



Plan Year 08-15-202 - 08-14-202

\$ 93± 6 W X G H Q W + F H D \$ W K % D V L

Group ID 1038941 101

Exam Aetna Vision Network

Eye Exam with dilation as necessary

\$20 Copay

\$30 Reimbursement

Standard Contact Lens Fit/Follow-Up



In Network Discounts

Additional pairs of eyeglasses or prescription sunglasses<sup>2</sup>

Non-covered items<sup>3</sup>

Lasik Laser vision correction or PRK from U.S. Laser Network<sup>4</sup>