-877-888-3337), TTY: 711 International: 1-571-730-5942 to enroll or change your enrollment.**

If you are currently enrolled in a FEDVIP vision plan and want to switch to Aetna Vision, you must change enrollment through BENEFEDS. If you do not want to change plans or options, your enrollment will continue automatically. Please note: your plans' premiums may change for 2027.

**Note:** You cannot enroll or change enrollment in a FEDVIP plan using the Health Benefits Election Form (SF 2809) or through an agency self-service system, such as Employee Express, PostalEase, EBIS, MyPay, or Employee Personal Page. However, those sites may provide a link to BENEFEDS.

**Enrollment Types**

**Self Only:** A Self Only enrollment covers only you as the enrolled employee or annuitant. You may choose a Self Only enrollment even though you have a family; however, your family members will not be covered under FEDVIP.

**Self Plus One:** A Self Plus One enrollment covers you as the enrolled employee or annuitant plus one eligible family member whom you specify. You may choose a Self Plus One enrollment even though you have additional eligible family members, but the additional family members will not be covered under FEDVIP.

**Self and Family:** A Self and Family enrollment covers you as the enrolled employee or annuitant and all of your eligible family members. You must list all eligible family members when enrolling.

**Dual Enrollment**

If you or one of your family members is enrolled in or covered by one FEDVIP plan, that person cannot be enrolled in or covered as a family member by another FEDVIP plan offering the same type of coverage; i.e., you (or covered family members) cannot be covered by two FEDVIP dental plans or two FEDVIP vision plans.

**Opportunities to Enroll or Change Enrollment**

***Open Season***

If you are an eligible employee, annuitant, or TRICARE-eligible individual (TEI), you may enroll in a dental and/or vision plan during the November 9, 2026, through midnight EST December 14, 2026, Open Season. Coverage is effective January 1, 2027.

During future annual open seasons, you may enroll in a plan, or change or cancel your dental and/or vision coverage. The effective date of these open season enrollments and changes will be set by OPM. **If you want to continue your current enrollment, do nothing. Your enrollment carries over from year to year, unless you change it.**

***New hire/Newly eligible***

You may enroll within 60 days after you become eligible as:

- a new employee;
- a previously ineligible employee who transferred to a covered position;
- a survivor annuitant if not already covered under FEDVIP; or
- an employee returning to service following a break in service of at least 31 days.
- a TRICARE-eligible individual

Your enrollment will be effective the first day of the pay period following the one in which BENEFEDS receives and confirms your enrollment.

***Qualifying Life Event***

A qualifying life event (QLE) is an event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an open season.

The following chart lists the QLEs and the enrollment actions you may take:

**Qualifying Life Event: Marriage**
From Not Enrolled to Enrolled: Yes
Increase Enrollment Type: Yes
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: Yes

**Qualifying Life Event: Acquiring an eligible family member (non-spouse)**
From Not Enrolled to Enrolled: No
Increase Enrollment Type: Yes
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: No

**Qualifying Life Event: Losing a covered family member**
From Not Enrolled to Enrolled: No
Increase Enrollment Type: No
Decrease Enrollment Type: Yes
Cancel: No
Change from One Plan to Another: No

**Qualifying Life Event: Losing other dental/vision coverage (eligible or covered person)**
From Not Enrolled to Enrolled: Yes
Increase Enrollment Type: Yes
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: No

**Qualifying Life Event: Moving out of regional plan's service area**
From Not Enrolled to Enrolled: No
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: Yes

**Qualifying Life Event: Going on active military duty, non- pay status (enrollee or spouse)**
From Not Enrolled to Enrolled: No
Increase Enrollment Type: No
Decrease Enrollment Type: No (enrollee deployment), Yes (spouse deployment)
Cancel: Yes
Change from One Plan to Another: No

**Qualifying Life Event: Returning to pay status from active military duty (enrollee or spouse)**
From Not Enrolled to Enrolled: Yes
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: No

**Qualifying Life Event: Returning to pay status from Leave without pay**
From Not Enrolled to Enrolled: Yes (if enrollment cancelled during LWOP)
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: Yes (if enrollment cancelled during LWOP)

**Qualifying Life Event: Annuity/ compensation restored**
From Not Enrolled to Enrolled: Yes
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: No

**Qualifying Life Event: Transferring to an eligible position***
From Not Enrolled to Enrolled: No
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: Yes
Change from One Plan to Another: No

*Position must be in a Federal agency that provides dental and/or vision coverage with 50 percent or more employer-paid premium.

The timeframe for requesting a QLE change is from 31 days before to 60 days after the event. There are two exceptions:

- There is no time limit for a change based on moving from a regional plan's service area; and
- You cannot request a new enrollment based on a QLE before the QLE occurs, except for enrollment because of a loss of dental or vision insurance. You must make the change no later than 60 days after the event.

Enrollments and enrollment changes made based on a QLE are effective on the first day of the pay period following the one in which BENEFEDS receives and confirms the enrollment or change. BENEFEDS will send you confirmation of your new coverage effective date.

Once you enroll in a plan, your 60-day window for that type of plan ends, even if 60 calendar days have not yet elapsed. That means once you have enrolled in either a dental or a vision plan, you cannot change or cancel that particular enrollment until the next open season, unless you experience a QLE that allows such a change or cancellation.

**VA Exception for Cancellation**

Generally, you may cancel your enrollment only during the annual open season. However, if you are a FEDVIP enrollee paying premiums on a **post-tax basis**, and you, your family member, or TEI family member becomes eligible for VA dental or vision benefits, then you **may** change your enrollment type or cancel your enrollment within 60 days of receiving notification of VA dental or vision eligibility. This 60-day period may fall outside of open season. VA dental or vision eligibility documentation must be submitted to OPM via the BENEFEDS mailbox (benefedsportal@opm.gov) within 60 days of notification to support the FEDVIP enrollment change or cancellation.

