

# Affordable vision coverage for you and your family

More than 1 in 20 Americans have uncorrected vision problems and, in many cases, don't even know it. Eye diseases such as glaucoma, cataracts and macular degeneration can pose a serious threat to vision – but there is something you can do about it. Get a vision and eye health examination!

An eye care professional can determine vision correction needs and detect the early stages of eye disease. A routine eye exam may signal the onset of diabetes years before a regular diagnosis can be made. That's why dilated eye exams should be performed at appropriate intervals to detect changes in the retina or optic nerve, or both.<sup>2</sup>

Just as vision care is essential for adults, it is also vital for children. According to the American Optometric Association, 1 in 4 children has a vision problem that can interfere with learning. General screenings from the pediatrician or school nurse simply may not be enough to detect eye disorders. A comprehensive exam by a trained eye care professional, such as an optometrist or ophthalmologist, will not only look at how well your child can read an eye chart, but also at the health of the eye.

## Make the most of your vision coverage

The CIGNA Vision plan offers access to quality vision care for you and your family's eye care needs. Your plan covers comprehensive exams and may also include coverage for glasses and contact lenses. Refer to your plan materials for details.

Call **1.877.478.7557** or visit  
**[www.myCIGNA.com](http://www.myCIGNA.com)** for details.

*continued >*



*it's time to feel better*



## CIGNA Vision

### Choosing an eye care professional

- Choose an eye care professional from our extensive network for maximum savings. You'll have access to private practice optometrists and ophthalmologists, as well as nationally recognized retail optical providers. Each covered family member can select his or her own network eye care professional.
- Network eye care professionals have been screened according to National Committee of Quality Assurance (NCQA) standards.
- Locate network professionals 24 hours a day, 7 days a week, at [www.myCIGNA.com](http://www.myCIGNA.com) – go to the Medical or Dental main page and click on the Vision Benefits link, or call CIGNA Vision at 1.877.478.7557 for access to our 24/7 Interactive Voice Response system.
  - ◆ Prior to enrollment visit [www.cigna.com](http://www.cigna.com) to locate a CIGNA Vision eye care professional. Click "Provider Directory" at the top of the screen and then click "CIGNA Vision" located in the left-hand column, then click *Not Enrolled Yet?*
- You may choose to go out-of-network. When you go out of the network you will pay in full at your appointment. To receive reimbursement from CIGNA you will submit a CIGNA Vision claim form with an itemized receipt. Claim forms are available at [www.myCIGNA.com](http://www.myCIGNA.com) – go to the Medical or Dental main page and click on the Vision Benefits link.

### Get more information and help

Have questions about your coverage or a claim? Need help finding a network eye care professional? Our knowledgeable, friendly service representatives are only a phone call away. Simply call toll free, 1.877.478.7557, weekdays from 8:00 a.m. to 10:00 p.m. EST.

You can also register on [myCIGNA.com](http://myCIGNA.com) to access your personalized plan information. To register, go to [www.myCIGNA.com](http://www.myCIGNA.com) from any computer with Internet access and follow the easy step-by-step instructions.

Plans are underwritten or administered by Connecticut General Life Insurance Company. This information is intended as a summary of coverage only. It does not describe all the terms, provisions and limitations of your plan. Participating eye care professionals are independent contractors solely responsible for your routine vision examinations and products.

<sup>1</sup> In Arizona and Louisiana, the CIGNA Vision product is referred to as CG Vision.

<sup>2</sup> National Health Interview Survey (NHIS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS)



# Changing the way you look at vision care

Vision coverage that's easy-to-use. Online. 24 hours a day.

The CIGNA Vision Plan offers access to quality vision care for you and your family's eye care needs. Visit your eye care doctor regularly for exams and professional advice.

