

CIGNA Vision Benefits

Quality vision care you and your family can afford.

CIGNA Vision Welcomes University of Maine System!

Schedule of PPO Vision Benefits

| Benefit | In-Network Plan Coverage | Out-of-Network Plan Reimbursement | Frequency |
|--|--|---|--|
| Examination (one per frequency) Including but not limited to: <ul style="list-style-type: none"> ▪ Eye Health Examination ▪ Dilation ▪ Refraction & Prescription for Glasses | Covered in full after \$20 copay | \$80 allowance | 12 months |
| Base Lenses:* (one pair per frequency): <ul style="list-style-type: none"> ▪ Single Vision Allowance ▪ Bifocal Allowance ▪ Trifocal Allowance ▪ Lenticular Allowance | Covered in full Covered in full Covered in full Covered in full | \$50 allowance \$75 allowance \$75 allowance \$100 allowance | 12 months 12 months 12 months 12 months |
| Contact Lenses: * (retail allowance) <ul style="list-style-type: none"> ▪ Elective ▪ Therapeutic | \$150 allowance \$150 allowance | \$150 allowance \$150 allowance | 12 months |
| Frame Retail Allowance* (one per frequency) | \$150 allowance | \$150 allowance | 12 months |

*CIGNA Vision members may not receive contact lenses and eyeglasses in the same benefit year

In-Network Benefits Include:

- 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 non-covered lens options
 - Progressive lenses covered up to bifocal lens amount with 20% savings on the difference;
- One frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance;
- One pair or a single purchase of a supply of contact lenses – in lieu of lens and frame benefit (may not receive contact lenses and eyeglasses in the same benefit year.) Allowance can be applied towards cost of supplemental contact lens professional services (including the fitting and evaluation), and contact lens materials.

*Benefits are valid once per benefit period and cannot be used in conjunction with other discounts, promotions or prior orders. A member who elects to use other discounts and/or promotions in lieu of his/her vision benefits may file a claim to receive reimbursement according to Out-of-Network Reimbursement amounts.





Value Added Savings:

- 20% savings on additional purchases of frame and/or lenses, including lens options, with a valid prescription
- Up to 15% savings on the contact lens professional services (fitting and evaluation), offered savings does not apply to contact lens materials

How to Use Your CIGNA Vision Benefits

1. Locate a CIGNA Vision network provider -

- **Prior to enrollment**, you may visit www.cigna.com to locate a CIGNA vision provider near you. Just click Provider Directory at the top of the screen and then click on CIGNA Vision located in the left-hand column.
- **After you enroll**, locate convenient vision network providers 24 hours a day, seven days a week by visiting: www.myCIGNA.com — go to the Medical or Dental tab and click on the Vision Benefits link or call CIGNA Vision at 1.877.478.7557 for access to our 24/7 Interactive Voice Response system.

2. Schedule an appointment -

- Be sure to identify yourself as a CIGNA Vision member.
- Present your CIGNA Vision ID Card at the time of your appointment, which will quickly assist the doctor's office to access your plan benefits and verify your eligibility
- Enjoy added savings and virtually no paperwork when you visit an in-network provider

If you visit an out-of-network provider: submit a completed CIGNA Vision claim form and itemized receipt to:

CIGNA Vision
Claims Department
P.O. Box 997561
Sacramento, CA 95899-7561.

Claim forms are available at: www.myCIGNA.com – click on CIGNA Vision or call CIGNA Vision Member Services 1.877.478.7557. Reimbursement of eligible benefits, are paid to the subscriber, within ten business days of receipt.



Benefits are underwritten or administered by Connecticut General Life Insurance Company. This information is intended as a summary of benefits only. It does not describe all the terms, provisions and limitations of your plan. Network providers are independent contractors solely responsible for your routine vision examination and products.

Standard Benefits Excluded:

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 Reasonable 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
Any non-prescription eyeglasses, lenses, or contact lenses
Spectacle lens treatments, "add ons", or lens coatings not shown as covered in the Summary of Benefits
Prescription sunglasses
Two pair of glasses, in lieu of bifocals or trifocals
Safety glasses or lenses required for employment
VDT (video display terminal)/computer eyeglass benefit
Claims submitted and received in-excess of twelve-(12) months from the original Date of Service

"CIGNA" refers to the various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. Benefits are underwritten or administered by Connecticut General Life Insurance Company. Participating providers are independent contractors solely responsible for your routine vision examinations and products.