Your cancellation is effective at the end of the day before the date OPM sets as the open season effective date. An eligible family member's coverage also ends upon the effective date of the cancellation.

If you are a FEDVIP enrollee paying premiums on a **pre-tax basis,** and you, your family member, or TEI family member becomes eligible for VA dental or vision benefits, then you **may not** change or cancel your FEDVIP enrollment until the next open season.

FEDVIP enrollees can verify if they are paying their premiums on a pre- or post- tax basis by contacting BENEFEDS at 1-877-888-3337, TTY: 711 International: 1-571-730-5942.

**When Coverage Stops**

Coverage ends for active and retired Federal, U.S. Postal employees, and TRICARE-eligible individuals when you:

- no longer meet the definition of an eligible employee, annuitant, or TRICARE-eligible individual;
- as a Retired Reservist you begin active duty;

- as sponsor or primary enrollee leaves active duty
- begin a period of non-pay status or pay that is insufficient to have your FEDVIP premiums withheld and you do not make direct premium payments to BENEFEDS;
- are making direct premium payments to BENEFEDS and you stop making the payments;
- cancel the enrollment during open season;
- a Retired Reservist begins active duty; or
- the sponsor or primary enrollee leaves active duty.

Coverage for a family member ends when:

- you as the enrollee lose coverage; or
- the family member no longer meets the definition of an eligible family member.

**Continuation of Coverage**

**Under FEDVIP, there is no 31-day extension of coverage. The following are also NOT available under FEDVIP plans:**

- Temporary Continuation of Coverage (TCC);
- spouse equity coverage; or
- right to convert to an individual policy (conversion policy).

**FSAFEDS/High Deductible Health Plans and FEDVIP**

If you are planning to enroll in a FSAFEDS Health Care Flexible Spending Account (HCFSA), Limited Expense Health Care Flexible Spending Account (LEX HCFSA), or any flexible spending account, you should consider how coverage under a FEDVIP plan will affect your annual expenses, and thus the amount that you should allot to an FSAFEDS account. Please note that insurance premiums are not eligible expenses for either type of FSA.

Please review IRS - Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans (www.irs.gov/forms-pubs/about-publication-969) for additional information about carryover and contribution amounts for the upcoming tax year. If you have an HCFSA or LEX HCFSA FSAFEDS account and you have not exhausted your funds by December 31st of the plan year, FSAFEDS can automatically carry over a set maximum amount of unspent funds into another health care or limited expense account for the subsequent year. To be eligible for carryover, you must be employed by an agency that participates in FSAFEDS and actively making allotments from your pay through December 31st. You must also actively re-enroll in a health care or limited expense account during the next open season to be carryover eligible. Your reenrollment must meet the minimum contribution amount for the plan year. If you do not reenroll, or if you are not employed by an agency that participates in FSAFEDS and actively making allotments from your pay through December 31st, your funds will not be carried over.

Because of the tax benefits an FSA provides, the IRS requires that you forfeit any money for which you did not incur an eligible expense and file a claim in the time permitted. This is known as the "Use-it-or-Lose-it" rule. Carefully consider the amount you will elect.

Current FSAFEDS participants must re-enroll to participate in the program next year.

See www.fsafeds.gov or call 1-877-FSAFEDS (372-3337) or TTY: 1-866-353-8058. **Note: FSAFEDS is not open to retired employees or to TRICARE eligible individuals.**

If you enroll or are enrolled in a high deductible health plan with a health savings account (HSA) or health reimbursement arrangement (HRA), you may use your HSA or HRA to pay for qualified dental/vision costs not covered by your FEHB/PSHB and/or FEDVIP plans.

## Section 3 How You Obtain Care

| | |
|---|---|
| **Identification Cards/ Enrollment Confirmation** | ID cards are not provided and are not required to obtain service. We will send you an enrollment confirmation letter when you enroll. For members who wish to carry an ID card, you may print a copy online from our Aetna Member website or call customer service at 1-855-347-6899 to verify your eligibility in the plan.<br><br>If you are enrolled in an FEHB/PSHB plan it is important to bring your FEHB/ PSHB identification card to every vision appointment because most FEHB/PSHB plans offer some level of vision benefits separate from your FEDVIP coverage. Presenting both identification cards can ensure that you receive the maximum allowable benefit under each Program. |
| **Plan Providers** | We list plan providers in the provider directory, which is updated nightly. The provider directory is on our website www.aetnafeds.com/vision. It is your responsibility to ensure that the provider chosen is an active participant in the program at the time you receive services. The Aetna Vision Preferred network is specific to routine vision care and is different from the network for the Aetna medical plan.<br><br>In some cases, due to local regulations or business practices, the doctor may be independent of the retail location. You should confirm that both the doctor and the retail location are participating prior to seeking services. |
| **In-Network** | We negotiate rates with vision care providers and other health care providers to help save you money. Aetna Vision Preferred in-network providers are contracted through EyeMed Vision Care. When scheduling an appointment, you should identify yourself as a member of the FEDVIP Aetna Vision Preferred plan. The provider is then responsible for verifying eligibility by contacting Aetna Vision Preferred either by telephone or via the web. We refer to these providers as "In-Network providers". If you use in-network providers to obtain covered care, benefits are paid at the in-network level. You are responsible for covered charges up to our negotiated plan allowance. |
| **Out-of-Network** | You may obtain care from any licensed eye care provider. If the provider you use is not part of our network, benefits will be considered out-of-network. Because these providers are out of our network, we will reimburse you up to the maximum reimbursement amount allowed by the plan. You are responsible to pay the out-of-network provider and then submit a claim to receive your reimbursement. |
| **Pre-Authorization** | Pre-authorization is not required. |
| **FEHB/PSHB First Payor** | When you visit a provider who participates with both, your FEHB/PSHB plan and your FEDVIP plan, the FEHB/PSHB plan will pay benefits first. The FEDVIP plan allowance will be the prevailing charge in these cases. You are responsible for the difference between the FEHB/PSHB and FEDVIP benefit payments and the FEDVIP plan allowance. We are responsible for facilitating the process with the primary FEHB/PSHB payor.<br><br>It is important to bring your FEDVIP and FEHB/PSHB identification cards to every vision appointment because most FEHB/PSHB plans offer some level of vision benefits separate from your FEDVIP coverage. Presenting both identification cards can ensure that you receive the maximum allowable benefit under each Program. |
| **Coordination of Benefits** | **IF:** You have medical coverage through FEHB/PSHB and Aetna's FEDVIP vision plan<br>**THEN:** Present your FEHB/PSHB ID card at the time of service as the FEHB/PSHB plan will pay benefits first<br><br>**IF:** You have vision coverage through a non-FEHB/non-PSHB plan and Aetna Vision coverage under FEDVIP (covered through a spouse)<br>**THEN:** Aetna Vision is the primary payor and your non-FEHB/non-PSHB plan is secondary |

