



## CIGNA Vision Colby College E1 - Standard PPO Exam Only Plan

### Welcome to CIGNA Vision Schedule of Vision Coverage

Coverage	In-Network Benefit	Out-of-Network Benefit	Frequency Period **
Exam Copay	\$20	N/A	24 months
Exam Allowance (once per frequency period)	Covered 100% after Copay	Up to \$45	24 months

\*\* Your Frequency Period begins on January 1 (Calendar year basis)

#### Definitions:

**Copay:** the amount you pay towards your exam.

**Allowance:** the maximum amount CIGNA will pay. Customer is financially responsible for any amount over the allowance.

- 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.

#### 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 covered Services
- 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
- Claims submitted and received in-excess of twelve (12) months from the original Date of Service



### How to Use Your CIGNA Vision Benefits

1. **Find a CIGNA Vision network eye care professional. Here's how:**

- *Before you enroll:* Visit [CIGNA.com](http://CIGNA.com) to find a CIGNA Vision Network Eye Care Professional near you. Just click Provider Directory at the top of the screen and select Vision.
- *After you enroll:* Visit [myCIGNA.com](http://myCIGNA.com), click the link on your Vision Coverage page.
- *Anytime:* Call CIGNA Vision Customer Service at 1.877.478.7557

2. **Schedule an appointment.** Be sure to identify yourself as a CIGNA Vision customer:

- Show your CIGNA Vision ID Card when you go to your appointment. This will quickly help the doctor's office verify your plan details and coverage.
- Enjoy added savings and virtually no paperwork when you visit an in-network eye care professional.

For **Out-of-Network Plan Reimbursement:** Send a completed CIGNA Vision claim form and itemized receipt to:  
CIGNA Vision, Claims Department: P.O. Box 997561, Sacramento, CA 95899-7561

To get a claim form:

- Visit [www.myCIGNA.com](http://www.myCIGNA.com). Click the link on your Vision Coverage page or
- Call CIGNA Vision Customer Service at 1.877.478.7557.

CIGNA Vision will reimburse for covered expenses within ten business days of receiving the completed claim.

Any benefit information 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. The Vision Network Savings Program powered by CIGNA Vision is a discount program, not an insured benefit.

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