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| Welcome to Cigna Vision  Schedule of Vision Coverage | | | | |
| Coverage | In-Network  Benefit\*\*\* | Out-of-Network Benefit | Frequency Period \*\* | |
| Exam Copay | $10 | N/A | 12 months | |
| Exam Allowance (once per frequency period) | Covered 100% after Copay | Up to $45 | 12 months | |
| Materials Copay | $25 | N/A | 12 months | |
| Eyeglass Lenses Allowances:  (one pair per frequency period)  Single Vision  Lined Bifocal  Lined Trifocal  Lenticular | Covered 100% after Copay  Covered 100% after Copay  Covered 100% after Copay  Covered 100% after Copay | Up to $32  Up to $55  Up to $65  Up to $80 | 12 months  12 months  12 months  12 months | |
| Contact Lenses Allowances:  (one pair or single purchase per frequency period)  Elective  Therapeutic | Up to $150  Covered 100% | Up to $120  Up to $210 | 12 months  12 months | |
| Frame Retail Allowance  (one per frequency period) | Up to $150 | Up to $83 | 24 months | |
| \*\* Your Frequency Period begins on the 1st of your plan renewal month (Contract year basis) | | | | |
| Definitions:  Copay: the amount you pay towards your exam and/or materials, lenses and/or frames. (Note: copays do not apply to contact lenses).  **Coinsurance:** the percentage of charges Cigna will pay. Customer is financially responsible for the balance.  Allowance: the maximum amount Cigna will pay. Customer is financially responsible for any amount over the allowance.  Materials: eyeglass lenses, frames, and/or contact lenses. | | | | |
| * To receive in-network benefits, you cannot use this coverage with any other discounts, promotions, or prior orders. * If you use other discounts and/or promotions instead of this vision coverage, or go to an out-of-network eye care professional, you may file an out-of-network claim to be reimbursed for allowable expenses. | | | | |
| **In-Network Coverage Includes\*\*\***:   * One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses; * One pair of standard prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms)   + Polycarbonate lenses for children under 19 years of age   + Oversize lenses   + Rose #1 and #2 solid tints   + Minimum 20% savings\* on all additional lens enhancements you choose for your lenses, including but not limited to: scratch/ultraviolet/anti-reflective coatings; polycarbonate (adults); all tints/photochromic (glass or plastic); and lens styles, including Progressive lens upgrades; * One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance; * One pair of contact lenses or a single purchase of a supply of contact lenses – in lieu of lenses and frame benefit. Allowance applied towards cost of supplemental contact lens professional services (including the fitting and evaluation) and contact lens materials   \* Provider participation is 100% voluntary; please check with your Eye Care Professional for any offered discounts.  \*\*\* Coverage may vary at participating discount retail and membership club optical locations, please contact Customer Service for specific coverage information. | | | |  |
| Coverage for **Therapeutic** contact lenses will be provided when visual acuity cannot be corrected to 20/70 in the better eye with eyeglasses and the fitting of the contact lenses would obtain this level of visual acuity; and in certain cases of anisometropia, keratoconus, or aphakis; as determined and documented by your Vision eye care professional. Contact lenses fitted for other therapeutic purposes or the narrowing of visual fields due to high minus or plus correction will be covered in accordance with the Elective contact lens coverage shown on the Schedule of Benefits. | | | |  |
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| **What’s Not Covered:**   * Orthoptic or vision training and any associated supplemental testing * Medical or surgical treatment of the eyes * Any eye examination, or any corrective eyewear, required by an employer as a condition of employment * Any injury or illness when paid or payable by Workers’ Compensation or similar law, or which is work-related * Charges in excess of the usual and customary charge for the Service or Materials * Charges incurred after the policy ends or the insured’s coverage under the policy ends, except as stated in the policy * Experimental or non-conventional treatment or device * Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage * Any non-prescription (minimum Rx required) eyeglasses, includes frame, lenses, or contact lenses * Spectacle lens treatments, “add-ons”, or lens coatings not shown as covered in the Schedule of Vision Coverage * Prescription sunglasses * Two pair of glasses, in lieu of bifocals or trifocals * Safety glasses or lenses required for employment not shown as covered in the Schedule of Vision Coverage * VDT (video display terminal)/computer eyeglass benefit * Claims submitted and received in excess of twelve (12) months from the original Date of Service | | | | |

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| **How to use your Cigna Vision Benefits**  (Please be aware that the Cigna Vision network is different from the networks supporting our health/medical plans).  **1. Finding a doctor**  There are three ways to find a quality eye doctor in your area:   1. Log into myCigna.com, under”Coverage”, select Vision page. Click on Visit Cigna Vision. Then select “Find a Cigna Vision Network Eye Care Professional” to search the Cigna Vision serviced by Eye Med Directory. 2. Don’t have access to myCigna.com? Go to Cigna.com, top of the page select “Find A Doctor, Dentist or Facility”, click on Cigna Vision serviced by EyeMed Directory, under Additional Resources. 3. Prefer the phone? Call the toll-free number found on your Cigna insurance card and talk with a Cigna Vision customer service representative.   **2. Schedule an appointment**  Identify yourself as a Cigna Vision customer when scheduling an appointment. Present your Cigna or Cigna Vision ID card at the time of your appointment, which will quickly assist the doctor’s office with accessing your plan details and verifying your eligibility.  **3. Out-of-network plan reimbursement**  **How to use your Cigna Vision Benefits**  Send a completed Cigna Vision service by EyeMed claim form and itemized receipt to: Cigna Vision, Claims Dept. c/oFAA  PO Box 8504, Mason, OH.  45040 -7111  To get a Cigna Vision claim form:  • Go to **Cigna.com** and go to Forms, Vision Forms  • Go to **myCigna.com** and go to your vision coverage page  Cigna Vision will pay for covered expenses within ten business days of receiving the completed claim form and itemized receipt. |
| Benefits are underwritten or administered by Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company. Read your plan carefully – this benefit summary provides a very brief description of the important features of your plans. This is not the insurance contract. Your full rights and benefits are expressed in the actual plan documents that are available to you upon request or a copy of the Vision Outline of Coverage is available and can be downloaded at [Health Insurance & Medical Forms for Customers | Cigna](https://www.cigna.com/memberrightsandresponsibilities/member-forms/) under Vision Forms.Participating providers are independent contractors solely responsible for your routine vision examinations and products.  All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.  Healthy Rewards® - is a discount program, not an insured benefit. |

 