**IF:** If your **covered dependent child** has coverage through a non-FEHB/non-PSHB plan and Aetna Vision coverage under FEDVIP.
**THEN:** The parent's plan whose birthday occurs first in the calendar year (1. Month, 2. Date) is primary. If the months and dates are the same for both parents, the primary payor is the plan that has provided coverage the longest.

Note: We do not coordinate benefits with non-FEHB/non-PSHB health plans

**Limited Access Areas**

If you live in an area with limited access to a network provider and you receive covered services from an out-of-network provider, we will pay the same benefit level as if you utilized the services of an in-network provider. You are responsible for any difference between the amount billed and our payment. Call us 1-855-347-6899, if you are having problems locating a provider in your area.

**Plan Allowance:** The maximum benefit payment for services provided in areas not meeting the access standards are shown in the chart below. You are responsible for charges billed over the amounts shown.

**Services/Material: Exam**
Standard Option We Pay: Up to $40
High Option We Pay: Up to $40

**Services/Material: Single Vision Lenses**
Standard Option We Pay: Up to $40
High Option We Pay: Up to $40

**Services/Material: Bifocal Lenses**
Standard Option We Pay: Up to $60
High Option We Pay: Up to $60

**Services/Material: Trifocal Lenses**
Standard Option We Pay: Up to $80
High Option We Pay: Up to $80

**Services/Material: Lenticular Lenses**
Standard Option We Pay: Up to $80
High Option We Pay: Up to $80

**Services/Material: Contact Lenses**
Standard Option We Pay: Up to $120
High Option We Pay: Up to $136

**Services/Material: Medically Necessary Contact Lenses**
Standard Option We Pay: Up to $210
High Option We Pay: Up to $210

**Services/Material: Frames**
Standard Option We Pay: Up to $80
High Option We Pay: Up to $150

## Section 4 Your Cost for Covered Services

This is what you pay out-of-pocket for covered care:

**Co-payment**

A co-payment is a fixed amount of money you pay to the provider when you receive services.

Example: In the Aetna Vision High Option plan, you pay a $0 co-pay for an exam.

**In-Network Services**

When you visit an Aetna Vision network doctor, your eye exam and prescription glasses or contacts are covered after any co-payments. You will also receive 20% off any out-of-pocket costs over your frame allowance and a savings of 15% on any balance over your conventional contact allowance.

**Out-of-Network Services**

If you choose to visit a non-participating provider, you will be reimbursed according to the following fee schedule allowances shown in the chart below. You are responsible for charges billed over the amounts shown.

**Services/Material: Exam**
Standard Option We Pay: Up to $40
High Option We Pay: Up to $40

**Services/Material: Single Vision Lenses**
Standard Option We Pay: Up to $40
High Option We Pay: Up to $40

**Services/Material: Bifocal Lenses**
Standard Option We Pay: Up to $60
High Option We Pay: Up to $60

**Services/Material: Trifocal Lenses**
Standard Option We Pay: Up to $80
High Option We Pay: Up to $80

**Services/Material: Lenticular Lenses**
Standard Option We Pay: Up to $80
High Option We Pay: Up to $80

**Services/Material: Contact Lenses**
Standard Option We Pay: Up to $120
High Option We Pay: Up to $136

**Services/Material: Medically Necessary Contact Lenses**
Standard Option We Pay: Up to $210
High Option We Pay: Up to $210

**Services/Material: Frames**
Standard Option We Pay: Up to $80
High Option We Pay: Up to $150

Please see Section 3, How You Obtain Care, for more information.

## Section 5 Vision Services and Supplies

**Important things you should keep in mind about these benefits:**

Please remember that all benefits are subject to the definitions, limitations and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care or treatment of a covered condition and meet generally accepted protocols.

- Both the High and Standard vision options include out-of-network benefit coverage. The out-of-network benefit structure is listed under the Summary of Benefits section.
- **Eyewear: You may choose prescription eyeglass lenses or contacts.**

