



San Diego State University Graduates Summary of Aetna VisionSM Preferred Benefits

Plan Year 08-15-2026 - 08-14-2027

AVP Basic (NV)

Plan ID: 1038941 301

In Network

Out of Network*

Exam

Aetna Vision Network

Use your Exam coverage once every plan year

Eye Exam with dilation as necessary	\$20 Copay	\$30 Reimbursement
Standard Contact Lens Fit/Follow-Up	Member pays discounted fee of \$40	Not Covered
Premium Contact Lens Fit/Follow-Up	Member pays 90% of retail	Not Covered

Eyeglass Lenses / Lens options

Use your Lens coverage once every plan year 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	\$85 Copay	\$30 Reimbursement
Premium Progressive Vision Lenses ¹	Tier 1 = \$105 Copay Tier 2 = \$115 Copay Tier 3 = \$130 Copay	\$30 Reimbursement
Other Premium Progressive Vision Lenses	Tier 4 = \$85 copay; 20% off retail price less \$120 allowance	\$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	Member pays discounted fee of \$15	Not Covered
Standard Polycarbonate Lenses	Member pays discounted fee of \$40	Not Covered
Standard Anti-Reflective Coating	Member pays discounted fee of \$45	Not Covered
Premium Anti-Reflective Coating	Tier 1 = \$57 Copay Tier 2 = \$68 Copay Tier 3 = 20% Discount off retail	Not Covered
Photocromatic/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

Use your Lens coverage once every plan year 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	\$104 Reimbursement
Disposable Contact Lenses	\$130 Allowance	\$104 Reimbursement
Medically Necessary Contact Lenses	\$0 Copay	\$210 Reimbursement

Frames

Use your frame coverage once every plan year

Any Frame available, including frames for prescription sunglasses	\$130 Allowance** Additional 20% off balance over allowance	\$120 Reimbursement
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In Network Discounts	
Additional pairs of eyeglasses or prescription sunglasses ²	Up to a 40% Discount
Non-covered items ³	20% Discount
Lasik Laser vision correction or PRK from U.S. Laser Network ⁴ Call 1-800-422-6600	15% discount off retail or 5% discount off the promotional price
Retinal Imaging ⁵	Member pays a discounted fee up to \$39
Partial list of Exclusions and Limitations	

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.

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.

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® plan

Aetna Student HealthSM is the brand name for products and services provided by Aetna Life Insurance Company, Aetna Health and Life Insurance Company and their affiliates.

*Students can choose to receive care outside the network. Simply pay for the services up front and then submit a claim form to receive an amount up to the out of network reimbursement amounts listed above. Reimbursement will not exceed the providers actual charge. Claim forms can be found at aetnavision.com or by calling 1-877-973-3238. Submit completed claim form with receipts to Aetna, PO Box 8504 Mason, OH 45040-7111. Electronic claim form submission is available.

Enrolled students can access their secure member website once their plan becomes effective. Enrolled students will receive a welcome packet with ID card mailed to the address on file 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.

¹Premium 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.

²Additional pair discount applies to purchases made after the plan allowances have been exhausted.

³Non covered discounts may not be available in all states.

⁴Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

⁵Retinal Imaging available at participating locations. Contact your eyecare provider to verify if available.

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.