## How to Use Your CIGNA Vision Plan

- **Locate a CIGNA Vision network eye care doctor** - visit [www.myCIGNA.com](http://www.myCIGNA.com) - go to the Medical or Dental main page and click on the Vision Benefits link or call CIGNA Vision Customer Service at 1.877.478.7557.
  - If you are not able to access myCIGNA.com, please go to [www.CIGNA.com](http://www.CIGNA.com) - click on Provider Directory at the top of the page and then click on CIGNA Vision in the left hand column and sign-in for access to your vision plan information.
- **Schedule an appointment** - be sure to identify yourself as a CIGNA Vision customer. Present your CIGNA Vision ID Card at the time of your appointment, which will quickly assist the doctor's office to access your plan details and verify your eligibility.

## Choice

- Choose an eye care professional from our extensive network. You'll have access to private practice optometrists and ophthalmologists, as well as nationally recognized retail optical professionals.
- Visit a CIGNA Vision network eye care professional for maximum savings and virtually no paperwork. You may also seek eye care from an out-of-network eye care professional. The choice is yours.
- If you go out-of-network, you are responsible for paying the eye care professional in full at the time services are rendered and will need to file a claim form to receive reimbursement.

### How to file a claim

Submit a completed CIGNA Vision claim form and itemized receipt to: CIGNA Vision, Claims Department: P.O. Box 997561, Sacramento, CA 95899-7561.

CIGNA Vision claim forms are available on [www.CIGNA.com](http://www.CIGNA.com) - go to Forms, Vision Forms or call CIGNA Vision Customer Service at 1.877.478.7557.

## Did you know...?

- One in four children has a vision problem that can interfere with learning
- Vision problems are the second most prevalent health problem in the country
- As estimated, 11 million Americans have vision problems, ranging from refractive errors (near or far-sightedness) to sight threatening disease.

## Vision care for you and your family's eye care needs!

Although information on [www.myCIGNA.com](http://www.myCIGNA.com) is updated regularly, always call the eye care professional's office to verify participation before making an appointment. Please have your CIGNA Vision identification card available.



"CIGNA" refers to the various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. Benefits are underwritten or administered by Connecticut General Life Insurance Company. Participating providers are independent contractors solely responsible for your routine vision examinations and products.

**CIGNA Vision Solution for Town of North Hempstead**  
**Effective January 1, 2010**

CIGNA Vision Network offers one of the largest national routine vision networks, with 40,000+ optometrists and ophthalmologists at over 20,000 locations nationwide, including private practice and national and regional retail locations.

**Plan Design - PPO - Scheduled**

*Frequency is 12 months for exams, 12 months for lenses and contact lenses, and 24 months for frames.*

<b>Benefit</b>	<b>In Network</b>	<b>Out-of-Network</b>
Examination Copay	\$20*	na
Materials Copay	\$30*	n/a
Exam	Covered in Full*	\$45 allowance
Single Vision Lenses	Covered in Full*	\$32 allowance
Bifocal Lenses	Covered in Full*	\$55 allowance
Trifocal Lenses	Covered in Full*	\$65 allowance
Lenticular Lenses	Covered in Full*	\$80 allowance
Contact Lenses (retail allowance)		
Elective	\$100 allowance	\$87 allowance
Therapeutic	Covered in Full*	\$210 allowance
Frame (retail allowance)	\$100 allowance	\$55 allowance

\*Covered in full after examination or materials copay

**In-Network Benefits Include:**

- One vision and eye health evaluation including but not limited to examination, dilation, refraction, and prescription for glasses
- One pair of prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms)

**Lens Options:**

- Standard Polycarbonate: covered for under 18 years of age; min. 20% save, \$40 out-of-pocket max. for adults
- Oversize lenses: covered under plan, Rose Tints: #1 and #2 - covered under plan
- Solid Tints: min. 20% save, \$15 out-of-pocket max, Gradient Tints: \$20 out-of-pocket max.
- Standard photochromics: 20% save, \$78 out-of-pocket max, anti-reflective coating: min. 20% save, \$45 out-of-pocket max.
- Standard scratch/UV coating: min. 20% save, \$17 out-of-pocket max.
- Progressive lenses: covered up to bifocal lens amount with 20% savings on the difference
- 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 towards cost of supplemental contact lens professional services (including the fitting and evaluation), and contact lens materials.
- Vision Network Savings Program:
  - Minimum 20% savings on additional purchases of frames and/or lenses, including lens options, with a valid prescription; offered save does not apply to contact lens materials. Check with your CIGNA Vision Network Provider for details.

