



**Cigna Vision Solution for University of New England**  
**Effective Date : 01/01/2024**

Cigna Vision Network serviced by EyeMed offers one of the largest national routine vision networks, with optometrists and ophthalmologists at full service locations nationwide, including private practice and national and regional retail locations.

Please be aware that the Cigna Vision Network serviced by EyeMed is different from the Cigna medical networks.

Vision Services and Frequency			
Frequency*: once per 12 month	100% after \$25 Copay \$0	\$25 Copay Up to \$39	Up to \$45 Allowance Not Covered
Frequency*: once per 24 month	Copay: \$25 100% 100% 100% 100%	\$25 Copay \$25 Copay \$25 Copay \$25 Copay	Up to \$32 Allowance Up to \$55 Allowance Up to \$65 Allowance Up to \$80 Allowance
Oversize lenses Rose #1 and #2 Solid Tints Polycarbonate Lenses <19 years of age Standard Progressives Plastic Dye Tints Photochromic - Glass or Plastic Standard Scratch Coating Standard Ultraviolet (UV) Coating Anti-Reflective (AR) Coating Hi-Index Lenses All other lens options, including Premium Tiers	100% 100% 100% \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$65 \$15 \$75 \$15 \$15 \$45 20% off retail 20% off retail	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered
Frequency*: one pair or single purchase per 24 month	100% up to \$130 Retail Allowance 100%	Balance over \$130 Allowance \$0	Up to \$105 Allowance Up to \$210 Allowance
Frequency*: one per 24 month	100% up to \$130 Retail Allowance	20% off balance over \$130 Allowance	Up to \$71 Allowance

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

\*\*coverage may vary at participating discount retail and membership club optical locations, please contact Customer Service for specific coverage information.

\*\*\*Provider participation is 100% voluntary, please check with your Eye Care Professional for any offered discounts; stated Customer Cost, up to maximums, are subject to change without notice.

*Benefits are underwritten or administered by Cigna. Read your plan carefully - this benefit summary provides a very brief description of the important features of your plans.*

*This is not the insurance contract. Your full rights and benefits are expressed in the actual plan documents that are available to you upon request. Network providers are independent contractors solely responsible for your routine vision examination and products.*