

NOTICE

Please note that the Plan has contracts with many health care Providers that provide for the Plan to receive, and keep for its own account, payments, discounts and/or allowances with respect to the bill for services you receive from those Providers.

Please refer to the provision entitled "The Plan's Separate Financial Arrangements with Providers" in the GENERAL PROVISIONS section of this booklet for a further explanation of these arrangements.

WARNING, LIMITED BENEFITS WILL BE PAID WHEN NON PARTICIPATING PROVIDERS ARE USED

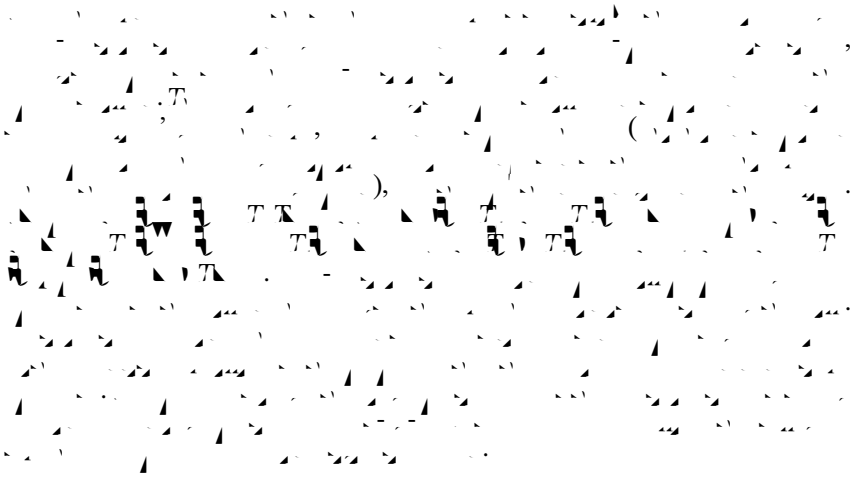


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BENEFIT HIGHLIGHTS

VISION CARE BENEFITS		
	12	
&	&	10%
&	12	\$40
	24	\$125
24		
	T	
	1	
24		\$75
		\$75
*Value Added Features – Participating Providers may offer Discounted Prices for Non Covered Lenses		

		\$65
		\$5
		\$5
		\$110
		\$65 0% \$120
		\$15
		\$15
		\$15
		\$40
		Up to \$45
		Up to \$57
		Up to \$68
		Up to 20% off Retail Price
		Up to \$75
		Up to 20% off Retail Price

DEFINITIONS

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CERTIFICATE.....

CIVIL UNION.....

CLAIM...

EXPERIMENTAL/INVESTIGATIONAL.....

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MEDICALLY NECESSARY.....

MEDICARE.....
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MEDICARE SECONDARY PAYER OR MSP.....
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NON PARTICIPATING OPTOMETRIST.....

NON PARTICIPATING VISION CARE PROVIDER.....

OPTOMETRIST.....

PARTICIPATING OPTOMETRIST.....

PARTICIPATING PROVIDER OPTION.....

PARTICIPATING VISION CARE PROVIDER.....

PHYSICIAN.....

PHYSICIAN ASSISTANT.....

PLAN PROVIDER.....

PROVIDER.....

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RESCISSION.....

VISION CARE PROVIDER.....



ELIGIBILITY

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APPLYING FOR COVERAGE

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ANNUAL OPEN ENROLLMENT PERIOD/ EFFECTIVE DATE OF COVERAGE

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SPECIAL ENROLLMENT PERIODS

Special Enrollment Periods/Effective Dates of Coverage

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Other Special Enrollment Events/Effective Dates of Coverage:

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Coverage resulting from any of the special enrollment events outlined above is contingent upon timely completion of the Application(s) and remittance of the appropriate premiums in accordance with the guidelines as established by the Plan. Your spouse, party to a Civil Union or Domestic Partner and other dependents are not eligible for a special enrollment period if the Group does not cover dependents.

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Please see your Employer or Group Administrator if you have any questions regarding the ESRD Primary Period or any other provisions of the MSP laws and their application to you, your spouse or your dependents.

Your MSP Responsibilities

YOUR IDENTIFICATION CARD



SPECIAL LIMITATIONS

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VALUE ADDED FEATURES*

Participating Providers may offer discounts on the price of some Non covered services such as:	
Laser Vision Correction	<div style="display: flex; justify-content: space-between;"> 15% 5% </div> <p style="text-align: right; margin-top: 10px;">44-2254</p>
Contact Lens	<div style="display: flex; justify-content: space-between;"> 15% 10% </div>
Additional Pairs	<div style="display: flex; justify-content: space-between;"> 40% 15% </div>
Lenses	<p style="text-align: center;">()</p>

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ORDER OF BENEFIT DETERMINATION

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RIGHT TO RECEIVE AND RELEASE NEEDED INFORMATION

FACILITY OF PAYMENT

RIGHT OF RECOVERY

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When is COBRA Coverage Available?

