

Vision Plans

| | Aetna Vision Plan | Aetna Vision Plus Plan | VSP: Vision Plan | VSP: Vision Plus Plan |
|--|---|---|--|--|
| Plan Basics | | | | |
| Regional Plan Names | Aetna Vision Plan | Aetna Vision Plus Plan | VSP: Vision Plan | VSP: Vision Plus Plan |
| Plan Locations | Nationwide | Nationwide | Nationwide | Nationwide |
| Carrier Network | Aetna Network with EyeMed Providers | Aetna Network with EyeMed Providers | VSP Choice Network | VSP Choice Network |
| Plan Features | | | | |
| Copay Schedule | In-Network: Exam: \$10 Materials: \$25 | In-Network: Exam: \$10 Materials: \$25 | In-Network: Exam: \$10 Materials: \$25 | In-Network: Exam: \$10 Materials: \$25 |
| Frequency of Services | | | | |
| Eye Examinations | Every 12 months | Every 12 months | Every 12 months | Every 12 months |
| Replacement Lenses | Every 12 months | Every 12 months | Every 12 months | Every 12 months |
| Frames | Every 24 months | Every 12 months | Every 24 months | Every 12 months |
| Exam | | | | |
| Eye Exam | In-Network: Routine Eye Exam: \$10 copay Contact Eye Exam: \$10 copay then \$55 allowance Out-of-Network: Routine Eye Exam: \$45 allowance Contact Eye Exam: Not Covered | In-Network: Routine Eye Exam: \$10 copay Contact Eye Exam: \$10 copay then \$55 allowance Out-of-Network: Routine Eye Exam: \$50 allowance Contact Eye Exam: Not Covered | In-Network: Routine Eye Exam: \$10 copay Contact Eye Exam: \$10 copay then 15% discount Out-of-Network: Routine Eye Exam: \$10 copay then \$45 allowance Contact Eye Exam: \$10 copay then \$45 allowance | In-Network: Routine Eye Exam: \$10 copay Contact Eye Exam: \$10 copay then 15% discount Out-of-Network: Routine Eye Exam: \$10 copay then \$50 allowance Contact Eye Exam: \$10 copay then \$50 allowance |
| Lenses | | | | |
| Single Vision Lenses (Depends on prescription and add-ons) | In-Network: \$25 copay Out-of-Network: \$45 allowance | In-Network: \$25 copay Out-of-Network: \$50 allowance | In-Network: \$25 copay Out-of-Network: \$25 copay \$45 allowance | In-Network: \$25 copay Out-of-Network: \$25 copay then \$50 allowance |
| Bifocal Lenses (Depends on prescription and add-ons) | In-Network: \$25 copay Out-of-Network: \$65 allowance | In-Network: \$25 copay Out-of-Network: \$75 allowance | In-Network: \$25 copay Out-of-Network: \$25 copay \$65 allowance | In-Network: \$25 copay Out-of-Network: \$25 copay then \$75 allowance |

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| Lenses | | | | |
| Trifocal Lenses (Depends on prescription and add-ons) | In-Network: \$25 copay Out-of-Network: \$85 allowance | In-Network: \$25 copay Out-of-Network: \$100 allowance | In-Network: \$25 copay Out-of-Network: \$25 copay then \$85 allowance | In-Network: \$25 copay Out-of-Network: \$25 copay then \$100 allowance |
| Frames | | | | |
| Moderate Frames (Depends on style and brand) | In-Network: \$130 allowance, then 20% discount Out-of-Network: \$47 allowance | In-Network: \$150 allowance, then 20% discount Out-of-Network: \$75 allowance | In-Network: \$25 copay then \$130 allowance then 20% discount Out-of-Network: \$25 copay then \$47 allowance Costco/Walmart/Sam's Club: \$25 copay then \$70 allowance | In-Network: \$25 copay then \$150 allowance then 20% discount Out-of-Network: \$25 copay then \$75 allowance Costco/Walmart/Sam's Club: \$25 copay then \$100 allowance |
| Contact Lenses | | | | |
| Contact Lenses (Depends on prescription and add-ons) (In lieu of frames and lenses) | In-Network: Conventional lenses: \$120 allowance (paid in full if medically necessary), then 15% discount Out-of-Network: Conventional lenses: \$105 allowance; (\$150 if medically necessary) | In-Network: Conventional lenses: \$200 allowance (paid in full if medically necessary), then 15% discount Out-of-Network: Conventional lenses: \$200 allowance; (\$210 if medically necessary) | In-Network: Conventional lenses: \$120 allowance (paid in full if medically necessary), then 15% discount Out-of-Network: Conventional lenses: \$105 allowance; (\$150 if medically necessary) | In-Network: Conventional lenses: \$200 allowance (paid in full if medically necessary), then 15% discount Out-of-Network: Conventional lenses: \$200 allowance; (\$210 if medically necessary) |