Vision Plan

Schedule of benefits

Prepared exclusively for:

Employer:	The City of Seattle
Contract number:	100290
Schedule of Benefits	13A
Plan effective date:	January 1, 2021
Plan issue date:	February 18, 2021

These benefits are not insured with Aetna but will be paid from the Employer's funds. Aetna will provide certain administrative services under the Aetna medical benefits plan.

Schedule of benefits

This schedule of benefits lists the **eligible vision services** and supplies, 24 consecutive month period maximums, if any, that apply to the services you get under this plan.

How to read your schedule of benefits

- You are responsible for full payment of any vision care services you get that is not a **covered benefit**
- Exceeds your 24 consecutive month period maximum.

How to contact us for help

We are here to answer your questions.

- Log onto your secure member website at www.aetna.com.
- Call Member Services

This schedule replaces any schedule of benefits previously in use. Keep it with your booklet.

General coverage provision

This section explains the vision supply maximum listed in this schedule of benefits**.**

Maximum vision supply

The most the plan will pay for **eligible vision services** incurred by any one covered person in a 12 consecutive month period is called a vision supply maximum.

Your financial responsibility and determination of benefits provisions

Your financial responsibility for the cost of services is based on when the service or supply is provided, not when payment is made. Determinations regarding when benefits are covered are subject to the terms and conditions of the booklet.

Plan feature

Eligible vision servic		Maximum benefit
Eye Exam		100% of the billed charge
Eyeglass Frames		$30 per 24 consecutive month period
Prescription Lenses: • **Single Vision Lens** • **Bifocal Vision Lens** • **Trifocal Vision Lens** • **Contact Lens -** Contact Lenses needed to correct visual acuity to 20/70 or better if such correction not possible with conventional lenses; or if aphakic lenses are prescribed after cataract surgery- $100 per lens.		$40 per 12 consecutive month period $60 per 12 consecutive month period $80 per 12 consecutive month period $40 per 12 consecutive month period
Maximum	1 eye exam and 2 lenses per Calendar Year and 1 set of frames per two Calendar Years.	
	Coverage does not include the office visit for the fitting of **prescription** contact lenses	