# Summary of Benefits Cigna Health and Life Insurance Company

## Cigna Healthcare Vision
## Advantive LLC
## C1 PPO Comprehensive Plan

**Welcome to Cigna Vision**
**Schedule of Vision Coverage**
**Effective Date:** January 1, 2027

| Vision Services and Frequency | In-Network Plan Coverage** | In-Network Member Cost*** | Out-of-Network Reimbursement |
|---|---|---|---|
| **Exam and Professional Services:**<br>Frequency*: once per **12 month** | | | |
| **Eye Exam** | 100% after Copay | $10 Copay | Up to $45 Allowance |
| Retinal Screening | Not Covered | Up to $39 | Not Covered |
| Standard Contact Lens Fit & Follow-up | $0 | Up to $40[1] | Not Covered[1] |
| Premium Contact Lens Fit & Follow-up | $0 | 90% of Retail[1] | Not Covered[1] |
| **Standard Eyeglass Lenses** Allowances:<br>Frequency*: one pair per **12 month** | | | |
| **Lenses:** | | | |
| Single Vision | 100% after Copay | $25 Copay | Up to $32 Allowance |
| Lined Bifocal | 100% after Copay | $25 Copay | Up to $55 Allowance |
| Lined Trifocal | 100% after Copay | $25 Copay | Up to $65 Allowance |
| Lenticular | 100% after Copay | $25 Copay | Up to $80 Allowance |
| **Lens Enhancements / Options**: | | | |
| Oversize lenses | 100% | $0 | Not Covered |
| Rose #1 and #2 Solid Tints | 100% | $0 | Not Covered |
| Polycarbonate Lenses <19 years of age | 100% | $0 | Not Covered |
| Polycarbonate Lenses | $0 | $40 | Not Covered |
| Standard Progressives+ | $0 | $65[2] | Not Covered[2] |
| Premium Progressive+ | $0 | Tier 1: $85[2]<br>Tier 2: $95[2]<br>Tier 3: $110[2]<br>Tier 4: $65 plus 20% off retail Less $120 allowance[2] | Not Covered[2] |
| Plastic Dye Tints | $0 | $15 | Not Covered |
| Photochromic – Glass or Plastic | $0 | $75 | Not Covered |
| Standard Scratch Coating | $0 | $15 | Not Covered |
| Standard Ultraviolet (UV) Coating | $0 | $15 | Not Covered |
| Standard Anti-Reflective (AR) Coating+ | $0 | $45 | Not Covered |
| Premium Anti-Reflective Coating+ | $0 | Tier 1: $57<br>Tier 2: $68<br>Tier 3: 20% off Retail | Not Covered |
| Hi-Index Lenses | $0 | 20% off retail | Not Covered |

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| All other lens options | $0 | 20% off retail | Not Covered |
| **Contact Lenses** Retail Allowance:<br>Frequency*: one pair or single purchase per **12 month** | | | |
| Elective – Conventional | 100% up to $150 Retail Allowance; Additional 15% off balance over allowance | Balance over $150 Allowance | Up to $120 Allowance |
| Elective – Disposable | 100% up to $150 Retail Allowance | | |
| Therapeutic | 100% | $0 | Up to $210 Allowance |
| **Frame** Allowance<br>Frequency*: one per **24 month** | | | |
| Retail | 100% up to $150 Allowance | 20% off balance over Allowance | Up to $83 Allowance |
| Costco | 100% up to $100 Allowance | Balance over Allowance | |

*Your Frequency Period begins on January 1 (Calendar year basis)
+Changes to the products in each tier and member out-of-pocket amounts are subject to change; All providers are not required to carry all brands at all levels. Check with your in-network provider for details.
[1]May be applied to Contact Lens Allowance.
[2]Member out-of-pocket includes Lined Bifocal copay. Out-of-network reimbursement based on Lined Bifocal allowance.

**Definitions:**
**Copay:** the amount you pay towards your exam and/or materials, lenses and/or frames
**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.

**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) including Oversize, Rose #1 or #2 Solid Tint and Polycarbonate lenses < 19 years of age.
    - 20% savings on all additional lens enhancements/ option you choose for your lenses, not shown on the Schedule of Vision Coverage above.
- One pair of **Elective** conventional contact lenses or a single purchase of a supply of disposable contact lenses – in lieu of eyeglass lenses and frame benefit, (may not receive contact lenses and eyeglasses (lenses and frames) in same benefit year). Contact lens retail allowance can be applied towards contact lens materials as well as the cost of supplemental contact lens professional services including fitting and evaluation, up to the stated allowance.
- 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 aphakis; 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

**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 (minimum Rx required) eyeglasses, includes frame, lenses, or contact lenses
- Spectacle lens treatments, "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage
- Prescription sunglasses lens "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage
- 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

| | |
|---|---|
| minus or plus correction will be covered in accordance with the Elective contact lens coverage shown on the Schedule of Vision Coverage.<br>• One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance;<br><br>** Coverage may vary at participating discount retail and membership club optical locations, please contact Customer Service for specific coverage information.<br>*** Provider participation is 100% voluntary and subject to applicable law; please check with your Eye Care Professional for any offered discounts. | • Claims submitted and received in excess of twelve (12) months from the original Date of Service |

