Aetna Vision℠ Preferred

Summary of Benefits for Questco Holdings, Inc.

Effective Date: 01/01/2027 **External Plan ID: 1055827101** **Line Value: 895** **Frequency (Exam/Frame/Lens): 12/12/12** **Enhanced Plan** **Vision**	**In Network Member Cost Aetna Vision Network**	**Out of Network Member Reimbursement***
Exam		
Eye Exam with Dilation as Necessary	$20 Copay	$45 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; $100 Allowance**, 20% off balance over allowance	$55 Reimbursement
Standard Plastic Lenses		
Single Vision	$25 Copay	$30 Reimbursement
Bifocal	$25 Copay	$50 Reimbursement
Trifocal	$25 Copay	$65 Reimbursement
Lenticular	$25 Copay	$100 Reimbursement
Standard Progressive Lens (copay includes bifocal cost)	$90 Copay	$50 Reimbursement
Premium Progressive Lens Tier 1 (copay includes bifocal cost)[2]	$110 Copay	$50 Reimbursement
Premium Progressive Lens Tier 2 (copay includes bifocal cost)[2]	$120 Copay	$50 Reimbursement
Premium Progressive Lens Tier 3 (copay includes bifocal cost)[2]	$135 Copay	$50 Reimbursement
Premium Progressive Lens Tier 4 (copay includes bifocal cost)[2]	$90 Copay; 80% of Charge less $120 allowance	$50 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	$15 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; $100 Allowance**, 15% off balance over allowance	$80 Reimbursement
Disposable	$0 Copay; $100 Allowance	$80 Reimbursement
Medically Necessary	Covered in Full	$210 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.

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

[2]Premium 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.

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

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

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

[6]Aetna 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).

Key Definitions
Copayment - The fixed amount paid by the member under the plan. Providers should collect all copayments
Allowance - Dollar amount to be applied toward the cost of materials or a service
Reimbursement - Dollar amount to be paid to the member from Aetna up to the providers' billed charge
Out-of-Pocket - The amount the member must pay after benefits have been applied
Discount - Percentage off the providers billed charge or retail cost
Standard Polycarbonate - 1.5 mm center thickness with spherical curves
Standard Scratch-Resistant Coating - Front-side factory scratch coat
Standard Progressive Lens - Multi-focal design that produce a gradual change in focus without lines or junctions
Conventional Contact Lens - Lenses intended for ongoing, daily-wear use; rigid gas-permeable lenses are included
Disposable Contact Lens - Lenses that are designed and labeled to be replaced at specified time intervals (e.g., daily, weekly, monthly)
Medically Necessary Contact Lenses - To correct visual acuity to 20/40 or better if such correction is not possible with conventional lenses; or if aphakic lenses are prescribed after cataract surgery

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 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** (TTY: **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**, TTY: **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, **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**

English	**To access language services at no cost to you, call the number on your ID card.**
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ።
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հէրախոսահամարով հէրախոսահամարով
Carolinian (Kapasal Falawasch)	Ngir mëna am sarwis lakk yi te doo fay, woo nimero 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

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Cushitic-Oromo	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf, lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર કૉલ કરવો.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၵ်ၢတၢ်ကမ္ၢကျိာ်တၢ်မၤစၣ်အတၢ်ဖံးတၢ်မၤတဖၣ် လၵ်ၢတအိၣ်ဒီးအပှၤလၵ်ၢနုကဘၣ်ဟ့ၣ်အီးအဂ့ၢ်ကိးဘၣ်လီတဲစိနိၣ်ဂ်ၢ်လၵ်ၢအအိၣ်လၵ်ၢနုခိၣ်ဂီး ၈ (၅၅) အလိၣ်ဘတက့ၢ်၅၅
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Laotian	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໃຫຍ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bą́ą́h ílínígóó naaltsoos bee atah nílį́igo nanitinígíí bee néého'dólzinígíí béésh bee hane'í biká'ígíí áají' hólne'.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.
Persian-Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Syriac-Assyrian	ܠܡܒܨܝ ܡܫܡܫܢܘܬ ܡܬܐ ܠܟ ܡܢܝܢ ܠܡܒܨܝ ،ܒܡܟܬܒ ܡܬܠ ܡܫܡܫ ܡܫܬܠ ܠܟ ܠܐ ܡܫܡ ܠܟ.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Ukrainian	Щоб безкоштовнj отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікайній картці.
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.

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