CIGNA Vision			
Benefits	**In-Network Plan Coverage**	**Out-of-Network Plan Reimbursement**	**Frequency**
Exam Copay	**$10**	**N/A**	
Exam (one per frequency)	**Covered in full**	**$45**	**12 months**
Materials Copay	**$10**	**N/A**	
Base Lenses (one pair per frequency)			**12 months**
Single Vision Lenses	**Covered in full**	**$32**	
Bifocal Lenses	**Covered in full**	**$55**	
Trifocal Lenses	**Covered in full**	**$65**	
Lenticular Lenses	**Covered in full**	**$80**	
Contact Lenses (one pair or single purchase per frequency; in lieu of lenses and frame benefit)			**12 months**
Elective Allowance	**$130 allowance**	**$105**	
Therapeutic Allowance	**Covered in full**	**$210**	
Frame Retail Allowance (one per frequency	**$130 allowance**	**$71**	**24 months**
The information provided herein is intended to be a summary of the benefit plan. Please refer to the full Summary Plan Description or contact Health+ for more detailed information. In the event of any discrepancy between this summary and the Plan Document or contract, the latter will prevail.			

In-Network Benefits Include:

- One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses;
- One pair of prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms)
  - Polycarbonate lenses for children under 18 years of age
  - Oversize lenses
  - Rose #1 and #2 solid tints
  - Scratch coating (covered in full in network, $5 allowance out of network)
  - 20% savings on non-covered lens options
  - 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. (May receive contact lenses and eyeglass lenses and frames in same benefit period). Allowance applied towards cost of supplemental contact lens professional services (including the fitting and evaluation), and contact lens materials.
- Value Added Savings:
  - 20% savings on additional purchases of frame and/or lenses, including lens options (with a valid prescription).
  - 15% savings on the contact lens professional services (fitting and evaluation) - offered savings does not apply to contact lens materials.

Standard Benefits Exclude:

- 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 Reasonable 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
- Any non-prescription eyeglasses, lenses, or contact lenses
- Spectacle lens treatments, “add ons”, or lens coatings not shown as covered in the Summary of Benefits
- Prescription sunglasses
- Two pair of glasses, in lieu of bifocals or trifocals
- Safety glasses or lenses required for employment
- VDT (video display terminal)/computer eyeglass benefit
- Claims submitted and received in excess of twelve (12) months from the original Date of Service

All employee contributions will be automatically made on a pre-tax basis; renewal date of the program will be May 1st

Health+ · 1201 Roberts Blvd., Suite 110 · Kennesaw, GA 30144 · Phone: 678-797-5161 · Fax: 678-797-5171