



Best selfie ever

Aetna VisionSM Preferred plan

Frames, lenses and more eye care perks

Healthy eyes without the hassles

You're covered for **one routine eye exam, lenses, contacts and frames**, including luxury brands.*

Plus, you get:

- Freedom to see any provider
- Choice of popular retailers like LensCrafters®, Pearle Vision®, JCPenney Optical, Sears OpticalSM, Target Optical® and more
- Savings on LASIK surgery, extra pairs of glasses, sunglasses and more
- Night, weekend and walk-in appointments

You can also buy eyewear at **glasses.com**, **lenscrafterscontacts.com** or **contactsdirect.com**.

Keep your welcome mailing handy

It's your ticket to an easy experience. It includes:

- Your member ID card
- Basic plan details
- A list of local providers

Bonus: A \$20 LensCrafters coupon, too.

*Use your lens coverage once every benefits period to buy either one pair of eyeglass lenses or one order of contact lenses.

aetna[®]

aetna.com

Your plan in one place

Log in at aetnavision.com to get **claims updates, coverage details, wellness information** and more.

You can also:

- Find nearby providers
- Schedule an appointment
- Get a new ID card
- See your special discounts

Or try the Aetna Vision Preferred app

Got an Android™ or iPhone® device? Then you can do everything you already do on aetnavision.com. Plus a little more — like setting reminders for eye exams or new contacts or saving your prescription to your phone. You can even connect to glasses.com.

You're set in three steps



1. Find a provider.

Visit aetnavision.com or call
1-877-9-SEE AETNA (1-877-973-3238).



2. Call to set up a visit.

Or visit aetnavision.com or our mobile app to schedule.



3. Get care at any provider.

When you stay in network, there are no claims to file and you'll likely pay less.

Exclusions and limitations for vision include: any charges in excess of the benefit, dollar or supply limits stated in your Booklet-Certificate; 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; for prescription sunglasses or light-sensitive lenses in excess of the amount which would be covered for non-tinted lenses; for an eye exam which is required by an employer as a condition of employment, an employer is required to provide under a labor agreement or is required by any law of a government; prescription or over-the-counter drugs or medicine; 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; lenses and frames furnished or ordered because of an eye exam that was done before the date the person becomes covered; replacement of lost, stolen or broken prescription lenses or frames; special supplies such as nonprescription sunglasses and subnormal vision aids; vision services that are covered in whole or in part under any other part of this plan, under any other plan of group benefits provided by the policyholder or under any workers' compensation law or any other law of like purpose. Other exclusions and limitations may also apply.

Vision insurance 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 ("EyeMed").

This material is for information only, and is not an offer to contract. An application must be completed in order to obtain coverage. 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. Trademarks and logos displayed are the property of their respective owners. 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. **Discounts for non-covered services may not be available in all states.** iPhone is a trademark of Apple Inc., registered in the U.S. and other countries. Android is a trademark of Google Inc. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to aetna.com.



Aetna and Innovation Health comply with applicable Federal civil rights laws and do not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna and Innovation Health provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

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).

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TTY: 711

For language assistance in your language call the number listed on your ID card at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación. (Spanish)

欲取得繁體中文語言協助，請撥打您 ID 卡上所列的號碼，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le numéro indiqué sur votre carte d'identité sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang nakalistang numero sa iyong ID card nang walang bayad. (Tagalog)

Tʼáá shí shízaad kʼehjí bee shíká aʼdoowoł nínizingo [IDiné kʼehjíÓ naaltsos bee atah niljigo nanitinigíí béesh bee haneʼé bikááʼ áajíʼ tʼáá jiikʼe hólneʼ]. (Navajo)

Benötigen Sie Hilfe oder Informationen auf Deutsch? Rufen Sie kostenlos die auf Ihrer Versicherungskarte aufgeführte Nummer an. (German)

ለአማርኛ ቋንቋ እገዛ በመታወቅያዎ ላይ በተጠቀሰው ቁጥር በነጻ ይደውሉ (Amharic)

عسمللدة يف) اءة غل بر علاية)، جر لاء الئلص لا د لع ال مقر اجلاني ذملائرو يف كئقاف يف ير علاية. (Arabic)

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo a yo endike nan kat idantifikasyon ou gratis. (French Creole)

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente il numero riportato sulla Sua scheda identificativa. (Italian)

日本語で援助をご希望の方は、IDカードに記載されている番号まで無料でお電話ください。 (Japanese)

한국어로 언어 지원을 받고 싶으시면 보험 ID 카드에 수록된 무료 통화번호로 전화해 주십시오. (Korean)

يارب امنهاري هب نابز فرسى،نودب چيه يزمنه ياب هوامش يابكبر يور كاتد رشن اساي اش مآده ت سا سمات ربگبيدي. پسيلگنا (Persian)

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer podany na karcie ID. (Polish)

Para obter assistência linguística em português ligue para o número grátis listado no seu cartão de identificação. (Portuguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру, указанному в вашей ID-карте удостоверения личности. (Russian)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số được ghi trên thẻ ID của quý vị. (Vietnamese)