**Welcome to Cigna Vision**

<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 Coinsurance (once per frequency period)</td>
<td>Covered 100%</td>
<td>70%</td>
<td>12 months</td>
</tr>
<tr>
<td>* Materials Allowance</td>
<td>Up to $50</td>
<td>Up to $50</td>
<td>12 months</td>
</tr>
</tbody>
</table>

* Declining balance can be applied towards any covered Materials (Frames, Lenses, and Contact Lenses) and drawn against throughout the stated frequency period.

** Your Frequency Period begins on January 1 (Calendar year 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.

- 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;
- 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.

**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
How to use your Cigna Vision Benefits

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 Vision coverage page and search the Cigna Vision Directory.
2. Don’t have access to myCigna.com? Go to Cigna.com and click on the Find a Doctor tab at the top. Then select “Eye Doctor” from the list below and click on the “Cigna Vision Directory” link.
3. Prefer the phone? Call our 1.800 number, found on your Cigna insurance card, and speak 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 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.

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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