Carrier Name: Aetna

Plan Name: Preferred E100 24M

In-Network Eye Exam: $20

Out-of-Network Eye Exam: $20 reimbursement

In-Network Single Vision Lens: $25

Out-of-Network Single Vision Lens: $10 reimbursement

In-Network Lined Bi-Focal Lens: $25

Out-of-Network Lined Bi-Focal Lens: $25 reimbursement

In-Network Lined Tri-Focal Lens: $25

Out-of-Network Lined Tri-Focal Lens: $55 reimbursement

In-Network Lenticular Lens: $25

Out-of-Network Lenticular Lens: $55 reimbursement

In-Network Contact Lens Allowance: $100

Out-of-Network Contact Lens Allowance: $69 reimbursement

In-Network Frame Allowance: $100

Out-of-Network Frame Allowance: $50 reimbursement

Exam Frequency: Once every 12 rolling months

Lens Frequency: Once every 12 rolling months

Frame Frequency: Once every 24 rolling months

Out of Network Explanation: You 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.

Plan Year:

Network Name: Aetna Vision

Member Website: AetnaVision.com

Customer Service Phone Number: 1-877-973-3238