

Riverside Board of Education

Vision Info Guide

Vision Benefits under Aetna

Vision benefits are provided for members through participating providers only through the Aetna Vision program.

Aetna Patriot V Plan

- \$5 copay for routine eye exam, participating providers only. Please see information below for age/frequency schedule. No coverage for out of network.
 - Vision eyewear – \$70 once per 24 month period
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Aetna Patriot Plan

- \$15 copay for routine eye exam, participating providers only. Please see information below for age/frequency schedule. No coverage for out of network.
 - Vision eyewear – \$70 once per 24 month period
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Aetna Premier Plan

- \$2 copay for routine eye exam, participating providers only. Please see information below for age/frequency schedule. No coverage for out of network. Vision eyewear – \$100 once per 24 month period
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Standard Guidelines schedule for direct access benefit is:

Member wears eyeglasses or contact lenses:

- Members age 1 through 18- exam covered once every 12 month period.
- Members age 19 and over one exam covered once every 24 month period.

Member does not wear eyeglasses or contact lenses:

Members age 1 through 45 years – one exam every 36 months.

Members age 46 or over – one exam every 24 months

Aetna Vision Discounts Plan-

Plan participants are eligible to receive discounts on eyeglasses, contact lenses and nonprescription items such as sunglasses and contact lens solutions through the Aetna Vision Discounts program at thousands of locations nationwide. Just call 1-800-793-8616 for information and the location nearest you.

Plan participants are also eligible to receive a discount off the usual retail charge for Lasik surgery (the laser vision corrective procedure) through providers participating in the U.S. Laser Network. Included in the discounted price is patient education, an initial screening, the Lasik procedure and follow-up care. To access LASIK surgery discounts, call 1-800-422-6600 and speak to a Lasik customer service representative.

For an Aetna Vision (eyeglasses/contact lenses) claim form & instructions, please refer to the guide located on the Vision section of your group's BenePortal site.

Vision- Mail completed claim form to: Aetna Claims PO Box 981106 El Paso, TX 79998