

24/25 MSU GA Student Insurance Plan

Pediatric Vision Benefits*

*Pediatric Vision benefits are included in your student health medical plan and are not a full vision plan.



How to Use Your Benefits

Step 1 Use [Aetna Find a Provider](#) to locate a Vision Provider near you

Step 2 Print your Aetna ID card and have it available for the Vision Provider

Step 3 At the provider's office, present them with your Aetna ID Card

Step 4 Instruct the Vision Provider that pediatric benefits for vision care are covered under the MSU GA Aetna Student Medical Insurance Plan.

The office can call Aetna Customer Service using the phone number on the ID card to confirm enrollment eligibility and benefits.

The provider should bill Aetna Student Health for services using the billing address on the member ID Card.

Description	MSU Student Health Services at Olin Health Center	In-network coverage	Out-of-network coverage
Pediatric vision care (Limited to covered dependents through the end of the policy year in which the dependent turns age 19)			
Performed by a legally qualified ophthalmologist or optometrist (includes comprehensive low vision evaluations and office visit for fitting of contact lenses)	Available for Consult and Referral	100% (of the negotiated charge) per visit No policy year deductible applies	100% (of the recognized charge) per visit No policy year deductible applies
Maximum visits per policy year Low vision Maximum Fitting of contact Maximum	1 visit One comprehensive low vision evaluation every policy year 1 visit		
Pediatric vision care services & supplies-Eyeglass frames and prescription lenses	Available for Consult and Referral	100% (of the negotiated charge) per item No policy year deductible applies	100% (of the recognized charge) per item No policy year deductible applies
Maximum number Per year: Eyeglass frames Prescription lenses Contact lenses (includes non-conventional prescription contact lenses & aphakic lenses prescribed after cataract surgery)	One set of eyeglass frames (Frames - chosen from a select collection) One pair of prescription lenses Daily disposables: Not covered Extended wear disposable: Not covered Non-disposable lenses: Not covered		
Optical devices	Not available	Covered according to the type of benefit and the place where the service is received.	Covered according to the type of benefit and the place where the service is received.
Maximum number of optical devices per policy year	One optical device		
The following is not covered under this benefit: <ul style="list-style-type: none">• Eyeglass frames, non-prescription lenses and non-prescription contact lenses that are for cosmetic purposes• Prescription contact lenses			

For a list of specific covered services, please refer to the 2024 – 2025 Member Policy Contract Documents (PDF) located on the aetnastudenthealth.com website under Michigan State University - GA.