

Vision One Eyecare Program[®]



Eye-Opening Discounts on Eyeglasses, Contact Lenses and More

Aetna members, through the Vision One Eyecare Program, may access discounted rates from certain providers for products and services available to the general public. Products and services available under this program are not covered benefits under your plan but are in addition to plan benefits. As such, program features are not guaranteed under your health plan contract and could be discontinued at any time. We do not endorse any vendor, product or service associated with this program. Program providers are solely responsible for the products and services you receive.*

Get “Eye Opening” Discounts Through the Vision One Eyecare Program

Aetna believes that routine vision care is part of a comprehensive preventive health and wellness program. Best of all, you can realize savings and convenience on eyecare services and eyewear products when you use the discounts offered through Vision One.

The Importance of Comprehensive Well-Eye Exams

Well-eye examinations are vital to a healthy lifestyle. Not only do eye exams identify vision correction needs, but an eyecare professional can also uncover a variety of health conditions, such as glaucoma, hypertension and high cholesterol.

Questions?

**Call Vision One Customer Service
at 1-800-793-8616.**

**Weekdays 9 a.m. to 9 p.m. ET
Saturdays 9 a.m. to 5 p.m. ET**

*Aetna refers to Aetna U.S. Healthcare[®], Aetna Health or Aetna Life Insurance Company.

If you are a member of an HMO-based plan (which includes HMO, QPOS[®], USAccess[®], Aetna Choice[™] POS and Aetna Open Access[™]), well-eye exams are covered under your medical benefit. If you are a member of a PPO-based plan (which includes Open Choice[®] PPO, Managed Choice[®] POS, Elect Choice[®] EPO or Open Access Managed Choice and Open Access Elect Choice), a discounted well-eye exam is available to you with Vision One. Check your medical plan documents for additional coverage and other important details.

Using Vision One ... It's as Easy as 1 - 2 - 3

Here's how to obtain Vision One discounts when purchasing your eyeglasses and contact lenses at a Vision One participating provider.

1. Choose a Vision One Provider

Log on to www.aetna.com, click on DocFind[®] and select Vision One. Or, call Vision One Customer Service at 1-800-793-8616 to find a provider near you.

2. Make Your Eyewear Selection

Choose from hundreds of fashionable frames and the latest in lens technology.

3. No Claim Form Hassles

Present your Aetna ID card and the optical staff will apply the discounted Vision One prices to your purchase.

Mail Order Convenience Through the Vision One Contact Lens Replacement Program

For your convenience, Vision One offers you a mail-order contact replacement program.

For more information, call 1-800-391-LENS (5367).



Turning promise into practice[™]

Advantages of the Vision One Eyecare Program

Discount Schedule

Discounted prices on eyecare services and eyewear products through Vision One participating providers are listed below.

Product or Service	Member Cost
Covered Eye Examinations	
Refer to your benefits plan documents	
Eye Examinations	
Eyeglass Exam	\$34
Contact Lens Exam	\$10 off U&C
Eyeglass Frames (retail prices)	
▪ Up to \$60.99	\$16
▪ \$61.00 to \$80.99	\$26
▪ \$81.00 to \$100.99	\$36
▪ \$101 to \$200	50% off U&C
Lenses per Pair (uncoated plastic)	
▪ Single vision	\$28
▪ Bifocal	\$48
▪ Trifocal	\$58
▪ Lenticular	\$98
Lens Options (add to lens prices above)	
▪ Standard progressive (no-line bifocals)	\$50
▪ Polycarbonate	\$30
▪ Scratch-resistant coating	\$12
▪ Ultraviolet coating	\$12
▪ Solid or gradient tint	\$ 8
▪ Glass (non-minors only)	\$18
▪ Photochromic (for glass)	\$34
▪ Anti-reflective coating	\$35
Eyeglass Fitting Fee	\$10
Contact Lenses	
▪ Conventional (non-disposable)	20% off U&C
▪ Disposable	10% off U&C
Additional Vision-related Items	20% off U&C

See the Savings

Below is a sample purchase when you visit a Vision One provider.

