



Aetna VisionSM Preferred

www.aetnavision.com

Summary of Benefits for KIPP TEAM AND FAMILY SCHOOLS, INC.

Effective Date: 07-01-2022
 Plan 8(a) E External Plan ID 1005418101
 Line Value 802
 Frequency: 12 12 24

	In Network	Out of Network*
Exam		
Aetna Vision Network		
Use your Exam coverage once every rolling 12 months		
Eye Exam with Dilation as Necessary	\$20 Copay	\$24 Reimbursement
Standard Contact Lens Fit/Follow-Up ¹	Member pays discounted fee of up to \$40	Not Covered
Premium Contact Lens Fit/Follow-Up ¹	Member pays 90% of retail	Not Covered
Eyeglass Lenses / Lens options		
Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses		
Standard Plastic Single Vision Lenses	\$20 Copay	\$15 Reimbursement
Standard Plastic Bifocal Vision Lenses	\$20 Copay	\$30 Reimbursement
Standard Plastic Trifocal Vision Lenses	\$20 Copay	\$60 Reimbursement
Standard Plastic Lenticular Vision Lenses	\$20 Copay	\$60 Reimbursement
Standard Progressive Vision Lenses (copay includes bifocal cost)	\$85 Copay	\$30 Reimbursement
Premium Progressive Vision Lenses ² (Member pays bifocal copay plus tier amount based on brand)	Tier 1 = \$85 Copay Tier 2 = \$95 Copay Tier 3 = \$110 Copay	\$30 Reimbursement
Other Premium Progressive Lenses ²	20% Discount off retail minus \$120 plan allowance plus \$85 Copay = member out-of-pocket	\$30 Reimbursement
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
Standard Polycarbonate Lenses - Adult	Member pays discounted fee of \$40	Not Covered
Standard 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 ² (Tier amount based on brand)	Tier 1 = \$57 Copay Tier 2 = \$68 Copay Tier 3 = 20% discount off retail	Not Covered
Photochromic/Transitions Plastic	Member pays discounted fee of \$75	Not Covered
Polarized And Other Lens Add Ons	Member pays 80% of retail	Not Covered
Contact Lenses (contact lens allowance includes materials only)		
Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses		
Conventional Contact Lenses	\$130 Allowance** Additional 15% off balance over allowance	\$90 Reimbursement
Disposable Contact Lenses	\$130 Allowance	\$104 Reimbursement
Medically Necessary Contact Lenses	\$0 Copay	\$200 Reimbursement
Frames		
Use your frame coverage once every rolling 24 months		
Any Frame available, including frames for prescription sunglasses	\$130 Allowance** Additional 20% off balance over allowance	\$90 Reimbursement
Rates - See detailed rate information on page 3		
Employee Only	\$6.25	
Employee + Spouse	\$11.89	
Employee + Child(ren)	\$12.52	
Employee + Family	\$18.40	
In Network Discounts		
Additional pairs of eyeglasses or prescription sunglasses ³	Up to a 40% Discount	
Non-covered items ⁴	20% Discount	
Lasik Laser vision correction or PRK from U.S. Laser Network ⁵ only. Call 1-800-422-6600	15% discount off retail or 5% discount off the promotional price	
Hearing Discounts ⁶ Hearing Care Solutions 1-866-344-7756 Amplifon Hearing Health Care 1-877-301-0840	Save on hearing aids, exams, batteries, repairs and more	
Retinal Imaging ⁷	Member pays a discounted fee up to \$39	

Policy forms issued in Idaho include: GR-29/GR-29N, AL HGrpPOL-Vision 01
Policy forms issued in Missouri include: AL HGrpPOL-Vision 01
Policy forms issued in Oklahoma include: AL HGrpPOL-Vision 01

Partial list of Exclusions and Limitations

Exclusions and limitations for vision include: any charges in excess of the benefits, dollar or supply limits listed above; special vision procedures, such as orthoptics, vision therapy or vision training; vision services or supplies that do not meet professionally accepted standards; plano (non-prescription) lenses; non-prescription 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. Other exclusions and limitations may also apply.

*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. Claim forms can be found at aetnavision.com or by calling customer service Monday through Sunday at 877-973-3238. Completed claim forms can be submitted electronically or mailed to Aetna, PO Box 8504 Mason, OH 45040-7111. 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.

**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 a comprehensive eye exam has been completed.

²Premium progressives and premium anti-reflective Brand designations are subject to annual review and change based on market conditions.

