



### Summary of Vision Benefits for Western University Health Science

Plan Year 08-01-2023 - 07-31-2024  
 AVP – Student Health Enhanced 150  
 Group ID 1030236 101

#### In Network

#### Out of Network\*

#### Exam Aetna Vision Network

Use your Exam coverage once every plan year

Eye Exam with dilation as necessary	\$10 Copay	\$40 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	\$10 Copay	\$25 Reimbursement
Standard Plastic Bifocal Vision Lenses	\$10 Copay	\$40 Reimbursement
Standard Plastic Trifocal Vision Lenses	\$10 Copay	\$70 Reimbursement
Standard Plastic Lenticular Vision Lenses	\$10 Copay	\$70 Reimbursement
Standard Progressive Vision Lenses	\$75 Copay	\$40 Reimbursement
Premium Progressive Vision Lenses <sup>1</sup>	Tier 1 = \$95 Copay Tier 2 = \$105 Copay Tier 3 = \$120 Copay	\$40 Reimbursement
Other Premium Progressive Vision Lenses	Tier 4 = \$75 copay; 20% off retail price less \$120 allowance	\$40 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	\$0 Copay	\$32 Reimbursement
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	\$150 Allowance** Additional 15% off balance over allowance	\$120 Reimbursement
Disposable Contact Lenses	\$150 Allowance	\$120 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	\$150 Allowance** Additional 20% off balance over allowance	\$120 Reimbursement
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In Network Discounts	
Additional pairs of eyeglasses or prescription sunglasses <sup>2</sup>	Up to a 40% Discount
Non-covered items <sup>3</sup>	20% Discount
Lasik Laser vision correction or PRK from U.S. Laser Network <sup>4</sup> Call 1-800-422-6600	15% discount off retail or 5% discount off the promotional price
Retinal Imaging <sup>5</sup>	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](http://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.

<sup>1</sup>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.

<sup>2</sup>Additional pair discount applies to purchases made after the plan allowances have been exhausted.

<sup>3</sup>Non covered discounts may not be available in all states.

<sup>4</sup>Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

<sup>5</sup>Retinal Imaging available at participating locations. Contact your eyecare provider to verify if available.

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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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