*Benefits are underwritten or administered by Connecticut General Life Insurance Company. This information is intended as a summary of benefits only. It does not describe all the terms, provisions and limitations of your plan. Network providers are independent contractors solely responsible for your routine vision examination and products.*

# CIGNA Vision Claim Form

Insured and/or Administered by  
Connecticut General Life Insurance Company  
CIGNA HealthCare



**IMPORTANT:** This claim form is intended for subscribers and covered dependents who receive services from providers outside the CIGNA Vision network. If your plan permits a non-participating provider to accept assignment, the provider must submit a completed CMS-1500 form (also known as a HCFA-1500 form) to CIGNA Vision at the address below. If you receive services from a participating provider, no claim form is necessary. Read the following instructions carefully as incorrect, incomplete or illegible claims may result in claim payment being delayed or denied.

1. Enter all requested information in the Patient Information and Subscriber Information sections. Claims may be delayed if information is missing.
2. If you have other insurance, submit the Explanation of Benefits, if any, received from your other insurance provider.
3. Enter the Name, Address and Telephone Number of the provider of services in the Provider Information Section.
4. **Attach the original itemized receipts which include a breakdown of the services and/or materials you received including lens type - i.e. single vision, bifocal, or trifocal - if applicable.**
5. Sign and Date the claim form. *Submission of this claim form does not guarantee payment for services.*

Mail the completed claim form to: CIGNA Vision  
P.O. Box 997561  
Sacramento, CA 95899-7561

If you are a subscriber or a dependent of a subscriber and you have any questions, please call 1-877-478-7557.  
If you are a provider and you have any questions, please call 1-877-478-7557.

## PATIENT INFORMATION (Required)

LAST NAME		FIRST NAME		M.I.	IDENTIFICATION NUMBER OR SSN	
STREET ADDRESS		CITY	STATE	POSTAL CODE	TELEPHONE # ( )	
BIRTH DATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RELATIONSHIP TO THE SUBSCRIBER <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		PATIENT STATUS <input type="checkbox"/> Employed <input type="checkbox"/> Full-Time Student		
IS PATIENT'S CONDITION RELATED TO: <input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident			IS THERE ANOTHER HEALTH BENEFIT PLAN <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete other insurance information.</i>			

## SUBSCRIBER INFORMATION (Required)

LAST NAME		FIRST NAME		M.I.	IDENTIFICATION NUMBER OR SSN	
STREET ADDRESS		CITY	STATE	POSTAL CODE	TELEPHONE NO. ( )	
BIRTH DATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	EMPLOYER NAME				
INSURANCE PLAN NAME				SUBSCRIBER'S GROUP NUMBER		

## REQUEST FOR REIMBURSEMENT - Please enter amount charged. REMEMBER TO INCLUDE PAID RECEIPT.

EXAM \$ _____	FRAME \$ _____	LENSES \$ _____	CONTACTS \$ _____
IF LENSES WERE PURCHASED, PLEASE CHECK TYPE: <input type="checkbox"/> Single <input type="checkbox"/> Bifocal <input type="checkbox"/> Trifocal <input type="checkbox"/> Progressive		DATE OF SERVICE: ____ / ____ / ____	

## PROVIDER INFORMATION (Required)

PROVIDER NAME			TELEPHONE NO. ( )	
STREET ADDRESS		CITY	STATE	POSTAL CODE

**FRAUD WARNING:** Any person who knowingly files a statement of claim containing any misrepresentations or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

**Patient's or Authorized Person's Signature:** I authorize the release of any medical or other information necessary to process this claim. By signing below, I acknowledge that I have read the applicable Fraud Warning Statements on the back of this form.

Signed \_\_\_\_\_ Date \_\_\_\_\_