

State of Connecticut Partnership Plan 2.0 - Vision

Effective Dates: July 01, 2022 – June 30, 2023

This is a summary of benefits for your vision plan.

Cigna Vision Benefits

| Benefit | In-Network | Out-of-Network |
|-----------------------------------|-----------------|-----------------|
| Materials Copay | \$0 | N/A |
| Single Vision Lenses | Covered in Full | \$40 Allowance |
| Bifocal Lenses | Covered in Full | \$65 Allowance |
| Trifocal Lenses | Covered in Full | \$75 Allowance |
| Lenticular Lenses | Covered in Full | \$100 Allowance |
| Contact Lenses (Retail Allowance) | | |
| Elective | \$360 Allowance | \$345 Allowance |
| Therapeutic | Covered in Full | \$345 Allowance |
| Frame (Retail Allowance) | \$175 Allowance | \$126 Allowance |

Cost Per Employee Per Month

| | |
|-------------------|----------|
| Employee Only | \$ 7.80 |
| Employee + 1 | \$ 14.45 |
| Employee + Family | \$ 23.56 |

Frequency is 12 months for lenses, contact lenses, and frames.

In-Network Benefits Include:

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 photochromic: 20% save, \$78 out-of-pocket max.

Standard 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;

\$81 out-of-pocket max. for standard lens

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 savings does not apply to contact lens materials. Check with your Cigna Vision Network Provider for details.

To Locate a Provider:

1. www.cigna.com Online Provider Directory:

Click on “**Find a Doctor**” at the top of the page.

Choose the “**Eye Doctor**” radio button and enter your search criteria.

2. www.myCigna.com: You can search for a provider by name, specialty or location after you enroll for coverage and your plan has taken effect.

