

CIGNA VISION BENEFITS 2022	IN-NETWORK
EXAM	\$10 Copay
Single/Bifocal/Trifocal Lenses	\$25 Copay
Frames	\$130 Allowance + 20%
Contact Lenses:	
Conventional	\$130 Allowance
Medically necessary	100% covered
Exams/Frames/Lenses Frequency	Every 12 months
EMPLOYEE RATES PER PAY PERIOD	
EE	\$3.58
EE +SP	\$6.81
EE + CH	\$7.16
EE + FAM	\$10.54

OUT-OF-NETWORK
Up to \$45
\$32/\$55/\$65
Up to \$ 71
\$105 allowance
\$210 allowance
Every 12 months
Refer to mycigna.com for in-network providers
Refer to mycigna.com for in-network providers
Refer to mycigna.com for in-network providers
Refer to mycigna.com for in-network providers