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Important Notices

Notice Regarding Provider Directories and Provider G **Networks - Vision** G G G G G G _____G **Notice - Participating Provider Benefits** G G G G G G **Notice – Emergency Services** G

Discrimination is Against the Law



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Eligibility for Employee Insurance

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Eligibility for Dependent Insurance

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Eligibility - Effective Date

Employee Insurance

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Dependent Insurance

Effective Date of Dependent Insurance

Late Entrant – Dependent

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Exception for Newborns

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Exception for Newborn Grandchildren





Cigna Vision
The Schedule
For You and Your Dependents
Copayments

Examinations

Lenses & Frames

*Note:



Exclusions and General Limitations Exclusions

Additional coverage limitations determined by plan or provider type are shown in the Schedule. Payment for the following is specifically excluded from this plan:

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General Lin	<u>nitations</u>				
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 Coordin	ation of Benefits				
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<u>Definitions</u>					
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Plan	G				_
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G **Claim Determination Period** G G Reasonable Cash Value G G G G - G**Order of Benefit Determination Rules** G G **Effect on the Benefits of This Plan** G] G



Effect on the Benefits of This Plan



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Payment of Benefits

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Effect of Section 125 Tax Regulations on This Plan

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A. Coverage elections

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B. Change of status

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C. Court order

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D. Medicare or Medicaid eligibility/entitlement

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E. Change in cost of coverage

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Uniformed Services Employment and Re-Employment Rights Act of 1994 (USERRA)

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Continuation of Coverage

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Reinstatement of Benefits (applicable to all coverages)

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When is COBRA Continuation Available? G G G G **Disability Extension** G G G G G G G G G Who is Entitled to COBRA Continuation? G G G G G G G G G G G **Secondary Qualifying Events** G G



Grace periods for subsequent payments

You Must Give Notice of Certain Qualifying Events

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Plan Trustees

Plan Type

Collective Bargaining Agreements

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Discretionary Authority

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Plan Modification, Amendment and Termination

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Independent Review Procedure

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MedicareG

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Optometrist

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Other Health Professional

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Sickness – For Medical Insurance