

# 2016 CHART AT A GLANCE

## Cigna Vision Plan

### WELCOME TO CIGNA VISION SCHEDULE OF VISION COVERAGE

#### BIWEEKLY FULL-TIME EMPLOYEE CONTRIBUTIONS (DEDUCTED FROM YOUR PAYCHECK)

|                         |        |
|-------------------------|--------|
| Employee Only:          | \$3.20 |
| Employee & Spouse:      | \$6.40 |
| Employee & Child(ren)*: | \$6.40 |
| Employee & Family*:     | \$9.60 |

| COVERAGE  | IN-NETWORK BENEFIT       | OUT-OF-NETWORK BENEFIT | FREQUENCY PERIOD ** |
|---|--------------------------|------------------------|---------------------|
| Exam Copay  | \$20                     | N/A                    | 12 months           |
| Materials Copay   | \$20                     | N/A                    | 12 months           |
| <b>Eyeglass Lenses Allowances:</b><br>(one pair per frequency period)                   |                          |                        |                     |
| Single Vision   | Covered 100% after Copay | Up to \$32             | 12 months           |
| Bifocal   | Covered 100% after Copay | Up to \$55             | 12 months           |
| Trifocal  | Covered 100% after Copay | Up to \$65             | 12 months           |
| Lenticular  | Covered 100% after Copay | Up to \$80             | 12 months           |
| <b>Contact Lenses Allowances:</b><br>(one pair or single purchase per frequency period) |                          |                        |                     |
| Elective  | Up to \$120              | Up to \$100            | 12 months           |
| Therapeutic   | Covered 100%             | Up to \$210            | 12 months           |

#### Definitions:

**Copay:** the amount you pay towards your exam and/or materials, lenses and/or frames. (Note: copays do not apply to contact lenses).

**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.

\*Dependents are eligible for coverage up to age 26

\*\* Your Frequency Period begins on January 1 (Calendar year basis)

## 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 prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms)
  - » Polycarbonate lenses for children under 18 years of age
  - » Oversize lenses
  - » Rose #1 and #2 solid tints
  - » 20% savings on non-covered lens options
  - » Progressive lenses covered up to bifocal lens amount with 20% savings on the difference;
- 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 (may not receive contact lenses and frames in same benefit year). Allowance applied towards cost of supplemental contact lens professional services (including the fitting and evaluation) and contact lens materials

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 aphakia; 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.

### Vision Network Savings Program:

- When you see a Cigna Vision Network Eye Care Professional, you can save 20% (or more) on additional frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details.

## 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 eyeglasses, 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

## HOW TO USE YOUR CIGNA VISION BENEFITS

### 1. Find a Cigna Vision eye care professional

If you haven't enrolled yet, just follow these easy steps to find a Cigna eye care professional near you.

- » Go to [Cigna.com](https://www.cigna.com)
- » Choose "Find a Doctor" (top of page)
- » Select the "Vision" button
- » Click the "Cigna Vision Directory" link

If you have already enrolled in Cigna Vision, visit [myCigna.com](https://mycigna.com) and click the link on your vision coverage page. Or if you prefer the phone, simply call Cigna Customer Service at **1.888.992.4462**, prompt #2.

### 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 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 claim form and itemized receipt to: Cigna Vision, Claims Department: PO Box 997561, Sacramento, CA 95899-7561.

To get a Cigna Vision claim form:

- Go to [Cigna.com](https://www.cigna.com) and go to Forms, Vision Forms
- Go to [myCigna.com](https://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. Any benefit information is intended as a summary of benefits only. It does not describe all the terms, provisions and limitations of your plan. Participating providers are independent contractors solely responsible for your routine vision examinations and products.

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