	Typical Retail	You Pay
Frame	\$100	\$36
Single Vision (Plastic)	\$59	\$28
Polycarbonate (scratch/ultraviolet)	\$60	\$30
Fitting Fee		\$10
Total	\$219	\$104

Special Savings on LASIK

Through the Vision One Eyecare Program, you and your family members can receive discounts on the surgeon's lowest advertised price for LASIK surgery through the NuVision® LASIK Network. And best of all, the initial consultation is always free of charge, even if you choose not to proceed with LASIK. As a qualified candidate, you can select a surgeon from the NuVision LASIK Network. To schedule a free evaluation with a participating LASIK surgeon in your area, call 1-800-422-6600 to speak to a LASIK information specialist. Below are the savings you can expect, based on your choice of surgeon.

Surgeon's lowest advertised price	Savings per eye
Up to \$1,100 per eye	\$ 75 per eye
\$1,101 to \$1,300 per eye	\$125 per eye
\$1,301 to \$1,500 per eye	\$200 per eye
\$1,501 to \$1,800 per eye	\$250 per eye
\$1,801 to \$2,000 per eye	\$350 per eye
\$2,001 to \$2,200 per eye	\$400 per eye
Over \$2,201 per eye	\$550 per eye

www.aetna.com

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For the Commonwealth of Virginia one or more of the following policy numbers may apply: HMO/VA COC-1 05/97; HMO/VA GA-1 05/97; HMO/VA SB-1 05/97; CHI/VA INSC1-1-[A-K] 01/98; CHI/VA GP-1, 01/98; CHI/VA SBQPOS-1 01/98; CHI/VA SBQNET-1 01/98; HMO/VA SUPSVSEND-2 08/98; HMO/VA RIDER-RX-1 05/97; HMO/VA RIDER-VIS-1 05/97; HMO/VA RIDER-DEN-1 05/97; HMO/VA RIDER-SBF-1 05/97; HMO/VA GACS-AMEND-1 05/97; HMO/VA AMEND-STNT-1 05/97; HMO/VA ENDORSE-SEC125-1 05/97; HMO/VA SERVAGREE-1 05/97; HMO/VA AMEND-RXEXC-1 (05/98); HMO/VA ENDORSE-RXENH-1 (05/98); HMO/VA RIDER-ART-1 (05/98); HMO/VA AMEND-COMPINF-1 (05/98); GR-67603-5; GR-9; GR-29; GR-27; GR-7; GR-89296; GR-89297; GR-700-W; GR-70-W; GR-96124; GR-96125; HMO/VA GACS-AMEND-1 07/99; HMO/VA RIDER-ART-1 07/99; HMO/VA COC-1 07/99; HMO/VA RIDER-DEN-1 07/99; HMO/VA GA-1 07/99; HMO/VA2 RIDER-HEAR-1 01/00; HMO/VA AMEND-INF-1 07/99; HMO/VA RIDER-RX-1 07/99; HMO/VA RIDER-SBF-1 07/99; HMO/VA SERVAGREE-1 07/99; HMO/VA SB-1 07/99; HMO/VA AMEND-STNT-1 07/99; HMO/VA ENDORSE-RXENH-1 (07/99); HMO/VA RIDER-VIS-1 07/99; HMO/VA ENDORSE-SEC125-1 07/99; HMO/VA COC-AMEND-1 07/99; CHI/VA INSC1-AMEND-1 07/99; HMO/VA INDOC-1 01/98; HMO/VA INDHISB-1 01/98; HMO/VA INDLOS-1 01/98; HMO/VA RIDER-RX-2000 (3/99); HMO/VA2 RIDER-UAW-1 (01/00); HMO/VA RIDER-DENTAL-1 03/00; CHI/VA INSC1-1-[A-K] 01/00; CHI/VA OPT-POS-MAND-1 07/00; CHI/VA SBQPOS-1 01/00; CHI/VA SBQNET-1 01/00; CVA-SOB-HMO-1 07/00; CVA-SOB-QPOS-1 07/00; HMO/VA RIDER-MH/SA-1 07/00; HMO/VA SUPSVSEND-3 07/00; HMO/VA SELFREF (10/00); HMO/VA SB-1 04/01.