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).

⁷Retinal Imaging available at participating locations. Contact your eyecare provider to verify if available.

Vision insurance plans are underwritten 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.

Providers participating in the Aetna Vision network are contracted through EyeMed Vision Care, LLC. EyeMed and Aetna are independent contractors and not employees or agents of each other. Participating vision providers are credentialed by and subject to the credentialing requirements of EyeMed. Aetna does not provide medical/vision care or treatment and is not responsible for outcomes. Aetna does not guarantee access to vision care services or access to specific vision care providers and provider network composition is subject to change without notice.

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For more information about Aetna plans, go to aetna.com.

This quote is based on a contract situs of New Jersey. Extraterritorial state requirements may apply to members residing in specific States. If your plan covers members in other states, impacts to your plan of benefits and rates adjustments (if any) will be evaluated and communicated to you at the point of sale.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability. Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call 877-973-3238. If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with Civil Rights Coordinator by contacting: Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512. 1-800-648-7817, TTY: 711, Fax: 859-425-3379, CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD). Help for those who speak another language and for the hearing impaired

For language assistance in your language call 877-973-3238. Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación.

Rate Information

Commissions - 10% commissions have been included in our rates.

We have made every effort to respond to your request in a manner that reflects existing and expected business practices for the effective date that you have chosen.

Pricing and Underwriting Assumption Our proposal assumes that coverage will be extended to all eligible employees. This quotation is on a pretax basis and will be void for post-tax offerings.

Policies and Claim Settlement Practices Our proposal assumes that our standard contract provisions and claim settlement practices will apply. If a material change is initiated by you due to legislative or regulatory action in the claim payment requirements or procedures, account structure, or any changes materially affecting the manner or cost of paying benefits, we reserve the right to adjust our proposal accordingly.

Participation requirements A minimum participation level of 10 enrolled subscribers is required.

Plan Offering We have assumed that Aetna will be the sole Vision vendor offered.

Rate Guarantee Our quoted rates are guaranteed for the first 3 years of the policy period and are valid as of the plan effective date. The quoted rates apply only to the benefit levels and conditions specified and any variations in benefit level or assumed conditions may require a rate change. We reserve the right to review and modify or terminate the guarantee arrangement if any of the following occur during the guarantee period:

- Failure to make required premium payments in accordance with policy provisions.
- A material change in the plan of benefits offered that is initiated by you or required because of legislative or regulatory action.

Affordable Care Act – Fees and Assessments Any additional mandated fees or taxes required by Federal laws or regulations (such as, the Patient Protection and Affordable Care Act ("PPACA"), Health Insurance Provider Fee ("HIF") tax) will be built into the rate development for the applicable contract year.

Plan Eligibility Our quoted rates assume that permanent full-time employees work a minimum of 25 hours per week on a regularly scheduled basis and that eligible dependents include an employee's spouse and unmarried children up to age 26.

Run-Off Claim Processing Our quoted rates reflect an incurred (mature) claim base and take into account the expenses associated with the processing of run-off claims following cancellation, subject to the conditions of our financial guarantee.

Fiduciary Aetna is claim fiduciary

ID Cards Our quoted rates include the cost for standard ID cards. Each vision subscriber will receive two ID cards. The ID card includes a toll-free number for accessing member services.

Compensation to Producers (Brokers, Agents and Consultants):

Licensed and appointed producers may earn compensation in the form of a commission on the sale of this product. The amount of compensation varies depending on a number of factors, including customer segment and the product selected. Aetna offers additional bonus programs to its producers, which may also apply. Please consult your broker for additional information concerning their compensation for this sale, including commissions and any applicable bonus programs. The producer is prohibited by law from altering the amount of compensation received from Aetna based in whole or in part on the sale.

Compensation to Salaried Aetna Employees:

Salaried employees may earn compensation on the sale of Aetna products. The compensation varied depending on a number of factors, including customer segment and product selected. Combining all factors, compensation for each product quoted averages less than 8% of the total first year annual premium. Aetna offers additional bonus programs, which may also apply. Neither Aetna nor the employee has material ownership interest in the other. The employee may not alter the amount of compensation received from Aetna. You may obtain additional information about the compensation expected to be received by eligible employees, based in whole or in part on the sale of an Aetna product, or alternative options presented, by contacting Aetna at www.aetna.com/about-us/forms/employee-compensation-disclosure.html.

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Customer Signature: _____

Date: _____



LENSCRAFTERS

