

Show-Me Benefit Consortium

Voluntary Vision Plan Options

Effective July 1, 2022

	Plan 1			Plan 2		
Exam Copay	\$20			\$10		
Frames & Lenses Copay	\$20			\$10		
Lenses (per year)						
Single Vision	\$20 copay			\$10 copay		
Bifocal	\$20 copay			\$10 copay		
Trifocal	\$20 copay			\$10 copay		
Lenticular	\$20 copay			\$10 copay		
Frame Allowance	\$110			\$150		
Contact Lens Allowance - Elective	\$110			\$150		
Contact Lens Allowance - Necessary	covered in full after eyewear copay			covered in full after eyewear copay		
Contact Fitting & Evaluation	Copay not to exceed \$60			Copay not to exceed \$60		
Frequencies (months) Exam/Lens/Frame	12	12	24	12	12	24
Additional Discounts	Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.					
Employee	4.00			5.77		
Employee + Spouse	8.02			11.53		
Employee + Child(ren)	8.50			12.87		
Family	13.38			19.56		
<small>This comparison illustrates in network benefits only, and is only a partial description of benefits offered. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This illustration is only to assist in determining what Plan(s) your district will offer. The Plan Document will supersede this illustration. This illustration is not a contract and offers no contractual obligation on behalf of GBS or Cigna. Policy forms for your reference will be made available upon request.</small>						