



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

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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 sunglasses²

Non-covered items³

Lasik Laser vision correction or PRK from U.S. Laser Network⁴