| Benefit Description | You Pay* | |
|---|---|---|
| **Diagnostic** | **High** | **Standard** |
| Eye examination - covered in full (once every calendar year).<br><br>Participating doctors provide a comprehensive exam that focuses on your eyes and overall wellness, including dilation as necessary. | Nothing | Nothing |
| Retinal Imaging<br><br>(Note: If you have Type 1 and/or Type 2 diabetes, see Retinal Imaging under Diabetic Care Services.) | Up to $39 | Up to $39 |
| **Eyewear** | **High** | **Standard** |
| **Lenses:** covered in full (once every calendar year)<br><br>Standard Plastic single vision, lined bifocal, lined trifocal, and lenticular lenses<br><br>**NOTE**: **You may choose prescription eyeglass lenses or contacts.** | Nothing | $10 |
| **Lens Options** (covered in addition to base lens): Standard Polycarbonate lenses (shatter-resistant) | Nothing | Nothing |
| **Lens Options** (covered in addition to base lens): Standard Scratch resistant coating | Nothing | Nothing |
| **Lens Options** (covered in addition to base lens): Standard Anti-reflective coatings | $20 | $45 fixed discount** |
| Premium Anti-reflective coatings tier 1 | $32 | $57 fixed discount ** |
| Premium Anti-reflective coatings tier 2 | $43 | $68 fixed discount** |
| Premium Anti-reflective coatings tier 3 | 80% of retail price | 80% of retail price |
| **Lens Options** (covered in addition to base lens): UV Protection and Tint (Solid or Gradient) | Nothing | $15 fixed discount** |
| **Lens Options** (covered in addition to base lens): Photochromic lenses- lenses are clear indoors and darken outside | $75 fixed discount** | $75 fixed discount** |
| **Lens Options** (covered in addition to base lens): Standard progressive lenses | Nothing | $75 |
| **Lens Options** (covered in addition to base lens): Premium progressive lenses Tiers 1-3 | $40-65 | $95-120 |

*Eyewear - continued on next page*

| Benefit Description | You Pay* | |
|---|---|---|
| **Eyewear (cont.)** | **High** | **Standard** |
| **Lens Options** (covered in addition to base lens): Other premium progressive lenses | 80% of charge less $120 allowance + $20 copay | 80% of charge less $120 allowance + $75 copay |
| **Frames -** once every calendar year<br>Any frame available at the provider location | Nothing for frames up to the $300 plan allowance<br>Frame Greater than $300: pay any amount after a 20% discount | Nothing for frames up to the $160 plan allowance<br>Frame Greater than $160: pay any amount after a 20% discount |
| **Contact Lens Fitting and Material** | **High** | **Standard** |
| Standard Contact Lens Fit & Follow-up (includes applications of clear, soft, spherical, daily-wear contact lenses for single-vision prescriptions) - once every calendar year | $40 fixed discount** | $40 fixed discount** |
| Premium Contact Lens Fit & Follow-up (Includes the application of toric (astigmatism .62D or higher in the contact lens), multifocal/monovision, post-surgical and gas permeable lenses. This includes extended/ overnight wear for any prescription.) - once every calendar year | 90% of retail price | 90% of retail price |
| Conventional/Disposable contact lenses<br>**You may choose prescription eyeglass lenses or contacts once every calendar year** | Nothing for Contact Lenses up to the $170 plan allowance<br>You will receive a 15% discount off the cost over $170 for conventional contact lenses | Nothing for Contact Lenses up to the $150 plan allowance<br>You will receive a 15% discount off the cost over $150 for conventional contact lenses |
| Medically necessary contact lenses<br>**You may choose prescription eyeglass lenses or contacts once every calendar year**<br>Contact lenses are medically necessary if you're diagnosed with one of these conditions (ask your eye doctor for more info):<br>• Anisometropia of 3D in meridian powers<br>• High Ametropia exceeding – 10D or +10D in meridian powers<br>• Keratoconus when vision is not correctable to 20/30 in either or both eyes using standard spectacle lenses<br>• Vision improvement other than Keratoconus when vision can be corrected two lines of improvement on the visual acuity chart when compared to the best corrected standard spectacle lenses | Nothing | Nothing |

| Benefit Description | You Pay* | |
|---|---|---|
| **Diabetic Care Services** | **High** | **Standard** |
| Office Service Visit – two per calendar year<br><br>**Members with Type 1 and/or Type 2 diabetes.**<br><br>Office visit for the evaluation and management of an established patient. The office visit includes patient history, follow-up examination services as deemed appropriate by the provider, and medical decision making.<br><br>*Some or all of the diagnostic services described below will be provided as deemed appropriate, subject to provider determination of service necessity and the benefit frequency limitations* | Nothing | Nothing |
| Retinal Imaging – two per calendar year<br><br>**Members with Type 1 and/or Type 2 diabetes.**<br><br>Retinal Imaging with interpretation and report.<br><br>**Not covered if Extended Ophthalmoscopy is provided within 6 months* | Nothing | Nothing |
| Extended Ophthalmoscopy – two per calendar year<br><br>**Members with Type 1 and/or Type 2 diabetes.**<br><br>Retinal drawing and interpretation and report.<br><br>**Not covered if Retinal Imaging is provided within 6 months* | Nothing | Nothing |
| Gonioscopy – two per calendar year<br><br>**Members with Type 1 and/or Type 2 diabetes.**<br><br>Procedure to detect or treat conditions such as glaucoma or neovascularization of the angle. | Nothing | Nothing |
| Scanning Laser – twice per calendar year<br><br>**Members with Type 1 and/or Type 2 diabetes.**<br><br>Scanning computerized ophthalmic diagnostic imaging, posterior segment with interpretation and report | Nothing | Nothing |

* Please refer to Section 4, Your Cost for Covered Services, for the nationwide reimbursement schedule and Section 6, International Services and Supplies, for the international reimbursement schedule.

**The amount shown is the negotiated discounted price you will pay the provider. Not all providers participate in every plan or offer all services. Discounts on non-covered services may not be available through all providers, or in all states. Contact your provider to confirm available discounts.

**Discounts and Features**

- Hearing aids and exams - Save on hearing exams, a large choice of leading brand hearing aids, batteries and free routine follow-up services. There are two ways for you to save at thousands of locations through Hearing Care Solutions or Amplifon Hearing Health Care.
- Healthy lifestyle choices - Save on gym memberships, health coaching, fitness gear and nutrition products that support a healthy lifestyle. Get access to local and national discounts on brands you know. At-home weight-loss programs with tips and menus. Also save on wearable fitness devices, meditation, yoga, wellness programs and group fitness on demand.
- Natural products and services - Ease your stress and tension and save on therapeutic massage, acupuncture or chiropractic care. Get advice from registered dietitians with nutrition services. Save on popular products from health and fitness vendors, like blood pressure monitors, pedometers and activity trackers, devices for pain relief and many other products. Save on teeth whitening, electronic toothbrushes, replacement brush heads and various oral health care kits.

