



Eye opening

Aetna VisionSM Preferred

The clear choice for small businesses*

Plenty of benefits

- Eye exam and eyewear coverage, including prescription sunglasses and luxury brands
- Coverage for dependents up to age 26
- No minimum participation requirements
- Choice of employee contribution amounts
- Discounts on top of special plan allowances

Not a small group employer?
Call your Aetna[®] rep.

*This offering is for small group businesses.

¹Internal Aetna Vision Preferred data as of July 2021.

Big network and savings

- 110,000+ providers at locations nationwide¹
- Flexibility to visit any provider, with significant discounts for staying in network
- Top independent and national retail locations

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS[®]



PEARLE
VISION

OPTICAL

CVS[®]

- Online in-network options like **ContactsDirect.com**, **Glasses.com**, **LensCrafters.com**, **Ray-Ban.com**, **CVS.com/Optical** and **TargetOptical.com**

Aetna.com

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Monthly plan rates

	Basic		Plus		Premier	
Monthly rates*	Note: Each plan has two price options — coverage for frames every 12 months or every 24 months. Exams and lenses are covered every 12 months.					
	12 months	24 months	12 months	24 months	12 months	24 months
Self	\$6.31	\$5.13	\$7.36	\$6.03	\$8.39	\$6.90
Self + spouse	\$11.97	\$9.76	\$14.00	\$11.45	\$15.93	\$13.12
Self + child(ren)	\$12.60	\$10.27	\$14.74	\$12.05	\$16.78	\$13.82
Self + spouse + child(ren)	\$18.52	\$15.10	\$21.66	\$17.71	\$24.66	\$20.31
In-network features**						
Routine eye exam	\$20 copay		\$10 copay		\$10 copay	
Frames <i>(Allowed once every 12 months or 24 months)</i>	\$100 allowance		\$130 allowance		\$130 allowance	
Standard lenses <i>(Single, bifocal, trifocal, lenticular; once every 12 months in lieu of contacts)</i>	\$20 copay		\$25 copay		\$10 copay	
Standard polycarbonate lenses <i>(For children under 19 years)</i>	\$40 discounted fee***		\$0 copay		\$40 discounted fee***	
Standard scratch coating	\$15 discounted fee***		\$0 copay		\$15 discounted fee***	
Lens options <i>(UV treatment, solid and gradient tint, polycarbonate for adults over 19 years, standard anti-reflective coating)</i>	\$15–\$45 discounted fee***		\$15–\$45 discounted fee***		\$15–\$45 discounted fee***	
Premium progressive lenses	20% off retail – \$120 allowance + \$85 copay		20% off retail – \$120 allowance + \$90 copay		20% off retail – \$120 allowance + \$75 copay	
	Out-of-pocket cost		Out-of-pocket cost		Out-of-pocket cost	
Standard progressive lenses	\$85 copay		\$90 copay		\$75 copay	
Contacts <i>(Once every 12 months in lieu of eyeglass lenses)</i>	\$105 allowance		\$130 allowance		\$115 allowance	
Extra in-network discounts <i>(May not be offered in all states)</i>	Extra pairs of prescription eyewear (even sunglasses)				Up to 40% off	
	Nonprescription sunglasses				20% off	
	Exclusive special offers at major retailers				Extra \$25 off	
	LASIK eye surgery				Up to 15% off	
	Frames				20% off after allowance	
	Conventional contact lenses				15% off after allowance	

Note: Plan rates differ for contracts written in New York and Florida. See separate rate sheets or contact your Aetna® rep. Not available in all states.

*Rates are effective on or after 1/1/22.

**Out-of-network coverage is included, but the savings will vary from in-network chart prices.

***Negotiated amount for this service. Fee is member's responsibility.



The clear choice

Your customers get easy administration

- **Manage plans and providers** at **AetnaVision.com**
- **Info on the go**, with the Aetna VisionSM Preferred mobile app
- **Automated phone support**, with our interactive support system

Plus, members get live support seven days a week to align with our retailer hours. We're right here when they need us.

You get tools to grow your business

- **One point of contact** with your Aetna Answer Team
- **Any info you need** on your Producer World[®] online service center

To learn more, speak with your Aetna[®] rep today.

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.

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. 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[®] plans.

Trademarks are the property of their respective owners. Aetna VisionSM Preferred Small Group plans are not available in all states.

Policy forms issued in Idaho include: GR-29/GR-29N, AL HGrpPOL-Vision 01.

Policy forms issued in Missouri include: AL HGrpPOL-Vision 01.

Policy forms issued in Oklahoma include: AL HGrpPOL-Vision 01.

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