

Aetna VisionSM Preferred

Summary of Benefits for Lighthouse Treatment, Inc.

Effective Date: 07/01/2026 External Plan ID: 1032267104 Line Value: 557 Frequency (Exam/Frame/Lens): 12/12/12 Enhanced Plan - 201(a)E V-12 Primary Quote 970822 - Package A	In Network Member Cost Aetna Vision Network	Out of Network Member Reimbursement*
Exam		
Eye Exam with Dilation as Necessary	\$10 Copay	\$32 Reimbursement
Retinal Imaging	Member pays discounted fee of \$39	Not Covered
Standard Contact Lens Fit /Follow Up ¹	Member pays discounted fee of \$40	Not Covered
Premium Contact Lens Fit /Follow Up ¹	10% off retail price	Not Covered
Frames		
Any Frame available, including frames for prescription sunglasses	\$0 Copay; \$130 Allowance**, 20% off balance over allowance	\$90 Reimbursement
Standard Plastic Lenses		
Single Vision	\$25 Copay	\$10 Reimbursement
Bifocal	\$25 Copay	\$25 Reimbursement
Trifocal	\$25 Copay	\$55 Reimbursement
Lenticular	\$25 Copay	\$55 Reimbursement
Standard Progressive Lens (copay includes bifocal cost)	\$90 Copay	\$25 Reimbursement
Premium Progressive Lens Tier 1 (copay includes bifocal cost) ²	\$110 Copay	\$25 Reimbursement
Premium Progressive Lens Tier 2 (copay includes bifocal cost) ²	\$120 Copay	\$25 Reimbursement
Premium Progressive Lens Tier 3 (copay includes bifocal cost) ²	\$135 Copay	\$25 Reimbursement
Premium Progressive Lens Tier 4 (copay includes bifocal cost) ²	\$90 Copay; 80% of Charge less \$120 allowance	\$25 Reimbursement
Lens Options		
UV Treatment	Member pays discounted fee of \$15	Not Covered
Tint (Solid And Gradient)	Member pays discounted fee of \$15	Not Covered
Standard Plastic Scratch Coating	\$0 Copay	\$15 Reimbursement
Polycarbonate Lenses - Adult	Member pays discounted fee of \$40	Not Covered
Polycarbonate Lenses - Children to age 19	\$0 Copay	\$35 Reimbursement
Standard Anti-Reflective Coating	Member pays discounted fee of \$45	Not Covered
Premium Anti-Reflective Coating Tier 1 ²	Member pays discounted fee of \$57	Not Covered
Premium Anti-Reflective Coating Tier 2 ²	Member pays discounted fee of \$68	Not Covered
Premium Anti-Reflective Coating Tier 3 ²	20% off retail price	Not Covered
Photochromic/Transitions Plastic - Adult	Member pays discounted fee of \$75	Not Covered
Photochromic/Transitions Plastic - Children to age 19	Member pays discounted fee of \$75	Not Covered
Other Add-Ons	20% off retail price	Not Covered

Contact Lenses		
Conventional	\$0 Copay; \$130 Allowance**, 15% off balance over allowance	\$90 Reimbursement
Disposable	\$0 Copay; \$130 Allowance	\$104 Reimbursement
Medically Necessary	Covered in Full	\$200 Reimbursement
Frequency	Children to age 19	Adults age 19 and over
Exam	once every rolling 12 months	once every rolling 12 months
Frame	once every rolling 12 months	once every rolling 12 months
Lenses	once every rolling 12 months	once every rolling 12 months
Contact Lenses	once every rolling 12 months	once every rolling 12 months
Lens Coverage can be used for eyeglass lenses OR 1 order of contact lenses		
In Network Discounts		
Discounts cannot be combined with any other discounts or promotional offers and may not be available on all brands		
Additional pairs of eyeglasses or prescription sunglasses ³	Up to 40% off prescription eyeglasses/sunglasses and 15% off conventional contact lenses once the funded benefit has been used	
Non-covered Items ⁴	20% off retail price	
Lasik Laser vision correction or PRK from U.S. Laser Network ⁵ . Call 1-800-422-6600	15% discount off retail price or 5% discount off promotional price	
Hearing Discounts ⁶ - two ways to save: Hearing Care Solutions 1-866-344-7756 Amplifon Hearing Health Care 1-877-301-0840	Save on hearing aids, exams, batteries, repairs and more	

Partial list of exclusions and limitations

Enrolled members can access our secure member website once their plan becomes effective. Enrolled subscribers will receive a welcome packet with ID card mailed to their home within 15 business days after enrollment is processed.

