# 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>$0</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>70% coinsurance</td>
<td>12 months</td>
</tr>
</tbody>
</table>

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

### Definitions:
- **Copay**: the amount you pay towards your exam.
- **Allowance**: the maximum amount Cigna will pay. Customer is financially responsible for any amount over the allowance.

- 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.

### 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 covered Services
- 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
- Claims submitted and received in-excess of twelve (12) months from the original Date of Service
How to use your Routine 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 and click on the orange Find a Doctor tab at the top. Then select “Eye Doctor” from the list below and click on the “Cigna Vision Directory” link
If you have already enrolled in Cigna Vision, visit myCigna.com and click the link on your vision coverage page. 
Or if you prefer the phone, simply call Cigna Vision Customer Service at 1.877.478.7557.

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 Routine 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 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.

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. The Vision Network Savings Program powered by CIGNA Vision is a discount program, not an insured benefit.

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