

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

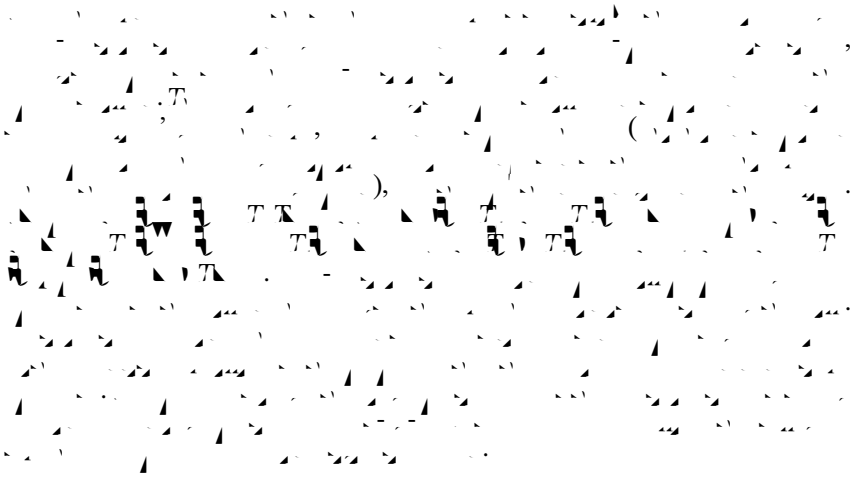


TABLE OF CONTENTS

$\triangle T \nabla$	3
$\nabla \nabla T \dots T$	5
$\nabla \nabla T$	5
$T \dots \triangle \nabla \dots \nabla \dots \nabla$	13
$\nabla \dots T$	14
$\dots \nabla \dots \nabla \dots \nabla \dots$	22
$\dots \nabla \dots \nabla \dots T \nabla \dots$ *	24
$\nabla \dots \nabla \dots T \dots T \dots \nabla \dots$	25
$\dots \nabla \dots T \dots \nabla \dots T \dots T$	27
$\dots T \dots T \dots \nabla \dots \nabla \dots T \dots \nabla \dots$	32
$\dots T \dots T \dots \nabla \dots \nabla \dots$ $(\dots \dots)$	36
$\dots T \dots T \dots \nabla \dots \nabla \dots \nabla \dots T$	43
$\dots T \dots T \dots \nabla \dots \nabla \dots$	44
$\dots T \dots \nabla \dots$	45
$\nabla \dots \nabla \dots \nabla \dots$	65

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

- 1: $\frac{1}{\sqrt{2}} \begin{pmatrix} 1 \\ 1 \\ 1 \\ 1 \end{pmatrix}$
 - 2: $\frac{1}{\sqrt{2}} \begin{pmatrix} 1 \\ -1 \\ 1 \\ -1 \end{pmatrix}$
 - 3: $\frac{1}{2} \begin{pmatrix} 1 \\ i\sqrt{3} \\ -1 \\ 1 \end{pmatrix}$
- S**

DEFINITIONS

TR

CERTIFICATE.....

CIVIL UNION.....

CLAIM...

EXPERIMENTAL/INVESTIGATIONAL.....

T

- T
- T
- T

T

MEDICALLY NECESSARY.....

MEDICARE.....
(42 U.S.C. 1395a)

MEDICARE SECONDARY PAYER OR MSP.....
42 U.S.C. 1395a, 411,

NON PARTICIPATING OPTOMETRIST.....

NON PARTICIPATING VISION CARE PROVIDER.....

OPTOMETRIST.....

PARTICIPATING OPTOMETRIST.....

PARTICIPATING PROVIDER OPTION.....

PARTICIPATING VISION CARE PROVIDER.....

PHYSICIAN.....

PHYSICIAN ASSISTANT.....

PLAN PROVIDER.....

PROVIDER.....

“ ”
“ ”

RESCISSION.....

VISION CARE PROVIDER.....



ELIGIBILITY

-
-
-
-

APPLYING FOR COVERAGE

() ()
() (“ ”)
31
31
T ()

T

ANNUAL OPEN ENROLLMENT PERIOD/ EFFECTIVE DATE OF COVERAGE

T

SPECIAL ENROLLMENT PERIODS

Special Enrollment Periods/Effective Dates of Coverage

31

15

16

1

1

31

31

1

60

60

T. “ ”

Other Special Enrollment Events/Effective Dates of Coverage:

31

15

16

1

1

1.

-
- ()
-
- T

2.

3.

4. _____
5. _____ (_____)
6. _____

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.

-
-
-

12

k

12

T

12

T

1.

30

2.

20

65

3.

