Cigna Vision Plan

Michelson is excited to offer a voluntary vision plan through Cigna.

Comprehensive Coverage

This Vision plan helps to pay for the cost of routine exams, frames, lenses and contacts. Here's a brief description of the vision option:

Welcome to Cigna Vision Schedule of Vision Coverage		
Coverage	**In-Network Benefit**	**Out-of-Network Benefit**
Exam Copay	$10	N/A
Exam Allowance (once per frequency period)	Covered 100% after Copay	Up to $45
Materials Copay	$25	N/A
Eyeglass Lenses Allowances: (one pair per frequency period) Single Vision Lined Bifocal Lined Trifocal Lenticular	 Covered 100% after Copay Covered 100% after Copay Covered 100% after Copay Covered 100% after Copay	 Up to $32 Up to $55 Up to $65 Up to $80
Contact Lenses Allowances: (one pair or single purchase per frequency period) Elective Therapeutic	 Up to $130 Covered 100%	 Up to $105 Up to $210

Employee Monthly Vision Premium Cost	Cigna Vision Plan
Single	$6.14
Single/Child (ren)	$12.28
Couple	$11.66
Family	$18.04

-These monthly premium costs are deducted from your paychecks evenly between your first two paychecks of the month to pay for the following month's insurance. If you have a month with three paychecks, then the third paycheck would not have a deduction.

Approximately 30 days after your hire date, you will receive a notice from the Central Office asking you to a) complete a benefit election form and application for the plan you have chosen or b) complete a benefit election form indicating your decision not to participate in the dental insurance program.

The application and/or benefit election forms are to be sent to the Central Office Attn: Health Insurance.