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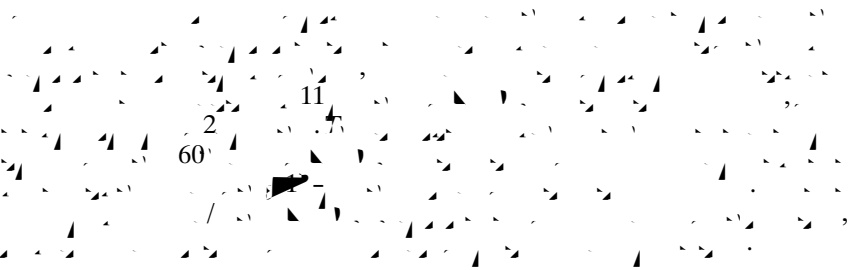
You Must Give Notice of Some Qualifying Events

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How is COBRA Coverage Provided?



Disability Extension of 18-Month Period of Continuation Coverage



Second Qualifying Event Extension of 18-Month Period of Continuation of Coverage



If You Have Questions

Keep Your Plan Informed of Address Changes

Plan Contact Information

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**CONTINUATION OF COVERAGE FOR PARTIES TO
A CIVIL UNION**

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CONTINUATION OF COVERAGE

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**CONTINUATION OF COVERAGE FOR
DOMESTIC PARTNERS**

[Redacted text]

Continuation of Coverage

[Redacted text]

**CONTINUATION OF COVERAGE AFTER TERMINATION (Illinois
State Laws)**

[Redacted text]

HOW TO FILE A CLAIM

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Claims not filed within the required time period will not be eligible for payment.

INTERNAL CLAIMS DETERMINATIONS AND APPEALS PROCESS

INITIAL CLAIMS DETERMINATIONS

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	45 days after receiving notice
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	15 days**
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Concurrent Care

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INQUIRIES AND COMPLAINTS

“Inquiry”

“Complaint”

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How to Appeal an Adverse Benefit Determination

1. Review the denial letter carefully. The letter should explain the reasons for the denial and the specific parts of the policy that apply. If you do not understand the letter, contact your insurance agent or the plan administrator for clarification.

2. Gather supporting documentation. This may include medical records, test results, and other evidence that supports your claim. Make sure you have copies of all relevant documents.

3. Write a letter of appeal. This letter should explain why you believe the denial is incorrect and provide a clear, concise summary of the supporting evidence. Be sure to address each point raised in the denial letter.

4. Submit your appeal to the appropriate authority. This may be the plan administrator, the insurance company, or a third-party administrator. Make sure you follow the specific instructions provided in the denial letter.

5. Keep a record of all communications. This includes copies of the denial letter, your appeal letter, and any supporting documentation. It is also important to keep a log of all phone calls and meetings related to the appeal.

6. Consider seeking legal or professional advice. If you are having difficulty with the appeal process, you may want to consult with an attorney or a professional who specializes in insurance law.

7. Be patient. The appeal process can take several weeks or even months. Stay persistent and do not give up until you have received a final decision.

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INDEPENDENT EXTERNAL REVIEW

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If You Need Assistance

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INDEPENDENT EXTERNAL REVIEW

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“Final Adverse Determination”

a. Standard External Review

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4. IRO's Decision.

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a. Expedited External Review

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in the context of public administration and government operations. This section also highlights the role of technology in streamlining record management processes and reducing the risk of errors or data loss.

2. The second part of the document provides a detailed overview of the current state of record management practices across various departments. It identifies key challenges, such as inconsistent data formats and limited access to historical records, and offers recommendations for standardizing procedures and improving data security. The document concludes by outlining the next steps for implementing these recommendations and ensuring long-term sustainability of the record management system.

GENERAL PROVISIONS

1. PLAN'S SEPARATE FINANCIAL ARRANGEMENTS WITH PROVIDERS

The Plan does not have any separate financial arrangements with providers. (“ ”)

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2. PAYMENT OF CLAIMS AND ASSIGNMENT OF BENEFITS

The Plan does not have any separate financial arrangements with providers. (“ ”)

3. YOUR PROVIDER RELATIONSHIPS

The Plan does not have any separate financial arrangements with providers. (“ ”)



...T... nvenience and are not considered covered benefits under this benefit program.

10. TIME LIMIT ON CERTAIN DEFENSES

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11. CONFORMITY WITH STATE STATUTES

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12. ENTIRE CONTRACT

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2022



BlueCross BlueShield of Illinois

Experience. Wellness. Everywhere.™