



## Aetna Vision<sup>SM</sup> Preferred - University of Kentucky Student Plan Highlights

Plan Year: 09-01-2025 - 08-31-2026  
AVP Enhanced (Vol) Group Number: 259940  
Plan ID: 1030236-302

### In Network

### Out of Network\*

Exam Aetna Vision Network

#### Exam coverage once every plan year

Eye Exam with dilation as necessary	\$10 Copay	\$40 Reimbursement
Standard Contact Lens Fit/Follow-Up	Member pays discounted fee of \$40	Not Covered

#### Contact Lenses

#### Lens coverage once every plan year to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses

Conventional Contact Lenses	\$150 Allowance** Additional 15% off balance over allowance	\$120 Reimbursement
Disposable Contact Lenses	\$150 Allowance	\$120 Reimbursement

#### Frames

#### Frame coverage once every plan year

Any Frame available, including frames for prescription sunglasses	\$150 Allowance** Additional 20% off balance over allowance	\$120 Reimbursement
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#### Annual Rates

Student Only: **\$125**

Student + 1 Dependent\*: **\$250**

\*1 Dependent may be spouse or child; 2 or more may be spouse and children.

Student + 2 or More\*: **\$375**

#### 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.

\*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.

\*\*Allowances are one-time use benefits. No remaining balances may be used. The plan does not provide a declining balance benefit.

Enrolled students can access their secure member website (aetnavision.com) once their plan becomes effective. Enrolled students will receive a welcome email with secure member website registration instructions, sent to the email address on file within 15 business days after enrollment is processed.

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.