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>$10</td>
<td>N/A</td>
<td>12 months</td>
</tr>
<tr>
<td>Eyeglass Lenses Allowances:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>Covered 100% after Copay</td>
<td>Up to $32</td>
<td>12 months</td>
</tr>
<tr>
<td>Lined Bifocal</td>
<td>Covered 100% after Copay</td>
<td>Up to $55</td>
<td>12 months</td>
</tr>
<tr>
<td>Lined Trifocal</td>
<td>Covered 100% after Copay</td>
<td>Up to $65</td>
<td>12 months</td>
</tr>
<tr>
<td>Lenticular</td>
<td>Covered 100% after Copay</td>
<td>Up to $80</td>
<td>12 months</td>
</tr>
<tr>
<td>Contact Lenses Allowances:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>Up to $150</td>
<td>Up to $120</td>
<td>12 months</td>
</tr>
<tr>
<td>Therapeutic</td>
<td>Covered 100%</td>
<td>Up to $210</td>
<td>12 months</td>
</tr>
<tr>
<td>Frame Retail Allowance</td>
<td>Up to $150</td>
<td>Up to $83</td>
<td>24 months</td>
</tr>
</tbody>
</table>

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

Definitions:
Copay: the amount you pay towards your exam and/or materials, lenses and/or frames. (Note: copays do not apply to contact lenses).
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;
- One pair of standard prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms)
  - Polycarbonate lenses for children under 19 years of age
  - Oversize lenses
  - Rose #1 and #2 solid tints
  - Minimum 20% savings* on all additional lens enhancements you choose for your lenses, including but not limited to: scratch/ultraviolet/anti-reflective coatings; polycarbonate (adults); all tints/photochromic (glass or plastic); and lens styles.
  - Progressive lenses covered up to bifocal lens amount with 20% savings on the difference;

Rates valid July 1, 2019 - June 30, 2024
Employee Only                  $ 5.77
Employee & Spouse               $11.53
Employee & Child(ren)           $12.87
Family                        $19.56
- One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance;
- One pair of contact lenses or a single purchase of a supply of contact lenses – in lieu of lenses and frame benefit, (may not receive contact lenses and frames in same benefit year). Allowance applied towards cost of supplemental contact lens professional services (including the fitting and evaluation) and contact lens materials

* Provider participation is 100% voluntary; please check with your Eye Care Professional for any offered discounts.

Coverage for Therapeutic contact lenses will be provided when visual acuity cannot be corrected to 20/70 in the better eye with eyeglasses and the fitting of the contact lenses would obtain this level of visual acuity; and in certain cases of anisometropia, keratoconus, or aphakia; as determined and documented by your Vision eye care professional. Contact lenses fitted for other therapeutic purposes or the narrowing of visual fields due to high minus or plus correction will be covered in accordance with the Elective contact lens coverage shown on the Schedule of Benefits.

<table>
<thead>
<tr>
<th>Healthy Rewards® - Vision Network Savings Program:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 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.</td>
</tr>
</tbody>
</table>

**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
- Any non-prescription (minimum Rx required) eyeglasses, includes frame, 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:
   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.

7/1/2019
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.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 ТТТ телетайп: 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) - جهت دریاچه ها که به زبان فارسی صحبت می کنید، شما با شماره 1.877.478.7557 تلفن شوید. (800.428.4833).