

**AHA + Davis vs. AETNA Medical & Standalone Vision**

Benefit	AmeriHealth Administrators	Aetna
	Current Davis Vision Plan	Standalone Aetna Gold Vision Plan
	Frequency (months)	
Vision Provider Network	Davis Vision <a href="http://www.davisvision.com">www.davisvision.com</a> <i>click "find a provider"</i>	Aetna Vision Network <a href="http://www.aetnavision.com">www.aetnavision.com</a> <i>click "find a provider"</i>
Eye Exam (inclusive of dilation when professionally indicated)	12	12
Spectacle lenses	12	12
Frame	12	12
Contact lens evaluation, fitting & follow-up care (in lieu of eyeglasses)	12	12
Contact lenses (in lieu of eyeglasses)	12	12
Benefit	Co-pay	Co-pay
Eye examination	\$0	\$10 copay; <i>\$0 copay for annual visit through medical plan</i>
Spectacle lenses	\$0	\$0
<b>Eyeglass benefit — Frame</b>		
Frame allowance (retail)	Up to \$150 plus a 20% discount on any overage	Up to \$200 plus a 20% discount on any overage; <i>Hardware benefit will be removed from medical plan</i>
<b>Eyeglass benefit — Spectacle lenses</b>		
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx, including oversized)	Covered	Covered
Tinting of plastic lenses	Covered	Covered
Scratch-resistant coating, ultraviolet coating	Covered	Covered
Polycarbonate lenses (children*** / adults)	Covered	Covered
Anti-reflective (AR) coating (Standard / Premium / Ultra)	\$35 / \$48 / \$60	\$45/ 20% Discount
Progressive lenses (Standard / Premium / Ultra)	\$0 / \$40 / \$90	\$65 / 20% Discount off retail minus \$20 plan allowance plus \$65 copay
Polarized lenses	\$75	Member pays 80% of Retail
Plastic photochromic lenses (single vision / multifocal lenses)	\$65 / \$65	Member pays 80% of Retail
Scratch protection	\$20	\$15

Contact lens benefit (in lieu of eyeglasses)		
Contact lens: materials allowance*	Up to \$150 plus a 15% discount on any overage	Up to \$200 Allowance plus a 15% discount on any overage; <i>Hardware benefit will be removed from medical plan</i>
Evaluation, fitting & follow- up care – Standard & specialty lens types	Covered	Covered
Out-of-network reimbursement schedule		
Eye examination	\$40	\$40
Frame	\$50	\$100
Single vision lenses	\$40	\$35
Bifocal / progressive lenses	\$60	\$55
Trifocal lenses	\$80	\$100
Lenticular lenses	\$100	\$100
Elective contact lenses	\$105	\$100
Medically necessary contact lenses	\$225	\$250

\*Additional discounts may be restricted by retailer

\*\*Collection is available at most participating independent provider offices.

\*\*Collection is subject to change.

\*\*Collection is inclusive of select torics and multifocals.

\*\*\*Polycarbonate lenses are covered in full for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater