Your Vision Care Benefit Program

[illegible]

[illegible] V Ca B P a [illegible]

[illegible]

[illegible] 1358 [illegible] 01 1. ([illegible] 6481-

[illegible] 11 [illegible]

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

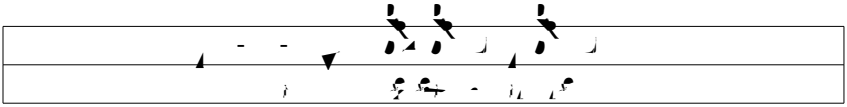
[illegible]

TABLE OF CONTENTS

BENEFIT HIGHLIGHTS

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

[illegible]	[illegible] *	[illegible] $65
	[illegible] 1*	[illegible] $85
	[illegible] 2*	[illegible] $ 5
	[illegible] 3*	[illegible] $110
	[illegible] 4*	[illegible] $65 [illegible], 80% [illegible] $120 [illegible]
	[illegible] ([illegible])*	[illegible] $15
	[illegible] *	[illegible] $15
	[illegible] *	[illegible] $15
	[illegible] *	[illegible] $40
	[illegible] *	Up to $45
	[illegible] 1*	Up to $57
	[illegible] 2*	Up to $68
	[illegible] 3*	Up to 20% off Retail Price
	[illegible] / [illegible] *	Up to $75
	[illegible] *	Up to 20% off Retail Price



N 1: C a a a a a a a a .

N 2: M a a a a a .

*N 3: D a a b a a a b a a a a a . **THE DISCOUNTS ARE NOT INSURANCE**.*

DEFINITIONS

[illegible]

CERTIFICATE….. [illegible]

CIVIL UNION….. [illegible]

CLAIM…

EXPERIMENTAL/INVESTIGATIONAL.....

- [illegible]
- [illegible]
- [illegible]

MEDICALLY NECESSARY.....

MEDICARE..... (42 . . . 13 5 .)

MEDICARE SECONDARY PAYER OR MSP..... 42 . . . 13 5 ( ), 42 . . . 411,

[illegible]

NON-PARTICIPATING OPTOMETRIST.....

[illegible]

NON-PARTICIPATING VISION CARE PROVIDER..... [illegible]

OPTOMETRIST..... [illegible]

[illegible]

[illegible]

PARTICIPATING OPTOMETRIST.....

[illegible]

PARTICIPATING PROVIDER OPTION..... [illegible]

PARTICIPATING VISION CARE PROVIDER..... [illegible]

PHYSICIAN..... [illegible]

PHYSICIAN ASSISTANT..... [illegible]

PLAN PROVIDER..... [illegible]

PROVIDER.....[illegible]

[illegible]

[illegible]

RESCISSION.....[illegible]

VISION CARE PROVIDER.....[illegible]

ELIGIBILITY

[illegible]

[illegible]

- [illegible]
- [illegible]
- [illegible]
- [illegible]

APPLYING FOR COVERAGE

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

ANNUAL OPEN ENROLLMENT PERIOD/ EFFECTIVE DATE OF COVERAGE

[illegible]

SPECIAL ENROLLMENT PERIODS

Special Enrollment Periods/Effective Dates of Coverage

[illegible] 31 [illegible]

[illegible] 15 [illegible] 16 [illegible]

[illegible] *b b* [illegible]

[illegible] 31 31 [illegible]

[illegible]

[illegible] 60 [illegible]

[illegible] 60 [illegible]

[illegible]

Other Special Enrollment Events/Effective Dates of Coverage:

[illegible] 31 [illegible] 15 [illegible] 16 [illegible]

1. [illegible]
   - [illegible]
   - [illegible] ([illegible])
   - [illegible]
   - [illegible]
2. [illegible]
3. [illegible]

[illegible]

4. [illegible]

5. [illegible]

6. [illegible]

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.

[illegible]

[illegible] 30 [illegible]

- [illegible]
- [illegible]
- [illegible] 12 [illegible] 12 [illegible]

[illegible]

[illegible] 12

[illegible]

[illegible] ("[illegible]") [illegible],

1. [illegible] ("[illegible]") [illegible] 30 [illegible] "[illegible]."

2. [illegible] 65 [illegible] 20 [illegible] ([illegible]) [illegible] "[illegible]." [illegible] 20 [illegible] 20 [illegible] ([illegible]).

3. [illegible] 65, [illegible] 100 [illegible] "[illegible]." [illegible] 100 [illegible] 100 [illegible].

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

[illegible]

YOUR IDENTIFICATION CARD

[illegible] ( ) [illegible]

SPECIAL LIMITATIONS

[illegible]

1. [illegible]
2. [illegible]
3. [illegible] 0 33 [illegible] 0 -1

VALUE ADDED FEATURES*

Participating Providers may offer discounts on the price of some Non-covered services such as:	
Laser Vision Correction	[illegible] 15% [illegible] 5% [illegible] 1-844-684-2254 [illegible]
Contact Lens	[illegible] 15% [illegible] 10% [illegible]
Additional Pairs	[illegible] 40% [illegible] 15% [illegible]
Lenses	[illegible]

* [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

COORDINATION OF BENEFITS SECTION

NOTE: If your Group purchased this coverage in conjunction with a Health Savings Account, this COORDINATION OF BENEFITS SECTION does not apply to you.

[illegible]

[illegible]

1. [illegible]

2. [illegible]

[illegible]

[illegible]

[illegible]

(i) [illegible]

(ii) [illegible]

[illegible]

[illegible]

[illegible]

- [illegible]
- [illegible]
- [illegible]

ORDER OF BENEFIT DETERMINATION

- [illegible] 8 5 [illegible] 3 [illegible] .038 [illegible] 4 8 0 0 [illegible] 0 5 3 [illegible]

2. [illegible]

[illegible] 3 [illegible] “[illegible]”

- [illegible]

- [illegible]

[illegible]

3. [illegible]

[illegible]

- [illegible]
- [illegible]
- [illegible]

[illegible]

4. [illegible]

[illegible] 2 [illegible]

5. [illegible]

[illegible]

RIGHT TO RECEIVE AND RELEASE NEEDED INFORMATION

[illegible]

FACILITY OF PAYMENT

[illegible]

RIGHT OF RECOVERY

[illegible]

1. [illegible]
2. [illegible]
3. [illegible]

[illegible]

- [illegible]
- [illegible]
- [illegible]
- [illegible]

[illegible]

- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]

[illegible] 11 [illegible]

When is COBRA Coverage Available?

[illegible]

You Must Give Notice of Some Qualifying Events

[illegible]

[illegible]

How is COBRA Coverage Provided?

[illegible]

Disability Extension of 18-Month Period of Continuation Coverage

[illegible]

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

[illegible]

[illegible]

If You Have Questions

[illegible] *b a.* [illegible]

Keep Your Plan Informed of Address Changes

[illegible]

Plan Contact Information

[illegible]

[illegible] 6 [illegible]

4. [illegible] 10 [illegible] 30 [illegible] 30 [illegible] 60 [illegible]

5. [illegible] ([illegible]) [illegible]

6. [illegible] “ [illegible] ([illegible]

[illegible]

1. [illegible] 30 [illegible]

2. [illegible] 15 [illegible] 30 [illegible]

[illegible] 30 [illegible]

4. [illegible] 30 [illegible]

5. [illegible]

6. [illegible]

[illegible] 30 [illegible]

7. [illegible] ([illegible]).

