Basic Vision

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: Washington and Lee University
Contract number: MSA-870173
Schedule of Benefits: 5A
Plan effective date: July 1, 2020
Plan issue date: May 4, 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, 12 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 12 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](http://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**

<table>
<thead>
<tr>
<th>Eligible vision services</th>
<th>Maximum benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision care services and supplies</td>
<td>$150 per 12 consecutive month period</td>
</tr>
<tr>
<td>Coverage does not include the office visit for the fitting of prescription contact lenses</td>
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