## Summary of Benefits

Cigna Health and Life Insurance Company

Cigna Vision

State of Montana

C1 – Non-Standard PPO Comprehensive Plan

### 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>$20</td>
<td>N/A</td>
<td>12 months</td>
</tr>
<tr>
<td>Eyeglass Lenses Allowances: (one pair per frequency period)</td>
<td>Covered 100% after Copay</td>
<td>Up to $45</td>
<td>12 months</td>
</tr>
<tr>
<td>Single Vision</td>
<td>Covered 100% after Copay</td>
<td>Up to $45</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: (one pair or single purchase per frequency period)</td>
<td>Up to $130</td>
<td>Up to $95</td>
<td>12 months</td>
</tr>
<tr>
<td>Elective</td>
<td>Covered 100%</td>
<td>Up to $210</td>
<td>12 months</td>
</tr>
<tr>
<td>Therapeutic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frame Retail Allowance (one per frequency period)</td>
<td>Up to $130</td>
<td>Up to $52</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 18 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;

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• 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.

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
• Any non-prescription eyeglasses, 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:
   1. Log in to myCigna.com, go to your Cigna Vision coverage page and select “View Details.” Then select “Find a Cigna Vision Network Eye Care Professional” to search the Cigna Vision Directory.
   2. Don’t have access to myCigna.com? Go to Cigna.com and click on the orange Find a Doctor tab at the top. Then select “Vision Directory”, for routine eye exams and eyewear services, from the Other Directories listed below.
   3. Prefer the phone? Call the toll-free number found on your Cigna insurance card and talk with a Cigna Vision
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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