



**Summary of Benefits for Community Realty Management, Inc.**  
**Aetna Vision<sup>SM</sup> Preferred**

<b>Effective Date: 07/01/2025</b> <b>External Plan ID: 1032272106</b> <b>Line Value: 623</b> <b>Frequency (Exam/Frame/Lens): 12/12/12</b> <b>Enhanced Plan - 231(a)E V-12</b> <b>Primary Quote</b> <b>923890 - Package A</b>	<b>In Network Member Cost</b> <b>Aetna Vision Network</b>	<b>Out of Network Member</b> <b>Reimbursement*</b>
<b>Exam</b>		
Eye Exam with Dilation as Necessary	\$20 Copay	\$38 Reimbursement
Retinal Imaging	Member pays discounted fee of \$39	Not Covered
Standard Contact Lens Fit /Follow Up <sup>1</sup>	Member pays discounted fee of \$40	Not Covered
Premium Contact Lens Fit /Follow Up <sup>1</sup>	10% off retail price	Not Covered
<b>Frames</b>		
Any Frame available, including frames for prescription sunglasses	\$0 Copay; \$180 Allowance**, 20% off balance over allowance	\$90 Reimbursement
<b>Standard Plastic Lenses</b>		
Single Vision	\$20 Copay	\$28 Reimbursement
Bifocal	\$20 Copay	\$44 Reimbursement
Trifocal	\$20 Copay	\$72 Reimbursement
Lenticular	\$20 Copay	\$72 Reimbursement
Standard Progressive Lens (copay includes bifocal cost)	\$85 Copay	\$44 Reimbursement
Premium Progressive Lens Tier 1 (copay includes bifocal cost) <sup>2</sup>	\$105 Copay	\$44 Reimbursement
Premium Progressive Lens Tier 2 (copay includes bifocal cost) <sup>2</sup>	\$115 Copay	\$44 Reimbursement
Premium Progressive Lens Tier 3 (copay includes bifocal cost) <sup>2</sup>	\$130 Copay	\$44 Reimbursement
Premium Progressive Lens Tier 4 (copay includes bifocal cost) <sup>2</sup>	\$85 Copay; 80% of Charge less \$120 allowance	\$44 Reimbursement
<b>Lens Options</b>		
UV Treatment	Member pays discounted fee of \$15	Not Covered
Tint (Solid And Gradient)	Member pays discounted fee of \$15	Not Covered
Standard Plastic Scratch Coating	\$0 Copay	\$12 Reimbursement
Polycarbonate Lenses - Adult	Member pays discounted fee of \$40	Not Covered
Polycarbonate Lenses - Children to age 19	\$0 Copay	\$32 Reimbursement
Standard Anti-Reflective Coating	Member pays discounted fee of \$45	Not Covered
Premium Anti-Reflective Coating Tier 1 <sup>2</sup>	Member pays discounted fee of \$57	Not Covered
Premium Anti-Reflective Coating Tier 2 <sup>2</sup>	Member pays discounted fee of \$68	Not Covered
Premium Anti-Reflective Coating Tier 3 <sup>2</sup>	20% off retail price	Not Covered
Photochromic/Transitions Plastic - Adult	Member pays discounted fee of \$75	Not Covered
Photochromic/Transitions Plastic - Children to age 19	Member pays discounted fee of \$75	Not Covered
Other Add-Ons	20% off retail price	Not Covered
<b>Contact Lenses</b>		
Conventional	\$0 Copay; \$180 Allowance**, 15% off balance over allowance	\$144 Reimbursement
Disposable	\$0 Copay; \$180 Allowance	\$144 Reimbursement
Medically Necessary	Covered in Full	\$200 Reimbursement

Frequency	Children to age 19	Adults age 19 and over
Exam	once every rolling 12 months	once every rolling 12 months
Frame	once every rolling 12 months	once every rolling 12 months
Lenses	once every rolling 12 months	once every rolling 12 months
Contact Lenses	once every rolling 12 months	once every rolling 12 months
Lens Coverage can be used for eyeglass lenses OR 1 order of contact lenses		
In Network Discounts		
Discounts cannot be combined with any other discounts or promotional offers and may not be available on all brands		
Additional pairs of eyeglasses or prescription sunglasses <sup>3</sup>	Up to 40% off prescription eyeglasses/sunglasses and 15% off conventional contact lenses once the funded benefit has been used	
Non-covered Items <sup>4</sup>	20% off retail price	
Lasik Laser vision correction or PRK from U.S. Laser Network <sup>5</sup> . Call 1-800-422-6600	15% discount off retail price or 5% discount off promotional price	
Hearing Discounts <sup>6</sup> - two ways to save:  Hearing Care Solutions 1-866-344-7756 Amplifon Hearing Health Care 1-877-301-0840	Save on hearing aids, exams, batteries, repairs and more	

