



Vision Extra Plan

Cigna Global
Health Benefits





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Vision Care

One eye examination *per year of insurance* by an Optometrist or an Ophthalmologist

Expenses For:

- lenses to correct vision;
- eyeglass frames;
- prescription sunglasses

Vision Extra Plan

Paid in Full

Up to
£250 / \$375 / €375
per year of insurance

Important Note:

All monetary limits are **dependant** on the currency of **your policy** and are based on the contractual agreement between **Cigna Healthcare** and **your** employer.

The first 2 digits of **your** membership number determines **your** monetary limits, e.g., If the first two digits of **your** membership number are:

- 82 - all monetary limits apply in Euros.
- 85 - all monetary limits apply in US Dollars.
- 88 - all monetary limits apply in Sterling.

Example:

Policy currency = Sterling

Benefit limit €7,500/ \$7,500/ £5,000 Claim incurred = \$9,000

The claim shall be converted to sterling and the resulting sterling amount offset against £5,000 for payment.





Exclusions

In addition to the exclusions specified in the exclusions section of the policy Terms and Conditions, **Cigna Healthcare** will not pay **benefit** for the following **treatment** and extras in relation to the **Cigna Healthcare** vision cover

- a. Payment for more than one eye examination in any one **year of insurance**
- b. Sunglasses, unless medically prescribed
- c. Medical or surgical **treatment** of the eye, unless this **benefit** is specifically provided in the **list of benefits**
- d. Lenses which are not a **medical necessity** and are not prescribed by an optometrist or ophthalmologist or frames for such lenses



Definitions

The words and phrases set out in bold have the below specified meaning. Where those words and phrases are used with those meanings, they will appear in bold italics format in the **insured member** documentation.

Unless otherwise provided, the singular includes the plural and the masculine includes the feminine, and vice versa

Benefit - Any medical, optical or dental benefit shown in the list of benefits

Cigna Healthcare or The Insurer or We/Our - Means the insurance company underwriting the risks covered by the policy.

Dependant - The insured member's unmarried children, whose names have been provided to Cigna Healthcare prior to the commencement of any treatment, but only if those persons are aged twenty-six (26) or under, either in full-time education or residing at the same residence as the insured member at the commencement of any treatment.

- Eligible dependants include step-children, legally adopted children and children under a primary care when the insured member provides appropriate evidence of the fact that the child is now their dependant.
- The insured member must apply to us within 30 days of the effective date of the adoption or fostering for the child to be covered.

Employee - Any member of staff of the client who is eligible to be covered under the plan.

Hospital - Any institution which is registered or licensed as a medical or surgical hospital in the country in which it is located. The following are not classed as hospitals: wellness and fitness centres, spas, nursing homes, retirement homes and convalescent homes.

Insured Member Or You/Your - Refers generically to the employee, spouse and/or dependant covered under the plan. The insured member receives the benefits provided by Cigna Healthcare in respect of claims made and covered under the plan.

Medically Necessary - Has the same meaning as medical necessity.

Medical Necessity - Medically necessary covered services and supplies are those determined by the medical team to be:

- required to diagnose or treat an illness, injury, disease or its symptoms;
- orthodox, and accepted as standard practice as supported by evidence based medicine guidelines worldwide;
- clinically appropriate in terms of type, frequency,
- extent, site and duration;
- not primarily for the convenience of the patient, physician or other health care provider; and
- rendered in the least intensive setting that is appropriate for the delivery of the services and supplies.

Where applicable, the medical team may compare the cost-effectiveness of alternative services, settings or supplies when determining the least intensive setting.

Prior Approval - The requirement to obtain prior authorisation from Cigna Healthcare, when indicated in the plan, to access certain benefits. Once approved, Cigna Healthcare will issue a guarantee of payment to the treating hospital.

Spouse - The employee's legal husband or wife, or unmarried or civil partner Cigna Healthcare has accepted and who can benefit from cover under the plan.

Treatment - Medical treatment: refers to any surgery or medical treatment performed by a medical practitioner, considered to be medically necessary, in order to diagnose, cure or alleviate an illness or injury.



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Claims can be submitted via CignaEnvoy.com, which also provides your link to easy access to quality healthcare around the world. Mailing address for claims is Cigna Global Health Benefits, I Knowe Road Greenock, Scotland PA15 4RJ.

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Please refer to your member materials for further information, including details of the insurance entity providing cover, the list of benefits, exclusions and limitations. Cigna Global Health Benefits' web-based tools, such as Cigna Envoy, are available for informational purposes only. These tools are not intended to be a substitute for proper medical care provided by a physician. © 2024 Cigna Healthcare. All rights reserved. Some content provided under licence.