



# Lewistown Cigna Vision Exception

February 25, 2021

**Dear State of Montana Benefit Plan (State Plan) Members,**

This notification is to State of Montana Benefit Plan (State Plan) members and their covered dependents in the Lewistown area. There are currently no in-network vision providers in the Lewistown area; however, Cigna Vision is working closely with the vision providers in Lewistown to get an in-network vision provider soon.

In the meantime, to accommodate State Plan members in the Lewistown area, State Plan members and their covered dependents may access out-of-network vision providers in Lewistown at the in-network benefit level. **Prior to receiving services you must contact Cigna Vision at 1-877-478-7557 and request the out-of-network exception.** Once you have completed your appointment, you will need to request an itemized statement from the vision provider and submit the claim to Cigna Vision for reimbursement to:

CIGNA VISION CLAIM DEPT.  
PO BOX 385018  
BIRMINGHAM AL 35238-5018

If you have already received services from an out-of-network vision provider in the Lewistown area, you may contact Cigna Vision to find out if an exception can be made based on the date you received services.

State Plan members and their covered dependents may receive one vision exam per calendar year with at \$10 copayment. If you elected vision hardware, this exception also applies. For more information about the vision benefit, please go to [www.benefits.mt.gov/vision](http://www.benefits.mt.gov/vision).

If you have any questions, contact HCBDB at (800) 287-8266, (406) 444-7462, or [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov)

## State of Montana Health Care & Benefits Division

Call (406) 444-7462 or Toll-Free (800) 287-8266

Hearing Impaired TTY (406) 444-1421 - Fax (406) 444-0080

Email [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov)

PO Box 200130, 100 N. Park Avenue, Suite 320, Helena, MT 59620-0130

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Non-Discrimination Notice: The State of Montana Benefit Plan complies with applicable Federal civil rights laws, state and local laws, rules, policies and executive orders and does not discriminate on the basis of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status. 45 C.F.R. § 92.8(b)(1) and (d)(1)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-999-1062 (TTY: 1-855-999-1063).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-999-1062 (TTY: 1-855-999-1063).