



**Cigna Vision
Full Visibility LLC
C1 - Standard PPO Comprehensive Plan**

**Welcome to Cigna Vision
Schedule of Vision Coverage**

Coverage	In-Network Benefit***	Out-of-Network Benefit	Frequency Period **
Annual eye examination	100%	100%	12 months
Annual eye examination with medical history and refraction	100%	100%	12 months
Medical eye examination	100%	100%	12 months
Contact lens examination Contact lens refraction Contact lens fitting Contact lens wear Contact lens repair Contact lens replacement	100% 100% 100% 100% 100%	100% 100% 100% 100% 100%	12 months 12 months 12 months 12 months 12 months
Contact lens examination with medical history and refraction Contact lens refraction Contact lens fitting Contact lens wear Contact lens repair	100% 100% 100% 100% 100%	100% 100% 100% 100% 100%	12 months 12 months 12 months 12 months 12 months
Contact lens examination with medical history and refraction Contact lens refraction Contact lens fitting Contact lens wear Contact lens repair	100% 100% 100% 100% 100%	100% 100% 100% 100% 100%	12 months 12 months 12 months 12 months 12 months
Contact lens examination with medical history and refraction Contact lens refraction Contact lens fitting Contact lens wear Contact lens repair	100% 100% 100% 100% 100%	100% 100% 100% 100% 100%	12 months 12 months 12 months 12 months 12 months

Definitions:

Copay: The amount of money you pay for a covered service. Copay amounts may vary by service and network status.

Coinsurance: The percentage of the cost of a covered service that you pay after the deductible is met.

Allowance: The maximum amount that the plan will pay for a covered service. The allowance may vary by service and network status.

Materials: The cost of the materials used in a covered service.

In-Network Coverage Includes***

- Contact lens examination with medical history and refraction
- Contact lens refraction
- Contact lens fitting
- Contact lens wear
- Contact lens repair
- Contact lens replacement



1. Log into myCigna.com, "Coverage", select Vision page. Click on Visit Cigna Vision. 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, top of the page select "Find A Doctor, Dentist or Facility",
- 3.

2. Schedule an appointment

card at the time of your appointment, which will quickly assist the doctor's office with accessing your plan details

3. Out-of-network plan reimbursement

How to use your Cigna Vision Benefits

- Go to **Cigna.com**
- Go to **myCigna.com**

"Cigna" is a registered service mark, and the "Tree of Life" logo, "Cigna Vision" and "CG Vision" are service



DISCRIMINATION IS AGAINST THE LAW

Vision coverage

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

Cigna:

- 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 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
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 1.877.478.7557 (TTY: 800.428.4833).

Spanish - ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1.877.478.7557 (TTY: 800.428.4833).

Chinese - 注意：我們可為您免費提供語言協助服務。請致電 1.877.478.7557（聽障專線：800.428.4833）。

Vietnamese - XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1.877.478.7557 (TTY: 800.428.4833).

Korean - 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.877.478.7557 (TTY: 800.428.4833)번으로 전화해주십시오.

Tagalog - PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Tumawag sa 1.877.478.7557 (TTY: 800.428.4833).

Russian - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.877.478.7557 (линия ТТУ телетайп: 800.428.4833).

Arabic - ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.877.478.7557 (رقم هاتف الصم والبكم: 800.428.4833).

French Creole - ATANSYON: Gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.877.478.7557 (TTY: 800.428.4833).

French - ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1.877.478.7557 (ATS: 800.428.4833).

Portuguese - ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue 1.877.478.7557 (TTY: 800.428.4833).

Polish - UWAGA: Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1 877 478 7557 (TTY: 800.428.4833).

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。1.877.478.7557 (TTY: 800.428.4833) まで、お電話にてご連絡ください。

Italian - ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.877.478.7557 (TTY: 800.428.4833).

German - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.877.478.7557 (TTY: 800.428.4833).

Persian (Farsi) - توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می شود. با شماره 1.877.478.7557 تماس بگیرید (شماره تلفن ویژه ناشنوايان: 800.428.4833).