<b>Rate Information and Assumptions</b>
<b>Funding Arrangement</b>
We have quoted a fully insured vision plan(s) for your employees.
<b>Affordable Care Act – Fees and Assessments</b>
Any additional mandated fees or taxes required by Federal laws or regulations (such as, the Patient Protection and Affordable Care Act (“PPACA”), Health Insurance Provider Fee (“HIF”) tax) will be built into the rate development for the applicable contract year.
<b>Commissions</b>
As requested, we have included 10.00% commissions in our quoted rates.
<b>Rate Guarantee</b>
Our quoted rates are guaranteed for the first 48 months of the policy period and are valid as of the plan effective date. The quoted rates apply only to the benefit levels and conditions specified and any variations in benefit level or assumed conditions may require a rate change. We reserve the right to review and modify or terminate the guarantee arrangement if any of the following occur during the guarantee period:
<b>Participation</b>
A minimum participation level of 10 enrolled subscribers is required.
<b>Customer/Employee Contributions &amp; Participation</b>
There is no minimum participation requirement for the first year. Beginning with the first renewal we will require a minimum participation level of 15.0% of eligibles.
We have made every effort to respond to your request in a manner that reflects existing and expected business practices for the effective date that you have chosen.
<u>Pricing and Underwriting Assumption</u> Our proposal assumes that coverage will be extended to all eligible employees. This quotation is on a pretax basis and will be void for post-tax offerings.
<u>Policies and Claim Settlement Practices</u> Our proposal assumes that our standard contract provisions and claim settlement practices will apply. If a material change is initiated by Summary of Benefits for Community Realty Management, Inc. or due to legislative or regulatory action in the claim payment requirements or procedures, account structure, or any changes materially affecting the manner or cost of paying benefits, we reserve the right to adjust our proposal accordingly.
<u>Plan Offering</u> We have assumed that Aetna will be the sole Vision vendor offered to Summary of Benefits for Community Realty Management, Inc.’s employees.
<u>Terms of Offer</u> The Vision Plan is offered on a prospectively insured, no deficit carry-forward basis. The quoted rates are valid until the earliest of 90 days from the date of this quotation or 30 days prior to the assumed effective date. We reserve the right to update this quotation if the quote is not accepted within this time frame.  <ul style="list-style-type: none"> <li>• Failure to make required premium payments in accordance with policy provisions.</li> <li>• A material change in the plan of benefits offered that is initiated by Summary of Benefits for Community Realty Management, Inc. or required because of legislative or regulatory action.</li> </ul>
<u>Plan Eligibility</u> Our quoted rates assume that permanent full-time employees work a minimum of 25 hours per week on a regularly scheduled basis and that eligible dependents include an employee’s spouse and unmarried children up to age 26. Retirees are not eligible for coverage.
<u>Run-Off Claim Processing</u> Our quoted rates reflect an incurred (mature) claim base and take into account the expenses associated with the processing of run-off claims following cancellation, subject to the conditions of our financial guarantee.
<u>Claim Fiduciary</u> Our proposal assumes that Aetna will assume claim fiduciary responsibilities. As claim fiduciary, we will be responsible for final claim determination and the legal defense of disputed benefit payments.
<u>ID Cards</u> Our quoted rates include the cost for ID cards. Each vision subscriber will receive two ID cards. The ID card includes a toll-free number for accessing member services.

## Partial list of exclusions and limitations

Enrolled members can access our secure member website once their plan becomes effective. Enrolled subscribers will receive a welcome packet with ID card mailed to their home within 15 business days after enrollment is processed.

\*Out of network coverage is available. To receive reimbursement up to the amounts listed above, a claim form with itemized receipt is required. Reimbursement will not exceed the providers actual charge. Claims forms can be found at [aetnavision.com](http://aetnavision.com) or by calling customer service Monday through Sunday at 1-877-973-3238. Completed claim forms can be submitted electronically or mailed to Aetna, PO Box 8504 Mason, OH 45040-7111. You also have access to Allied Providers, such as Costco Vision, who will apply your out-of-network benefits at the point of service and handle the claim submission process for you.

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

<sup>1</sup>Contact lens fit and two follow-up visits are allowed once an eye exam has been completed.

<sup>2</sup>Premium progressives and premium anti-reflective Brand designations are subject to annual review and change based on market conditions. Ask your eye care provider for more information. Premium Progressive Lens cost includes bifocal cost.

<sup>3</sup>Additional pair discount applies to purchases made after the plan allowances have been exhausted. Discounts are not insurance.

<sup>4</sup>Non covered discounts may not be available in all states.

<sup>5</sup>Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

<sup>6</sup>Aetna does not endorse any vendor, product or service associated with these discount offers. Vendors are independent of Aetna, not agents or employees. Programs, products and services may not be available at all times. Certain offers may not be available in some states. Products and services are provided by Hearing Care Solutions and Amplifon Hearing Health Care (formerly HearPO).

Policies and plans are insured and/or administered by Aetna Life Insurance Company (Aetna). Certain claims administration services are provided by First American Administrators, Inc. and certain network administration services are provided through EyeMed Vision Care ("EyeMed"), LLC.

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.

Providers in the Aetna Vision network are contracted and credentialed through EyeMed Vision Care, LLC according to EyeMed's requirements. EyeMed and Aetna are independent contractors and not agents of each other. Provider participation may change without notice.

Refer to [Aetna.com](http://Aetna.com) for more information about Aetna® plans.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability. Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call 877-973-3238. If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with Civil Rights Coordinator by contacting: Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512. 1-800-648-7817, TTY: 711, Fax: 859-425-3379, [CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD). Help for those who speak another language and for the hearing impaired.

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.