# Summary of Benefits

**Cigna Health and Life Insurance Company**

## Cigna Vision

**Dartmouth College - Open Access Plus and Cigna Choice Fund**

**C2 - Custom PPO Declining Balance Plan**

## Jones Companies 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 Coinsurance (once per frequency period)</td>
<td>Covered 100% after Copay</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.

**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.

- 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.

* Provider participation is 100% voluntary; please check with your Eye Care Professional for any offered discounts.
*** Coverage may vary at participating discount retail and membership club optical locations, please contact Customer Service for specific coverage information.

### 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 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
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:
   2. Don't have access to myCigna.com? Go to Cigna.com, top of the page select “Find A Doctor, Dentist or Facility”, click Cigna Vision Directory, under Additional Directories.
   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 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 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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DISCRIMINATION IS AGAINST THE LAW

Vision coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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/, 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).

**Spanish** – ATENCION: Hay servicios de asistencia de idiomas, sin cargo, a su disposicion. Llame al 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 ТЕЛЕТАЙП: 800.428.4833).

**Arabic** – ملاحظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية توفر لك بالمجمل. اتصل برقم 1.877.478.7557 (800.428.4833).


**Polish** – UWAGA: Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1 877 478 7557 (TTY: 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。

**Italian** – ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.877.478.7557 (TTY: 800.428.4833).


**Persian (Farsi)** – توجه: خدمات کمک زبانی به صورت رایگان به شما ارائه می‌شود. با شماره 1.877.478.7557 تماس بگیرید (800.428.4833).

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1/1/2022
New Hampshire