

**Welcome to CIGNA Vision  
Currituck County  
Schedule of Vision Benefits  
07/01/2011**



Coverage*	In-Network Plan Coverage	Out-of-Network Plan Reimbursement	Frequency Contract (plan) year (PY)
Exam Copay	\$10	N/A	
Exam Allowance (one per frequency)	Covered In Full	\$45	12 Months
Materials Copay	\$20	N/A	
Base Lenses: (one pair per frequency)			
Single Vision Allowance	Covered In Full	\$32	12 Months
Bifocal Allowance	Covered In Full	\$55	12 Months
Trifocal Allowance	Covered In Full	\$65	12 Months
Lenticular Allowance	Covered In Full	\$80	12 Months
Contact Lenses: (one pair or single purchase per frequency)			
Elective Allowance	\$110	\$98	12 Months
Therapeutic Allowance	Covered In Full	\$210	12 Months
Frame Retail Allowance (one per frequency)	\$120	\$66	24 Months

\*Coverage is valid once per stated frequency and cannot be used in conjunction with other discounts, promotions or prior orders. An enrollee who elects to use other discounts and/or promotions in lieu of his/her vision coverage may file a claim to receive reimbursement according to Out-of-Network Reimbursement amount.

**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 prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms)

- o Polycarbonate lenses for children under 18 years of age
- o Oversize lenses
- o Rose #1 and #2 solid tints
- o 20% savings non-covered lens options
- o Progressive lenses covered up to bifocal lens amount with 20% savings on the difference;

One frame – 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

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 Provider. 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 benefit shown on the Schedule of Benefits.

*Vision Network Savings Program:*

Minimum 20% savings on additional purchases of frames and/or lenses, including lens options, with a valid prescription; offered savings does not apply to contact lens materials. Check with your CIGNA Vision Network eye care professional for details.

**Standard Coverage Excludes:**

- 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 Reasonable 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 policy
- Experimental or non-conventional treatment or device
- Magnification or low vision aids
- Any non-prescription eyeglasses, lenses, or contact lenses
- Spectacle lens treatments, "add ons", or lens coatings not shown as covered in the Summary of Benefits
- Prescription sunglasses
- Two pair of glasses, in lieu of bifocals or trifocals
- Safety glasses or lenses required for employment
- 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**

1. Locate a CIGNA Vision network eye care professional - visit [www.myCIGNA.com](http://www.myCIGNA.com) – go to the Medical or Dental main page and click on the Vision Benefits link or call CIGNA Vision Member Services: 1.877.478.7557

Prior to enrollment, you may visit [www.CIGNA.com](http://www.CIGNA.com) to locate a CIGNA vision eye care professional near you. Just click Provider Directory at the top of the screen and then click on CIGNA Vision located in the left hand column.

**2. Schedule an appointment – be sure to identify yourself as a CIGNA Vision Enrollee**

Present your CIGNA Vision ID Card at the time of your appointment, which will quickly assist the doctor's office to access your plan benefits and verify your eligibility

Enjoy added savings and virtually no paperwork when you visit an in-network eye care professional

If you visit an out-of-network eye care professional: submit a completed CIGNA Vision claim form and itemized receipt to: CIGNA Vision, Claims Department: P.O. Box 997561, Sacramento, CA 95899-7561

Claim forms are available by visiting [www.myCIGNA.com](http://www.myCIGNA.com) – go to the Medical or Dental main page and click on the Vision Benefits link or call CIGNA Vision Member Services: 1.877.478.7557.

Reimbursement of covered services, are paid to the subscriber, within ten business days of receipt.

*Benefits are underwritten or administered by Connecticut General Life Insurance Company. This information is intended as a summary of benefits only. It does not describe all the terms, provisions and limitations of your plan. Network providers are independent contractors solely responsible for your routine vision examination and products.*

*Cat. Number: VBM00828*