Getting started is easy, just log in to your member website at www. Aetnafeds.com/vision, once you're an Aetna member.

**Vision Discounts**

**The following extra discounts and savings are only available from network doctors.**

**Prescription glasses**

- Minimum savings of 20% on all non-covered lens options.
- Up to 40% discount off additional pairs of prescription glasses and sunglasses.

**Laser vision correction**

Members will receive a discount of 15% off retail or 5% off promotional prices at providers in the US Laser network. The network offers over 600 locations including preferred featured providers like LasikPlus, TLC Laser Eye Centers and The LASIK Vision Institute. These featured providers offer specials throughout the year including free consultations and extra discounts on LASIK. The LASIK discount is only available from U.S. Laser Network by calling 1-800-422-6600 or visiting www. lasikdiscounts.com.

**International travel solutions**

No need to wonder about your eye care if you have a break abroad. Your benefit gives you access to a curated network of providers in more than 20 countries if you are traveling and emergency happens. Get emergency glasses delivered within 24 hours in most locations. It's free and doesn't count toward your benefit allowance. Each lens is adjustable, with a -6 to +3 diopter range. Just turn the range dial on the side of the frame to adjust for near, intermediate and distance vision. Find out more at www. aetnavision.com.

**Vision Cost Estimator Tool**

Understanding vision benefits can be confusing. That's why we made it easy for you to estimate your out-of-pocket costs ahead of time. See a list of services and products, choose your preferences and we'll estimate your savings and out-of-pocket costs based on your specific plan.

**Vision Mobile App**

Manage all your vision care needs on the go with the Aetna Vision Preferred app

- Find a network provider near you or check out your online provider options
- Get cost estimates before you go
- View your benefits
- See your next eligible date
- Track your prescription
- Access your member ID card whenever you need it and more

## Section 6 International Services and Supplies

**International Claims Payment**

Aetna Vision is a nationwide vision plan and therefore does not have network doctors overseas. To obtain services, visit any international eye care provider and you will be reimbursed out-of-network schedule:

**Services/Material: Exam**
Standard Option We Pay: Up to $40
High Option We Pay: Up to $40

**Services/Material: Single Vision Lenses**
Standard Option We Pay: Up to $40
High Option We Pay: Up to $40

**Services/Material: Bifocal Lenses**
Standard Option We Pay: Up to $60
High Option We Pay: Up to $60

**Services/Material: Trifocal Lenses**
Standard Option We Pay: Up to $80
High Option We Pay: Up to $80

**Services/Material: Lenticular Lenses**
Standard Option We Pay: Up to $80
High Option We Pay: Up to $80

**Services/Material: Contact Lenses**
Standard Option We Pay: Up to $120
High Option We Pay: Up to $136

**Services/Material: Medically Necessary Contact Lenses**
Standard Option We Pay: Up to $210
High Option We Pay: Up to $210

**Services/Material: Frames**
Standard Option We Pay: Up to $80
High Option We Pay: Up to $150

**Finding an International Provider**

Visit the international eye care provider of your choice.

**Filing International Claims**

We have several convenient ways to submit a claim for reimbursement. You can download a claim form by going to www.aetnafeds.com/vision, resources, claim forms and select Vision Claim form (for FEDVIP Aetna Vision Preferred Plan) and mail to the address on the form or go green and get paid faster by submitted electronically by accessing the online form.

Claim forms can be mailed to:

Aetna Vision
Attn: OON Claims, P.O. Box 8504, Mason, OH 45040-7111

**Customer Service Website and Phone Numbers**

You may look up information on our plan or ask a question at www.aetnafeds.com/vision. (Our toll-free number will not work overseas).

**International Rates**

Please refer to the Rate Information section, to view the rates. Premiums for our international members are the same as our nationwide members.

## Section 7 General Exclusions – Things We Do Not Cover

The following services and materials are not covered:

- Any charges in excess of the benefit, dollar, or supply limits stated in this brochure;
- 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;
- 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;
- Replacement of lost, stolen or broken prescription lenses or frames;
- Special supplies such as nonprescription sunglasses and subnormal vision aids;
- Any vision service, treatment or materials not specifically listed as a covered service;
- Services and materials that are experimental or investigational;
- Services and materials which are rendered prior to your effective date;
- Services and materials incurred after the termination date of your coverage unless otherwise indicated;
- Services and materials not meeting accepted standards of optometric practice;
- Services and materials resulting from your failure to comply with professionally prescribed treatment;
- Telephone consultations;
- Any charges for failure to keep a scheduled appointment;
- Any services that are strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances;
- Services or materials provided as a result of intentionally self-inflicted injury or illness;
- Services or materials provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection;
- Office infection control charges;
- Charges for copies of your records, charts, or any costs associated with forwarding/mailing copies of your records or charts;
- State or territorial taxes on vision services performed;
- Medical treatment of eye disease or injury;
- Special lens designs or coatings other than those described in this brochure;
- Non-prescription (Plano) lenses;
- Two pairs of eyeglasses in lieu of bifocals;
- Services not performed by licensed personnel;
- Prosthetic devices and services;
- Insurance of contact lenses;
- Professional services you receive from immediate relatives or household members, such as a spouse, parent, child, brother or sister, by blood, marriage or adoption.
- Discounts not applicable to certain brand name Vision Materials for which the manufacturer imposes a no-discount practice.
- Benefits may not be combined with any discount or promotional offering unless otherwise noted in an offer.