[illegible] 2 [illegible]

8. [illegible]

[illegible]

CONTINUATION OF COVERAGE FOR PARTIES TO A CIVIL UNION

[illegible]

CONTINUATION OF COVERAGE

[illegible]

CONTINUATION OF COVERAGE FOR DOMESTIC PARTNERS

[illegible]

Continuation of Coverage

[illegible]

CONTINUATION OF COVERAGE AFTER TERMINATION (Illinois State Laws)

[illegible]

HOW TO FILE A CLAIM

[illegible]

[illegible]

[illegible]

[illegible] 15 [illegible] 15 [illegible]

[illegible]

[illegible] 805107 [illegible] 60680–4112

[illegible] 31 [illegible] **Claims not filed within the required time period will not be eligible for paymen .**

INTERNAL CLAIMS DETERMINATIONS AND APPEALS PROCESS

INITIAL CLAIMS DETERMINATIONS

[illegible] 30 [illegible]

[illegible]

[illegible]

- [illegible]
48 [illegible]
- [illegible]

[illegible]

[illegible] 15 [illegible] 30 [illegible] 30 [illegible] 60 [illegible] 15 [illegible] 150.0.010 [illegible] 65 0 . (

10. [illegible]

11. [illegible]

12. [illegible]

320 [illegible] 62767
(877) 527- 431 [illegible]
(217) 558-2083 [illegible]

[illegible]

320 [illegible] 62767
(877) 850-4740 [illegible]
(217) 557-84 5 [illegible]

[illegible]	**45 days after receiving notice**
B C a B S a a (w a):	
[illegible]	**15 days****
[illegible]	**30 days**

Concurrent Care

[illegible]

24 [illegible]

INQUIRIES AND COMPLAINTS

[illegible] **"Inquiry"** [illegible] **"Complaint"** [illegible]

[illegible]

- [illegible]
- [illegible]

[illegible]

[illegible]

[illegible]

1. [illegible]

How to Appeal an Adverse Benefit Determination

[illegible]

[illegible]

[illegible]

[illegible]

16. [illegible]

17. [illegible]

320 [illegible] 62767
(877) 527- 431
(217) 558-2083

320 [illegible] 62767
(877) 850-4740
(217) 557-84 5

INDEPENDENT EXTERNAL REVIEW [illegible]

[illegible] 21 [illegible]

[illegible]

320 [illegible] 62767
(877) 527- 431 [illegible]
(217) 558-2083 [illegible]

[illegible]

If You Need Assistance

[illegible] 1-800-538-8833. [illegible] 8 45 [illegible] 4 45 [illegible]

[illegible] 3122
[illegible] 60566- 744
1-800-538-8833 [illegible]

[illegible] 1-877-527- 431, [illegible] 1-866-444- [illegible] (3272).

INDEPENDENT EXTERNAL REVIEW

[illegible] ( ).

- "**Final Adverse Determination**" [illegible]

a. Standard External Review

("[illegible]") [illegible]

[illegible]

[illegible]

320 [illegible] 62767

(877) 850-4740 [illegible]

(217) 557-84 5 [illegible]

[illegible]

[illegible]

4. **IRO's Decision**. [illegible]
   - [illegible]
   - [illegible]
   - [illegible]
   - [illegible]
   - [illegible]
   - [illegible]
   - [illegible]
   - [illegible]

[illegible]

[illegible]

[illegible]

a. Expedited External Review

[illegible]

GENERAL PROVISIONS

1. PLAN'S SEPARATE FINANCIAL ARRANGEMENTS WITH PROVIDERS

[illegible] ("[illegible]") [illegible]

- [illegible]
- [illegible]
- [illegible]

2. PAYMENT OF CLAIMS AND ASSIGNMENT OF BENEFITS

[illegible]

- [illegible]
- [illegible]
- [illegible]

3. YOUR PROVIDER RELATIONSHIPS

- [illegible]
- [illegible]

8. INFORMATION AND RECORDS

[illegible]

[illegible] nvenience and are not considered covered benefits under this benefit program.

[illegible]

10. TIME LIMIT ON CERTAIN DEFENSES

[illegible]

11. CONFORMITY WITH STATE STATUTES

[illegible]

12. ENTIRE CONTRACT

[illegible]

-2022

BlueCross BlueShield of Illinois

Experience. Wellness. Everywhere.℠