



MISSOURI EDUCATORS' TRUST

Vision Plan Options

Effective July 1, 2019 - June 30, 2024

PLAN DISCRPTION	OPTION 1	OPTION 2
Deductible - Exam	\$20	\$10
Deductible - Glass Lenses & Frames	\$20	\$10
Annual Eye Exam	Covered in full	Covered in full
Lenses (per pair)		
Single Vision	Covered in full	Covered in full
Bifocal	Covered in full	Covered in full
Trifocal	Covered in full	Covered in full
Lenticular	Covered in full	Covered in full
Contacts		
Fit & Follow up Exams	Fitting/Follow Up included in Allowance	Fitting/Follow Up included in Allowance
Elective	Up to \$110	Up to \$150
Medically Necessary	Covered in full	Covered in full
Frames	Up to \$110	Up to \$150
Frequency (months) Exam/Lens/Frame	12/12/24	12/12/24
Frequency Period	Calendar Year	Calendar Year
Lens Options		
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses, Patient pays 80% of the difference between base Lens and Progressive Lens charge	Up to provider's contracted fee for Lined Bifocal Lenses, Patient pays 80% of the difference between base Lens and Progressive Lens charge
Standard Polycarbonate Solid Plastic Dye	Covered in full for dependent children/\$40 adults up to \$17 (expect Rose Tint I & II Covered in Full)	Covered in full for dependent children/\$40 adults up to \$17 (expect Rose Tint I & II Covered in Full)
Plastic Gradient Dye	Up to \$17	Up to \$17
Photochromatic Lenses (glass & plastic)	Up to \$82	Up to \$82
Scratch Resistant Coating	Up to \$17	Up to \$17
Anti-reflective Coating	Up to \$45	Up to \$45
Ultraviolet Coating	Up to \$17	Up to \$17
Additional Discounts	20% of additional lenses and frame options, up to 15% off of LASIK in network	
RATES/RATE GUARANTEE	5 Years	
Employee	\$0.00	\$1.77
Employee & Spouse	\$4.02	\$7.53
Employee & Child(ren)	\$4.50	\$8.87
Family	\$9.38	\$15.56
Both Spouses/Family	\$5.38	\$11.56

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.