- Diabetic Care Services covers diabetic eyecare evaluation services only. The following services and benefits are excluded:
  - Costs associated with securing frames, lenses, or any other materials
  - Orthoptics or vision training and any associated supplemental testing
  - Surgical procedures, including laser or any other form of refractive surgery, and any pre or post-operative services
  - Pathological treatment of any type for any condition
  - Any eye examination required by an employer as a condition of employment
  - Insulin or any medications or supplies of any type
  - Services and/or materials not included in this brochure

## Section 8 Claims Filing and Disputed Claims Processes

**How to File a Claim for Covered Services**

When you visit a network doctor, you do not complete any paperwork or claim forms. Aetna Vision doctors verify your eligibility, plan coverage and obtain authorization from Aetna Vision.

If you decide not to see an Aetna Vision doctor, you are required to pay the provider in full at the time of your appointment and submit a claim for reimbursement up to the amount allowed by the plan.

You may obtain an out-of-network claim form for reimbursement by visiting our website, www.aetnafeds.com/vision or calling our customer service at 1-855-347-6899. Please keep a copy of the information and mail the originals to:

Aetna Vision
Attn: OON Claims
PO Box 8504
Mason, OH 45040-7111

**Deadline for Filing Your Claim**

Out-of-network claims must be submitted to Aetna Vision within 15 months of the date of service for reimbursement.

**Disputed Claims Process**

Follow this disputed claims process if you disagree with our decision on your claim or request for services. **The FEDVIP law does not provide a role for OPM to review disputed claims.**

**1.** Ask us in writing to reconsider our initial decision. You must:

a) Write to us within 15 months from the date of our decision; and

b) Send your request to us at: Aetna Vision, Attention: Appeal Resolution Team, PO Box 14463, Lexington, KY 40512; and

Include a statement about why you believe our initial decision was wrong, based on specific benefit provisions in this brochure; and include copies of documents that support your claim, and explanation of benefits (EOB) forms. This is your first level appeal.

**2.** We have 30 days from the date we receive your request to:

a) Pay the claim (or, if applicable, arrange for the vision provider to give you the care); or

b) Write to you and maintain our denial – go to step 3; or

c) Ask you or your provider for more information. If we ask your provider, we will send you a copy of our request.

You or your provider must send the information so that we receive it within 60 days of our request. We will then decide within 30 more days.

If we do not receive the information within 60 days, we will decide within 30 days of the date the information was due. We will base our decision on the information we already have.

We will write to you with our decision.

**3.** If the dispute is not resolved through the reconsideration process, and the reason for the denial was based on medical necessity or for experimental or investigational reasons, you have the right to file a second level appeal. That appeal must be submitted within 60 days following the receipt of our first level denial.

**4.** If you do not agree with our final decision, and the amount of your claim is more than

$300 and the plan denied your claim because it did not consider the treatment a medical necessity, you may request an independent third party, mutually agreed upon by us and OPM, review the decision. You have 30 days from the date you received our final decision to request a third party review.

The decision of the independent third party is binding and is the final review of your claim. This decision is not subject to judicial review.

## Section 9 Definitions of Terms We Use in This Brochure

| | |
|---|---|
| **Annuitants** | Federal retirees (who retired on an immediate annuity), and survivors (of those who retired on an immediate annuity or died in service) receiving an annuity. This also includes those receiving compensation from the Department of Labor's Office of Workers' Compensation Programs, who are called compensationers. Annuitants are sometimes called retirees. |
| **BENEFEDS** | The enrollment and premium administration system for FEDVIP. |
| **Benefits** | Covered services or payment for covered services to which enrollees and covered family members are entitled to the extent provided by this brochure. |
| **Enrollee** | The Federal employee, annuitant, or TRICARE-eligible individual enrolled in this plan. |
| **FEDVIP** | Federal Employees Dental and Vision Insurance Program. |
| **Plan Allowance** | The maximum benefit payment for services received. Please refer to Section 4, Your Cost for Covered Services, for the maximum benefit payment for services received in limited access areas or out-of-network and Section 6, International Services and Supplies, for services received outside the United States or Puerto Rico. |
| **Pre-Authorization** | This is the procedure used by the plan to pre-approve services and the amount that the plan will cover. |
| **Sponsor** | Generally, a sponsor means the individual who is eligible for medical or dental benefits under 10 U.S.C. chapter 55 based on their direct affiliation with the uniformed services (including military members of the National Guard and Reserves). |
| **TEI certifying family member** | Under circumstances where a sponsor is not an enrollee, a TEI family member may accept responsibility to self-certify as an enrollee and enroll TEI family members |
| **TRICARE-eligible individual (TEI) family member** | TEI family members include a sponsor's spouse, unremarried widow, unremarried widower, unmarried child, and certain unmarried persons placed in a sponsor's legal custody by a court. Children include legally adopted children, stepchildren, and pre-adoptive children. Children and dependent unmarried persons must be under age 21 if they are not a student, under age 23 if they are a full-time student, or incapable of self-support because of a mental or physical incapacity. |
| **We/Us** | Aetna Vision |
| **You** | Enrollee or eligible family member. |

# Stop Healthcare Fraud!

Fraud increases the cost of health care for everyone and increases your Federal Employees Dental and Vision Insurance Program premium.

**Protect Yourself From Fraud** – Here are some things that you can do to prevent fraud:

- Do not give your plan identification (ID) number over the telephone or to people you do not know, except to your providers, plan, BENEFEDS, or OPM.
- Let only the appropriate providers review your clinical record or recommend services.
- Avoid using providers who say that an item or service is not usually covered, but they know how to bill us to get it paid.
- Carefully review your explanation of benefits (EOBs) statements, which is available online at www. aetnavision.com.
- Do not ask your provider to make false entries on certificates, bills or records in order to get us to pay for an item or service.
- If you suspect that a provider has charged you for services you did not receive, billed you twice for the same service, or misrepresented any information, do the following:
  - Call the provider and ask for an explanation. There may be an error.
  - If the provider does not resolve the matter, **call us at 1-855-347-6899 and explain the situation**.
- Do not maintain as a family member on your policy:
  - Your former spouse after a divorce decree or annulment is final (even if a court order stipulates otherwise); or
  - Your child over age 22 (unless they are disabled and incapable of self-support).

