



Voluntary Vision Insurance

Provided by

aetnaSM

Disclaimer: This benefit plan information shown in this benefits plan overview is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance ; the underlying insurance documents will govern in all cases.

Postdoctoral Scholar Benefit Program

Aetna Voluntary PPO Vision Plan

Core Benefits	In-Network <i>Postdoc Pays</i>	Out-of-Network <i>Postdoc Pays</i>
Eye Exam (every 12 months)	\$10 Copay	Up to \$25 Reimbursement
Frames (every 24 months)	\$130 allowance (20% off remaining balance)	Up to \$65 Reimbursement
<u>Lenses</u> (every 12 months)		
Single	\$10 Copay	Up to \$20 Reimbursement
Bifocal	\$10 Copay	Up to \$40 Reimbursement
Trifocal	\$10 Copay	Up to \$65 Reimbursement
Lenticular	\$10 Copay	Up to \$65 Reimbursement
Standard Progressive	\$75 Copay	Up to \$40 Reimbursement
Conventional Contact Lenses* (materials only)	\$115 Allowance (additional 15% off balance over allowance)	Up to \$80 Reimbursement
Disposable Contact Lenses* (materials only)	\$115 Allowance	Up to \$80 Reimbursement
Medically Necessary Contact Lenses*	\$0 Copay	\$200 Reimbursement

* Contact lenses in lieu of traditional lenses