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English	To access language services at no cost to you, call the number on your ID card.
Ambharic Arabic	ለአዋጅ ወልደ ሲያውስ የታሪክ አገልግሎትን ለመርድስ በምትወይዝ ከርድዋ (ID) ላይ ወልደ-የተራር ይዘውሱ። الحصول على خدمات اللغة مجاناً، اتصل بالرقم الموجود على بطاقة العضوية الخاصة بك.
Armenian (Kapasal Falawasch)	Ձեր նախընտրած լեզվով կարող եմանություններ ստանալու համար գոյականագիրք ձեր բռնիկակում պատկերացրելուց առաջ միայն էշահել հետևորդունսինհարկը հետևորդունսինհարկը: Ngir ména am sarwis laké yi te doo fay, woo nimerwo bi am ci sa kàrt.
Chamorro	Para un hago' i setebision lengguahi ni dibátde para hágu, ágang i numiru gi iyo-mu kard identifikasion. 如欲使用免費語言服務，請致電您 ID 卡上的電話號碼。
Chinese Traditional Cushitic-Oromo	Tajaajila afaanii bilisaan argachuuf, lakkoofsa Waraqaa Eenyummeessa (ID) keessan irra jiru irratti bilbilaa. Pour accéder gratuitement aux services linguistiques, appelez le numéro figurant sur votre carte d'identité. Pou w jween akse aa sévis lang gratis pou ou, rele nimewo ki sou kat idantite w la. German Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie die Nummer auf Ihrem Ausweis an. Greek Για πρόσβαση στις υπηρεσίες γλωσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ταυτοποίησης σας. Gujarati તમારે કોઈ પણ નવી બચ્ મા ભાષા સેવાઓ મેળવવા માટે, તમારા આઇ કારડ પર રહેલ નંબર પર કૉલ કરવો. Hindi बना कसी कमत के बाचा सेवाआ का उपयोा करने के लिए, अपने आइड कार्ड पर दए नंबर पर कॉल कर। Hmong Kom tau txais cov kev pab xau txhaiis lus yam tsis sau nai ntawm koj, thaw hu rau tus xov tooj nyob ntawm koj daim npav ID. Italian Per accedere gratuitamente ai servizi linguistichi, chiama il numero riportato sul tuo tesserino identificativo. Japanese 無料の言語サービスをご利用いただくには、ご自身のIDカードに記載されている番号にお電話ください。 korean 언어통역 서비스를 이용하실 때, 언어서비스카드에 등록된 번호를 사용하여 전화하십시오. Laotian ເພື່ອໃຫ້ທ່ານໄດ້ບໍາລິການສະກົດຂອງຕົນທີ່ແມ່ນຄວາມປັດຈຸບັນຂອງທ່ານ, ໃຫ້ໂທຫາຕໍ່ເລີຍທີ່ມີຕັດສິນໃຈຂອງທ່ານ. Mon-Khmer, Cambodian ដើម្បីទទួលបានសេវាភាសាការពារឥតគិតថ្លៃពីកុបខនរូបចម្រើយរបស់អាជ្ញាធរជាតិអប់រំ និងការងារសហគមន៍ខ្ពស់របស់កម្ពុជា។ Navajo Í dá ní nizadł é nhí bé ne bika a dowool dóó bíghá íllínígí naaltsóos bee atah náliglo nanitlínigí bee néehño dzózínlgí bídshéh bee han'e! bíká'tígí dáag'i hólné'. Pennsylvania-Dutch Um Schprooch Services zu greefe mitaus Koscht, ruff di Nummer uff dei ID Kaart. Persian-Farsi برای دسترسی به خدمات زبانی رایگان، یا شماره را متذکر روی کارت خود تماس بگیرید. Polish Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod numer podany na kartce ID. Portuguese Ligue para o número que está no seu cartão de identificação para receber assistência linguística gratuita. Punjabi ਤੁਹਾਡੇ ਲਈ ਮਨਾਂ ਨਿਮੋ ਜੀਵਨ ਦੇ ਸੰਸਕਾਰ ਦੀ ਵਰਤੋਂ ਕਰੋ, ਆਪਣੇ ਪਛਾਣੀ ਵਰਤੋਂ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ। Russian Чтобы получить бесплатные языковые услуги, позвоните по номеру телефона, указанному на вашей идентификационной карте. Samoan Mō le mauaina o 'au'aunaga tau gagana e auinoa ma se totogi; vala'au le luma i luga o lau pepa ID. Serbo-Croatian Za besplatne prevodilacke usluge pozovite broj naveden na Vašoj identifikacionjoj kartici. Spanish-Assyrian Para acceder a servicios de idiomas sin costo alguno, llame al número que figura en su tarjeta de identificación. Tagalog Upang ma-access ang mga serbisyo sa wika nang walang babayaran, tawagan ang numero sa iyong ID card. Thai หากท่านต้องการใช้บริการการภาษาสามารถมาโดยไม่มีค่าใช้จ่าย โปรดโทรหาหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน Ukrainian Щоб безкоштовно отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікаційній картці. Vietnamese Để truy cập dịch vụ ngôn ngữ miễn phí, hãy gọi đến số điện thoại trên thẻ ID của quý vị.