If you have any questions about the eligibility of a dependent, please contact BENEFEDS.

Be sure to review Section 1, Eligibility, of this brochure, prior to submitting your enrollment or obtaining benefits.

**Fraud or intentional misrepresentation of material fact is prohibited under the plan. You can be prosecuted for fraud and your agency may take action against you if you falsify a claim to obtain FEDVIP benefits or try to obtain services for someone who is not an eligible family member or who is no longer enrolled in the plan, or enroll in the plan when you are no longer eligible.**

## Summary of Benefits

- **Do not rely on this chart alone**. This page summarizes specific expenses we cover; for more detail, please review the individual sections of this brochure.
- If you want to enroll or change your enrollment in this plan, please visit www. BENEFEDS.gov or call 1-877-888-FEDS (1-877-888-3337), TTY: 711 International: 1-571-730-5942.

| | You Pay | |
|---|---|---|
| **High Option Benefits** | **In-Network** | **Out-of-Network** |
| **Eye Exam –**a comprehensive exam that focuses on your eyes and overall wellness. | Nothing | Reimbursed up to $40 |
| **Lenses** – Standard Plastic single vision, lined bifocal, lined trifocal and lenticular lenses.<br><br>NOTE: **Prescription Eyewear** - Choose eyeglass lenses or contact lenses every calendar year. You cannot use both benefits within the same calendar year. | Nothing | **Reimbursed up to:**<br><br>Single vision $40<br><br>Lined bifocal $60<br><br>Lined trifocal $80<br><br>Lenticular $80 |
| **Lens options, including:** Standard Polycarbonate lenses (shatter resistant) | Nothing | Reimbursed up to $5 |
| **Lens options, including:** Standard Scratch resistant coating | Nothing | Reimbursed up to $5 |
| **Lens options, including:** Standard Anti-reflective coating | $20 | Reimbursed up to $5 |
| • Premium Anti-reflective coatings tier 1 | $32 | Reimbursed up to $5 |
| • Premium Anti-reflective coatings tier 2 | $43 | Reimbursed up to $5 |
| • Premium Anti-reflective coatings tier 3 | 80% of retail price | Reimbursed up to $5 |
| **Lens options, including:** Tints | Nothing | Reimbursed up to $5 |
| **Lens options, including:** UV protection | Nothing | Reimbursed up to $5 |
| **Lens options, including:** Photochromic Lenses - lenses are clear indoors and darken outside | $75 fixed discount* | Not covered |
| **Lens options, including:** Standard progressive lenses | Nothing | Reimbursed up to $60 |
| **Lens options, including:** Premium progressive lenses Tiers 1-3 | $40-$65 | Reimbursed up to $60 |
| **Lens options, including:** Other premium progressive lenses | 80% of charge less $120 allowance + $20 copay | Reimbursed up to $60 |
| Conventional contact lenses –<br><br>**NOTE**: **Contact Lenses,** Choose eyeglass lenses or contact lenses every calendar year. You cannot use both benefits within the same calendar year. | Any amount over $170 plan allowance after a 15% discount | Reimbursed up to $136 |
| Disposable contact lenses | Any amount over $170 plan allowance | Reimbursed up to $136 |

*High Option Benefits - continued on next page*

| | You Pay | |
|---|---|---|
| **High Option Benefits (cont.)** | **In-Network** | **Out-of-Network** |
| Medically necessary contact lenses | Nothing | Reimbursed up to $210 |
| **Frame** - Once every calendar year. Any frame available at the provider location | Nothing for frames up to the $300 plan allowance<br><br>Frame Greater than $300:<br><br>pay any amount after a 20% discount | Reimbursed up to $150 |
| Diabetic Office Service Visit – two per calendar year<br><br>**Members with Type 1 and/or Type 2 diabetes.**<br><br>*Some or all of the diagnostic services described below will be provided as deemed appropriate, subject to provider determination of service necessity and the benefit frequency limitations* | Nothing | Reimbursed up to $77 |
| Retinal Imaging – two per calendar year<br><br>**Members with Type 1 and/or Type 2 diabetes.**<br><br>**Not covered if Extended Ophthalmoscopy is provided within 6 months* | Nothing | Reimbursed up to $50 |
| Extended Ophthalmoscopy – two per calendar year<br><br>**Members with Type 1 and/or Type 2 diabetes.**<br><br>**Not covered if Retinal Imaging is provided within 6 months* | Nothing | Reimbursed up to $15 |
| Gonioscopy – two per calendar year<br><br>**Members with Type 1 and/or Type 2 diabetes.** | Nothing | Reimbursed up to $15 |
| Scanning Laser – twice per calendar year<br><br>**Members with Type 1 and/or Type 2 diabetes.** | Nothing | Reimbursed up to $33 |
| **Extra Discounts and Savings**<br><br>Prescription glasses<br>• Minimum 20% savings on all non-covered lens options<br>• Up to 40% discount off additional pairs of prescription glasses and sunglasses; Up to 20% off non-prescription sunglasses | Available | Not available |

