

Aetna

Vision Plans Comparison	Vision Plus EyeMed	Vision EyeMed
	10/1/2024 - 12/31/2025	
Frequency:		
Exam	12 months	12 months
Lenses or Contact Lenses	12 months	12 months
Frames	12 months	12 months

IN-NETWORK

Copays:		
Exam	\$0	\$20
Lenses - Single/Bifocal/Trifocal/ Lenticular	\$0	\$25
Allowance:		
Frames	\$200	\$100
Contact Lenses	\$200	\$100
Medically Necessary	\$0	\$0

OUT-OF-NETWORK

Allowance:		
Exam	\$45	\$45
Lenses - Single	\$30	\$30
Lenses - Bifocal	\$50	\$50
Lenses - Trifocal	\$65	\$65
Lenses - Lenticular	\$100	\$100
Allowance:		
Frames	\$70	\$55
Contact Lenses:		
Elective	\$105	\$80
Medically Necessary	\$210	\$210