

# CIGNA VISION

## Brochure for the State of Connecticut Partnership Plan.



### Partnership Plan website

Access your vision benefit information by going to [Cigna.com/StateofCT](http://Cigna.com/StateofCT)

### STATE OF CONNECTICUT PARTNERSHIP PLAN – VISION

This is a summary of benefits for your vision plan.

#### Cigna vision benefits

Benefit	In-network	Out-of-network
Materials copay	\$0	N/A
Single vision lenses	Covered in full	\$40 allowance
Bifocal lenses	Covered in full	\$65 allowance
Trifocal lenses	Covered in full	\$75 allowance
Lenticular lenses	Covered in full	\$100 allowance
Contact lenses (retail allowance)		
Elective	\$360 allowance	\$345 allowance
Therapeutic	Covered in full	\$345 allowance
Frame (retail allowance)	\$175 allowance	\$126 allowance

A frequency limitation of 12 months applies to lenses, contact lenses and frames. Your frequency period begins the day after your last visit (date of service basis).



Together, all the way.®



Offered by: Cigna Health and Life Insurance Company

894364 b 03/17

## In-network benefits include:

- › One vision and eye health evaluation including, but not limited to, eye health examination, dilation, refraction and prescription for eyeglasses.
- › One frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance.
- › One pair of prescription plastic or glass lenses, for all ranges of prescriptions (powers and prisms).  
Lens options:
  - **Standard polycarbonate:** Covered for under 18 years of age; \$40 out-of-pocket maximum for adults.
  - **Oversize lenses:** Covered under plan.
  - **Rose tints: #1 and #2** – Covered under plan.
  - **All other tints:** Minimum 20% savings, up to \$17 maximum out-of-pocket cost.
  - **Standard photochromics:** Minimum 20% savings, up to \$82 maximum out-of-pocket cost.
  - **Standard anti-reflective coating:** Minimum 20% savings, up to \$45 maximum out-of-pocket cost.
  - **Standard scratch/UV coating:** Minimum 20% savings, up to \$17 maximum out-of-pocket cost.
  - **Progressive lenses:** Covered up to bifocal lens amount with 20% savings on the difference; up to \$65 maximum out-of-pocket cost.
- › One frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance.
- › One pair or a single purchase supply of contact lenses – in lieu of lenses and frame benefit (may not receive contact lenses and frames in same benefit year). Allowance applied toward cost of supplemental contact lens professional services (including the fitting and evaluation), and contact lens materials.

## 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 pairs of eye glasses, in lieu of bifocals or trifocals. Safety eye 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.

\* This is a discount program and is NOT insurance. You are required to pay the entire discounted charge.

This summary provides only the highlights. For a complete list of both covered and non-covered services, including benefits that may be required by your state, see your Evidence of Coverage, Insurance Certificate or Summary Plan Description – the official plan documents. If there are any differences between this summary and the plan documents, the terms of the plan documents will take precedence.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

## 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 provider for details.

## Finding an eye doctor

Please be aware that the Cigna vision network is different from the networks supporting our health/medical plans.

There are three ways to find a quality eye doctor in your area:

1. Log in to **myCigna.com** and go to your Cigna Vision coverage page. 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 under "Additional Directories - Vision" select "Cigna Vision Directory."
3. Call **877.478.7557** to speak with a Cigna customer service representative.

**Always on the go? You can also use many of the above services on the myCigna App!**

