

CIGNA VISION BENEFIT SUMMARY

C2-Standard PPO Declining Balance Plan

Frequency period - begins on January 1 and lasts for 12 months

Coverage	In-Network	Out-of-Network
Exam Copay	\$0	N/A
Exam Allowance (Once per frequency period)	Covered 100% after Copay	Up to \$75
Materials Allowance	Up to \$500	Up to \$500

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

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.

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

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