*High Option Benefits - continued on next page*

| | You Pay | |
|---|---|---|
| **High Option Benefits (cont.)** | **In-Network** | **Out-of-Network** |
| Retinal imaging (also known as fundus photography) - When available at a participating provider's office, members will pay no more than $39 for this service.<br><br>Laser vision correction<br><br>Members will receive a discount of 15% off retail or 5% off promotional prices at providers in the US Laser network. Or, members can save $800 and get a free LASIK exam at featured LasikPlus Vision Centers for a limited time. The LASIK discount is only available from U.S. Laser Network by calling 1-800-422-6600.<br><br>Replacement Contact Lens Program: Receive significant savings on replacement contact lens after your plan allowance has been exhausted by ordering online. Visit www.aetnavision.com for details. | Available | Not available |
| **Standard Option Benefits** | **In-Network** | **Out-of-Network** |
| **Eye Exam** - a comprehensive exam that focuses on your eyes and overall wellness. | Nothing | Reimbursed up to $40 |
| **Lenses** - Standard Plastic single vision, lined bifocal, lined trifocal and lenticular lenses<br><br>NOTE: **Prescription Eyewear** - Choose eyeglass lenses or contact lenses every calendar year. You cannot use both benefits within the same calendar year. | $10 | **Reimbursed up to:**<br><br>Single Vision - $40<br><br>Lined bifocal - $60<br><br>Lined trifocal - $80<br><br>Lenticular - $80 |
| **Lens options, including:** Standard Polycarbonate lenses (shatter-resistant) | Nothing | Reimbursed up to $5 |
| **Lens options, including:** Standard Scratch-resistant coating | Nothing | Reimbursed up to $5 |
| **Lens options, including:** Standard progressive lenses | $75 | Reimbursed up to $60 |
| **Lens options, including:** Premium progressive lenses Tiers 1-3 | $95-$120 | Reimbursed up to $60 |
| **Lens options, including:** Other premium progressive lenses | 80% of charge less $120 allowance + $75 copay | Reimbursed up to $60 |
| **Lens options, including:** Standard Anti-reflective coating | $45 fixed discount* | Not covered |
| • Premium Anti-reflective coatings tier 1 | $57 fixed discount * | Not covered |
| • Premium Anti-reflective coatings tier 2 | $68 fixed discount * | Not covered |
| • Premium Anti-reflective coatings tier 3 | 80% of retail price | Not covered |

*Standard Option Benefits - continued on next page*

| | You Pay | |
|---|---|---|
| **Standard Option Benefits (cont.)** | **In-Network** | **Out-of-Network** |
| **Lens options, including:** Photochromic Lenses - lenses are clear indoors and darken outside | $75 fixed discount* | Not covered |
| **Conventional contact lenses** –<br><br>**NOTE: Contact Lenses**, Choose eyeglass lenses or contact lenses every calendar year. You cannot use both benefits within the same calendar year. | Any amount over $150 plan allowance after a 15% discount | Reimbursed up to $120 |
| Disposable contact lenses | Any amount over $150 plan allowance | Reimbursed up to $120 |
| Medically necessary contact lenses | Nothing | Reimbursed up to $210 |
| **Frame** - Once every calendar year. Any frame available at the provider location | Nothing for frames up to the $160 plan allowance<br><br>Frame Greater than $160:<br><br>pay any amount after a 20% discount | Reimbursed up to $80 |
| Diabetic Office Service Visit – two per calendar year<br><br>**Members with Type 1 and/or Type 2 diabetes.**<br><br>*Some or all of the diagnostic services described below will be provided as deemed appropriate, subject to provider determination of service necessity and the benefit frequency limitations* | Nothing | Reimbursed up to $77 |
| Retinal Imaging – two per calendar year<br><br>**Members with Type 1 and/or Type 2 diabetes.**<br><br>**Not covered if Extended Ophthalmoscopy is provided within 6 months* | Nothing | Reimbursed up to $50 |
| Extended Ophthalmoscopy – two per calendar year<br><br>**Members with Type 1 and/or Type 2 diabetes.**<br><br>**Not covered if Retinal Imaging is provided within 6 months* | Nothing | Reimbursed up to $15 |
| Gonioscopy – two per calendar year<br><br>**Members with Type 1 and/or Type 2 diabetes.** | Nothing | Reimbursed up to $15 |
| Scanning Laser – twice per calendar year<br><br>**Members with Type 1 and/or Type 2 diabetes.** | Nothing | Reimbursed up to $33 |
| **Extra Discounts and Savings** | Available | Not Available |

*Standard Option Benefits - continued on next page*

| | You Pay | |
|---|---|---|
| **Standard Option Benefits (cont.)** | **In-Network** | **Out-of-Network** |
| Prescription glasses<br><br>• Minimum 20% savings on all non-covered lens options<br><br>• Up to 40% discount off additional pairs of prescription glasses and sunglasses; Up to 20% off non-prescription sunglasses<br><br>Retinal imaging (also known as fundus photography) - When available at a participating provider's office, members will pay no more than $39 for this service. (Note: If you have Type 1 and/or Type 2 diabetes, see Retinal Imaging under Diabetic Care Services.)<br><br>Laser vision correction<br><br>Members will receive a discount of 15% off retail or 5% off promotional prices at providers in the US Laser network. Additional special offers and savings are available at featured LasikPlus, TLD LaserEye Centers and The LASIK Vision Institute. The LASIK discount is only available from U.S. Laser Network by calling 1-800-422-6600.<br><br>Replacement Contact Lens Program: Receive significant savings on replacement contact lens after your plan allowance has been exhausted by ordering online. Visit www.aetnavision.com for details. | Available | Not Available |

*The amount shown is the negotiated discounted price you will pay the provider. Discounts may not be available in all states at all in-network providers. To see a list of providers who do honor discounts, go to www. aetnavision.com, select Find a Provider, and if you see "May not accept all additional plan discounts" you should contact the provider to confirm.

## Rate Information

These rates apply nationwide and internationally.

| High - Bi-Weekly | | | High - Monthly | | |
|---|---|---|---|---|---|
| **Self Only** | **Self Plus One** | **Self and Family** | **Self Only** | **Self Plus One** | **Self and Family** |
| **$5.71** | **$11.39** | **$17.10** | **$12.37** | **$24.68** | **$37.05** |

| Standard - Bi-Weekly | | | Standard - Monthly | | |
|---|---|---|---|---|---|
| **Self Only** | **Self Plus One** | **Self and Family** | **Self Only** | **Self Plus One** | **Self and Family** |
| **$3.36** | **$6.71** | **$10.07** | **$7.28** | **$14.54** | **$21.82** |