

24/25 RVU Student Insurance Plan

Vision Benefits



How to Use the Vision Benefits included in your Aetna Student Health Medical plan

Step 1 Use [Aetna Find a Provider](#) to locate a Vision Provider near you

Step 2 Print your Aetna Medical ID card and have it available for the Vision Provider

Step 3 At the provider's office, present them with your Aetna Medical ID card

Step 4 Instruct the Vision Provider that benefits for vision care are covered under the Aetna Student Medical Insurance Plan.

The office can call Aetna Customer Service using the phone number on the ID card to confirm enrollment eligibility and benefits.

The provider should bill Aetna Student Health for services using the billing address on the member ID Card.

Pediatric vision care (Limited to covered persons through the end of the month in which the person turns age 19)		
Performed by a legally qualified ophthalmologist or optometrist (includes comprehensive low vision evaluations)	100% (of the negotiated charge) per visit No policy year deductible applies	50% (of the recognized charge) per visit No policy year deductible applies
Maximum visits per policy year	1 visit	
Low vision Maximum	One comprehensive low vision evaluation every policy year	
Fitting of contact Maximum	1 visit	
Pediatric vision care services & supplies - Eyeglass frames, prescription lenses or prescription contact lenses	100% (of the negotiated charge) per item No policy year deductible applies	50% (of the recognized charge) per item No policy year deductible applies
Maximum number Per year: Eyeglass frames	One set of eyeglass frames	
Prescription lenses	One pair of prescription lenses	
Contact lenses (includes non-conventional prescription contact lenses & aphakic lenses prescribed after cataract surgery)	Daily disposables: up to 3-month supply Extended wear disposable: up to 6-month supply Non-disposable lenses: one set	
Optical devices	Covered according to the type of benefit and the place where the service is received	Covered according to the type of benefit and the place where the service is received
	In-network coverage	Out-of-network coverage
Maximum number of optical devices per policy year	One optical device	
*Important note: Refer to the Vision care section in the certificate of coverage for the explanation of these vision care supplies. As to coverage for prescription lenses in a policy year, this benefit will cover either prescription lenses for eyeglass frames or prescription contact lenses, but not both. The following are not covered under this benefit: • Eyeglass frames, non-prescription lenses and non-prescription contact lenses that are for cosmetic purposes		

Adult vision care (Limited to covered persons age 19 and over)		
Adult routine vision exams (including refraction) performed by a legally qualified ophthalmologist or therapeutic optometrist, or any other providers acting within the scope of their license	\$40 copayment then the plan pays 100% (of the balance of the negotiated charge) per visit Policy year deductible applies	\$50 copayment then the plan pays 100% (of the balance of the recognized charge) per visit Policy year deductible applies
Maximum visits per policy year	1 visit	
Adult routine vision exams - fitting of prescription contact lenses	70% (of the negotiated charge) per visit Policy year deductible applies	50% (of the recognized charge) per visit Policy year deductible applies
Fitting of Contact maximum per policy year	1 visit	
Eyeglass frames, prescription lenses or prescription contact lenses	70% (of the negotiated charge) per item Policy year deductible applies	50% (of the recognized charge) per item Policy year deductible applies
Maximum number per policy year:		
Eyeglass frames Prescription lenses	One set of eyeglass frames One pair of prescription lenses	
Maximum number of prescription contact lenses per policy year (includes non-conventional prescription contact lenses and aphakic lenses prescribed after cataract surgery)	Daily disposables: up to 3-month supply Extended wear disposable: up to 6-month supply Non-disposable lenses: one set	
*Important note: Refer to the Vision care section in the certificate of coverage for the explanation of these vision care supplies. As to coverage for prescription lenses in a policy year, this benefit will cover either prescription lenses for eyeglass frames or prescription contact lenses, but not both.		
The following are not covered under this benefit: Adult vision care • Eyeglass frames, non-prescription lenses and non-prescription contact lenses that are for cosmetic purposes		
Adult vision care services and supplies • Special supplies such as non-prescription sunglasses • Special vision procedures, such as orthoptics or vision therapy • Eye exams during your stay in a hospital or other facility for health care • Replacement of lenses or frames that are lost or stolen or broken • Acuity tests • Eye surgery for the correction of vision, including radial keratotomy, LASIK and similar procedures • Services to treat errors of refraction		

For a list of specific covered services, please refer to the 2024 – 2025 Member Policy Contract Documents (PDF) located on the aetnastudenthealth.com website under Rocky Vista University.