**In-Network Value Added Savings**

- Up to 40% off additional complete pairs of glasses (frame and lenses)
- 20% off any item not covered by the plan, including non-prescription sunglasses, but excluding professional services***

*Interested in Laser Vision Correction service such as LASIK? Visit your MyCigna.com and search for Healthy Rewards® for details.*

**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 into myCigna.com, under “Coverage”, select Vision page. Click on Visit Cigna Vision. Then select “Find a Cigna Vision Network Eye Care Professional” to search the Cigna Vision – serviced by EyeMed Directory.
2. Don’t have access to myCigna.com? Go to Cigna.com, top of the page select “Find A Doctor", select Employer or School, click on Additional Directories and select Cigna Vision serviced by EyeMed Directory.
3. Prefer the phone? Call the toll-free number found on your Cigna insurance card and talk with a Cigna Vision customer service representative.

**2. Schedule an appointment**
Identify yourself as a Cigna Vision customer when scheduling an appointment. Present your Cigna Vision serviced by EyeMed Proof of Coverage Identification 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 service by EyeMed claim form and itemized receipt to: Cigna Vision, Claims Dept. c/oFAA PO Box 8504, Mason, OH 45040-7111

To get a Cigna Vision serviced by EyeMed claim form:
• Go to **Cigna.com** and go to Forms, Vision Forms, select the Cigna Vision serviced by EyeMed form
• 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. Read your plan carefully – this benefit summary provides a very brief description of the important features of your plans. This is not the insurance contract. Your full rights and benefits are expressed in the actual plan documents that are available to you upon request or a copy of the NH Vision Outline of Coverage is available and can be downloaded at Health Insurance & Medical Forms for Customers | Cigna under Vision Forms. Participating providers are independent contractors solely responsible for your routine vision examinations and products.

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. Healthy Rewards® - is a discount program, not an insured benefit.

# Discrimination is against the law

## Vision coverage

Cigna Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna Healthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Cigna Healthcare:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna Healthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to **ACAGrievance@Cigna.com** or by writing to the following address:

**Cigna Healthcare**
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to **ACAGrievance@Cigna.com**. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

**U.S. Department of Health and Human Services**
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
**1.800.368.1019, 800.537.7697 (TDD)**

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html.**

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## Proficiency of Language Assistance Services

**English** – ATTENTION: Language assistance services, free of charge, are available to you. Call 1.888.353.2653 (TTY dial 711 for operator, then dial 1-844-230-6498).

**Spanish** – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1.888.353.2653 (TTY: marque 711 para hablar con un operador y luego marque 1-844-230-6498).

**Chinese** – 注意：我們可為您免費提供語言協助服務。請致電 1.888.353.2653（聽語障人士請撥打 711（聽語障專線）由操作人員為您服務，然後撥打 1-844-230-6498）。

**Vietnamese** – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1.888.353.2653 (TTY xin quay số 711 để kết nối với tổng đài, sau đó quay số 1-844-230-6498).

**Korean** – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.888.353.2653번으로 문의하십시오(TTY는 교환원 연결을 위해 711번으로 전화하신 후, 1-844-230-6498번으로 전화하십시오).

**Tagalog** – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Tumawag sa 1.888.353.2653 (Para sa TTY, i-dial ang 711 para sa operator, pagkatapos ay i-dial ang 1-844-230-6498).

**Russian** – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.888.353.2653 (линия TTY: наберите 711 для соединения с оператором, затем наберите 1-844-230-6498).

**Arabic** – ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.888.353.2653 (ينبغي لمستخدمي TTY الاتصال على الرقم 711 للتحدث إلى عامل الهاتف، ثم الاتصال على الرقم 1-844-230-6498).

**French Creole** – ATANSYON: Gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.888.353.2653 (TTY konpoze 711 pou pale ak yon operatè, apresa konpoze 1-844-230-6498).

**French** – ATTENTION : Des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1.888.353.2653 (ATS: composez le 711 pour joindre l'opérateur, puis composez le 1-844-230-6498).

**Portuguese** – ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue 1.888.353.2653 (TTY: marque 711 para o telefonista e, em seguida, marque 1-844-230-6498).

**Polish** – UWAGA: Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.888.353.2653 (użytkownicy TTY powinni dzwonić pod numer 711, aby otrzymać połączenie z telefonistą, a następnie wybrać numer 1-844-230-6498).

**Japanese** – 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1.888.353.2653 にお電話ください（TTYをご利用の場合は、711 をダイヤルしてオペレーターに接続してから 1-844-230-6498 におかけください）。

**Italian** – ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.888.353.2653 (TTY: comporre il 711 per l'operatore, quindi comporre il numero 1-844-230-6498).

**German** – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Rufen Sie die Nummer 1.888.353.2653 an (TTY-Benutzer wählen 711 für die Vermittlung und dann 1-844-230-6498).

**Persian (Farsi)** – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. با شماره 1.888.353.2653 تماس بگیرید (YTT شماره 711 را برای اپراتور گرفته و سپس 1-844-230-6498 را شماره گیری کنید).

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