



Aetna Vision<sup>SM</sup> Preferred Benefits Summary  
Aetna Vision Network

Fairfax County Public Schools  
Effective Date: 01-01-2019

	In-Network	Out of Network <i>Maximum Plan Benefit</i>
<b>Service Frequencies:</b> Comprehensive Exam Lenses (including contacts lenses) <sup>1</sup> Frames	Every Calendar Year Every Calendar Year Every 2 Calendar Years	
<b>Routine/Comprehensive Eye Exam Benefit</b>	\$20 Copay	Up to \$40 Reimbursement
<b>Exam Options:</b> Standard Contact Lens Fit and Follow-Up Premium Contact Lens Fit and Follow-Up	Member Pays Discounted Fee Member Pays Discounted Fee	Not Covered Not Covered
<b>Frames</b> Any available frame at provider location	\$130 Plan Allowance. Member pays 80% of balance over \$130 Plan Allowance	Up to \$45 Reimbursement
<b>Standard Plastic Lenses</b> Single Vision Bifocal Trifocal Lenticular Standard Progressive Lens Premium Progressive Lens <sup>2</sup>	\$0 Copay \$0 Copay \$0 Copay \$0 Copay Member Pays \$65 Member Pays \$65 plus Member pays (80% of Charge) less \$120 allowance	Up to \$40 Reimbursement Up to \$60 Reimbursement Up to \$80 Reimbursement Up to \$80 Reimbursement Up to \$60 Reimbursement Up to \$60 Reimbursement
<b>Lens Options:</b> UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate - Adults Standard Polycarbonate - Kids under 19 Standard Anti-Reflective Coating Polarized Other Add-Ons	Member Pays \$15 Member Pays \$15 \$0 Copay \$0 Copay \$0 Copay Member Pays \$45 Member Pays 80% of Retail Member Pays 80% of Retail	Not Covered Not Covered Up to \$5 Reimbursement Up to \$5 Reimbursement Up to \$5 Reimbursement Not Covered Not Covered Not Covered
<b>Contact Lenses</b> <i>(Contact lens reimbursement includes materials only)</i> Conventional  Disposable  Medically Necessary	\$125 Plan Allowance. Member pays 85% of balance over \$125 Allowance  \$125 Plan Allowance. Member pays 100% of balance over \$125 Allowance  \$0 Copay	Up to \$125 Reimbursement  Up to \$125 Reimbursement  \$200 Reimbursement
<b>Laser Vision Correction</b> Lasik or PRK from U.S. Laser Network <sup>3</sup>	15% off retail price or 5% off promotional price	Not Covered

<sup>1</sup> During each benefit period the plan allows for EITHER lenses or contacts.

<sup>2</sup> Premium progressives and premium anti-reflective Brand designations are subject to annual review and change based on market conditions.

<sup>3</sup> Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

This material is for information only, and is not an offer or invitation to contract.



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**Additional Discounts:**

Members receive a 20% discount on services not covered by the plan when purchased from a network provider. This discount cannot be combined with any other discounts or promotional offers unless otherwise noted in an offer. This discount does not apply to EyeMed provider's professional services, or contact lenses. Discounts may not be available on all brands.

After initial purchase, replacement contact lenses may be obtained via the internet at substantial savings and mailed directly to the member. Details are available at [www.aetnavision.com](http://www.aetnavision.com). The contact lens benefit allowance is not applicable to this service.

Benefit allowances provide no remaining balance for future use within the same benefit frequency.  
Certain brand name vision materials in which the manufacturer imposes a no discount practice.

Providers participating in the Aetna Vision Network are contracted through EyeMed Vision Care, LLC ("EyeMed"). EyeMed and Aetna are independent contractors and not employees or agents of each other. Participating vision providers are credentialed by and subject to the credentialing requirements of EyeMed. Aetna does not provide medical/vision care or treatment and is not responsible for outcomes. Aetna does not guarantee access to vision care services or access to specific vision care providers and provider network composition is subject to change without notice. Vision insurance plans contain exclusions and limitations. Not all vision services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change.

**Partial list of exclusions and limitations - Coverage is not provided for the following:**

- Special vision procedures, such as orthoptics, vision therapy, or vision training.
- Vision services that are covered in whole or in part; under any other part of this plan; or under any other plan of group benefits provided by the policyholder; or under any workers' compensation law or any other law of like purpose.
- For an eye exam which: Is required by an employer as a condition of employment; or an employer is required to provide under a labor agreement; or is required by any law of a government.
- For prescription sunglasses or light sensitive lenses in excess of the amount which would be covered for non-tinted lenses.
- Replacement of lost, stolen or broken prescription lenses or frames.
- Any exams given during your stay in a hospital or other facility for medical care.

Other exclusions and limitations may apply. Please refer to your plan documents for additional information.

Vision plans are underwritten 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, LLC.