*Out of network coverage is available. To receive reimbursement up to the amounts listed above, a claim form with itemized receipt is required. Reimbursement will not exceed the providers actual charge. Claims forms can be found at aetnavision.com or by calling customer service Monday through Sunday at 1-877-973-3238. Completed claim forms can be submitted electronically or mailed to Aetna, PO Box 8504 Mason, OH 45040-7111. You also have access to Allied Providers, such as Costco Vision, who will apply your out-of-network benefits at the point of service and handle the claim submission process for you.

**Allowances are one-time use benefits. No remaining balances may be used. The plan does not provide a declining balance benefit.

¹Contact lens fit and two follow-up visits are allowed once an eye exam has been completed.

²Premium progressives and premium anti-reflective Brand designations are subject to annual review and change based on market conditions. Ask your eye care provider for more information. Premium Progressive Lens cost includes bifocal cost.

³Additional pair discount applies to purchases made after the plan allowances have been exhausted. Discounts are not insurance.

⁴Non covered discounts may not be available in all states.

⁵Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

⁶Aetna does not endorse any vendor, product or service associated with these discount offers. Vendors are independent of Aetna, not agents or employees. Programs, products and services may not be available at all times. Certain offers may not be available in some states. Products and services are provided by Hearing Care Solutions and Amplifon Hearing Health Care (formerly HearPO).

Policies and plans are insured and/or administered 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 ("EyeMed"), LLC.

Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Plan features and availability may vary by location and are subject to change. These are the plan's main exclusions and limitations. See the booklet-certificate for a complete description. The plan does not cover: special vision procedures, such as orthoptics, vision therapy or vision training; vision services or supplies that do not meet professionally accepted standards; plano (nonprescription) lenses; nonprescription sunglasses; two pair of glasses in lieu of bifocals; medical and/or surgical treatment of the eyes; cosmetic services; lost or broken lenses, frames, glasses or contact lenses.

Providers in the Aetna Vision network are contracted and credentialed through EyeMed Vision Care, LLC according to EyeMed's requirements. EyeMed and Aetna are independent contractors and not agents of each other. Provider participation may change without notice.

Refer to [Aetna.com](https://www.aetna.com) for more information about Aetna® plans.

Aetna Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with 45 CFR § 92.101(a)(2)). Aetna Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aetna Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - o Qualified interpreters
 - o Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call [1-800-872-3862](tel:1-800-872-3862) (TTY: [711](tel:711)) or the number on the back of your ID card.

If you believe that Aetna Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator

Attn: 1557 Coordinator
 CVS Pharmacy, Inc.
 1 CVS Drive, MC 2332,
 Woonsocket, RI 02895

Phone: [1-800-648-7817](tel:1-800-648-7817), TTY: [711](tel:711)
 Email: CRCoordinator@aetna.com

You can file a grievance in person, by mail, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
 Room 509F, HHH Building
 Washington, D.C. 20201
[1-800-368-1019](tel:1-800-368-1019), [1-800-537-7697](tel:1-800-537-7697) (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at Aetna Inc.'s website: <https://www.aetna.com/>

TTY: [711](tel:711)

English	To access language services at no cost to you, call the number on your ID card.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎ ላይ ያለውን ቁጥር ይደውሉ።
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավժճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հերախոսահամարով հերախոսահամարով
Carolinian (Kapasal Falawasch)	Ngir mēna am sarwis lakk yi te doo fay, woo nimeru bi am ci sa kàrt.
Chamorro	Para un hago' i setbision lengguâhi ni dibâtde para hâgu, âgang i numiru gi iyo-mu kard aidentifikasion.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼



