

Basic Vision Plan

Schedule of benefits

If this is an ERISA plan, you have certain rights under this plan. Please contact your employer for additional information.

Prepared exclusively for:

Employer:	Institute for Advanced Study
Contract number:	658955
	Schedule of Benefits 2A
Plan effective date:	January 1, 2020
Plan issue date:	March 13, 2020

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 24 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 services	Maximum benefit
Vision care services and supplies	\$35 per 24 consecutive month period
Coverage does not include the office visit for the fitting of prescription contact lenses	