## Welcome to Cigna Vision
### Schedule of Vision Coverage

<table>
<thead>
<tr>
<th>Coverage</th>
<th>In-Network Benefit</th>
<th>Out-of-Network Benefit</th>
<th>Frequency Period **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam Copay</td>
<td>$10</td>
<td>N/A</td>
<td>12 months</td>
</tr>
<tr>
<td>Exam Allowance (once per frequency period)</td>
<td>Covered 100% after Copay</td>
<td>Up to $45</td>
<td>12 months</td>
</tr>
<tr>
<td>Materials Copay</td>
<td>N/A</td>
<td>N/A</td>
<td>12 months</td>
</tr>
<tr>
<td>Eyeglass Lenses Allowances: (one pair per frequency period)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>Up to $20</td>
<td>Up to $20</td>
<td>12 months</td>
</tr>
<tr>
<td>Lined Bifocal</td>
<td>Up to $30</td>
<td>Up to $30</td>
<td>12 months</td>
</tr>
<tr>
<td>Lined Trifocal</td>
<td>Up to $40</td>
<td>Up to $40</td>
<td>12 months</td>
</tr>
<tr>
<td>Lenticular</td>
<td>Up to $75</td>
<td>Up to $75</td>
<td>12 months</td>
</tr>
<tr>
<td>Contact Lenses Allowances: (one pair or single purchase per frequency period)</td>
<td>Up to $75</td>
<td>Up to $75</td>
<td>12 months</td>
</tr>
<tr>
<td>Elective</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frame Retail Allowance (one per frequency period)</td>
<td>Up to $30</td>
<td>Up to $30</td>
<td>12 months</td>
</tr>
</tbody>
</table>

** Your Frequency Period begins the day after your last visit (Date of service basis)

### Definitions:
- **Copay:** the amount you pay towards your exam.
- **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.

* **Pediatric Coverage:** Benefits for employees/dependents under age 19, will have all in-network covered expenses paid at 100%, after copay; includes one prescription frame and one pair of single vision, lined bifocal or lined trifocal lenses including polycarbonate, tints, scratch and ultra-violet coating or contact lenses (one pair of conventional/12-month supply of disposable) including professional services, in lieu of frame and lenses, per frequency period. Vision out-of-pocket cost does not accrue to medical OOP maximums.

- 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 examination including but not limited to eye health examination, dilation, refraction, and prescription for glasses;
- Stated allowance applied towards the in-network offered savings* of 20% for purchased frame, lenses, lens options, and up to 15% savings on the contact lens professional services (including fitting and evaluation), offered savings does not apply to contact lens materials.

* Provider participation is 100% voluntary; please check with your Eye Care Professional for any offered discounts.
### Healthy Rewards® - 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 payablable 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
(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 in to myCigna.com, go to your Cigna Vision coverage page and select “View Details.” Then select “Find a Cigna Vision Network Eye Care Professional” to search the Cigna Vision Directory.
2. Don’t have access to myCigna.com? Go to Cigna.com and click on the orange Find a Doctor tab at the top. Then select “Vision Directory”, for routine eye exams and eyewear services, from the Other Directories listed below.
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 claim form and itemized receipt to: Cigna Vision, Claims Department: PO Box 385018, Birmingham, AL 35238-5018.

To get a Cigna Vision claim form:
- Go to [Cigna.com](http://Cigna.com) and go to Forms, Vision Forms
- Go to [myCigna.com](http://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 displayed 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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Cigna:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)


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Proficiency of Language Assistance Services

English - ATTENTION: Language assistance services, free of charge, are available to you. Call 1.877.478.7557 (TTY: 800.428.4833).


Chinese - 注意：我們可為您免費提供語言協助服務。請致電 1.877.478.7557（聽障專線：800.428.4833）。


Russian - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.877.478.7557 (линия TTY телетайп: 800.428.4833).

Arabic - ملاحظة: إذا كنت تتحدث لغة أخرى، يمكنكم الحصول على مساعدة لغوية مجانًا. اتصل برقم 1.877.478.7557 (800.428.4833).


Japanese - 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1.877.478.7557 (TTY: 800.428.4833)まで、お電話にてご連絡ください。


Persian (Farsi) - توجه: خدمات کمک زبانی به صورت رایگان به شما ارائه می‌شود. با شماره 1.877.478.7557 تماس گیرید (شماره ثانیه‌بندی وابسته به مقصد: 800.428.4833).