100

65,

100

100

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

- 1.
 - 2.
 - 3.
- 0 33. T 0 -

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>

* /

- $\lim_{x \rightarrow \infty} \frac{1}{x} = 0$
- $\lim_{x \rightarrow \infty} \frac{1}{x^2} = 0$
- $\lim_{x \rightarrow \infty} \frac{1}{x^3} = 0$
- $\lim_{x \rightarrow \infty} \frac{1}{x^4} = 0$
- $\lim_{x \rightarrow \infty} \frac{1}{x^5} = 0$
- $\lim_{x \rightarrow \infty} \frac{1}{x^6} = 0$
- $\lim_{x \rightarrow \infty} \frac{1}{x^7} = 0$
- $\lim_{x \rightarrow \infty} \frac{1}{x^8} = 0$
- $\lim_{x \rightarrow \infty} \frac{1}{x^9} = 0$
- $\lim_{x \rightarrow \infty} \frac{1}{x^{10}} = 0$
- $\lim_{x \rightarrow \infty} \frac{1}{x^{11}} = 0$
- $\lim_{x \rightarrow \infty} \frac{1}{x^{12}} = 0$
- $\lim_{x \rightarrow \infty} \frac{1}{x^{13}} = 0$
- $\lim_{x \rightarrow \infty} \frac{1}{x^{14}} = 0$
- $\lim_{x \rightarrow \infty} \frac{1}{x^{15}} = 0$
- $\lim_{x \rightarrow \infty} \frac{1}{x^{16}} = 0$
- $\lim_{x \rightarrow \infty} \frac{1}{x^{17}} = 0$
- $\lim_{x \rightarrow \infty} \frac{1}{x^{18}} = 0$
- $\lim_{x \rightarrow \infty} \frac{1}{x^{19}} = 0$
- $\lim_{x \rightarrow \infty} \frac{1}{x^{20}} = 0$

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.

The following provisions shall apply to the payment of benefits under this Plan when benefits are payable under another health benefit plan (including a health maintenance organization, health care plan, health care funding vehicle, health plan, or health insurance policy) for the same period of time.

- If you are covered by another health benefit plan for the same period of time, you may be required to file a claim with that other health benefit plan first before you can file a claim with this Plan. If you are required to file a claim with another health benefit plan first, you must file the claim with that other health benefit plan within the time period for filing a claim with that other health benefit plan. If you do not file a claim with that other health benefit plan within the time period for filing a claim with that other health benefit plan, you may not be eligible to file a claim with this Plan.
- If you are covered by another health benefit plan for the same period of time, you may be required to provide a copy of the claim form you filed with that other health benefit plan to this Plan. If you are required to provide a copy of the claim form you filed with that other health benefit plan to this Plan, you must provide the copy of the claim form to this Plan within the time period for providing a copy of the claim form to this Plan. If you do not provide a copy of the claim form you filed with that other health benefit plan to this Plan within the time period for providing a copy of the claim form to this Plan, you may not be eligible to file a claim with this Plan.

If you are covered by another health benefit plan for the same period of time, you may be required to provide a copy of the claim form you filed with that other health benefit plan to this Plan. If you are required to provide a copy of the claim form you filed with that other health benefit plan to this Plan, you must provide the copy of the claim form to this Plan within the time period for providing a copy of the claim form to this Plan. If you do not provide a copy of the claim form you filed with that other health benefit plan to this Plan within the time period for providing a copy of the claim form to this Plan, you may not be eligible to file a claim with this Plan.

If you are covered by another health benefit plan for the same period of time, you may be required to provide a copy of the claim form you filed with that other health benefit plan to this Plan. If you are required to provide a copy of the claim form you filed with that other health benefit plan to this Plan, you must provide the copy of the claim form to this Plan within the time period for providing a copy of the claim form to this Plan. If you do not provide a copy of the claim form you filed with that other health benefit plan to this Plan within the time period for providing a copy of the claim form to this Plan, you may not be eligible to file a claim with this Plan.

If you are covered by another health benefit plan for the same period of time, you may be required to provide a copy of the claim form you filed with that other health benefit plan to this Plan. If you are required to provide a copy of the claim form you filed with that other health benefit plan to this Plan, you must provide the copy of the claim form to this Plan within the time period for providing a copy of the claim form to this Plan. If you do not provide a copy of the claim form you filed with that other health benefit plan to this Plan within the time period for providing a copy of the claim form to this Plan, you may not be eligible to file a claim with this Plan.

If you are covered by another health benefit plan for the same period of time, you may be required to provide a copy of the claim form you filed with that other health benefit plan to this Plan. If you are required to provide a copy of the claim form you filed with that other health benefit plan to this Plan, you must provide the copy of the claim form to this Plan within the time period for providing a copy of the claim form to this Plan. If you do not provide a copy of the claim form you filed with that other health benefit plan to this Plan within the time period for providing a copy of the claim form to this Plan, you may not be eligible to file a claim with this Plan.

ORDER OF BENEFIT DETERMINATION

5T 3T 0T 0T 053

2. $\int_0^1 \frac{1}{x^2} dx$ 3. $\int_0^1 \frac{1}{x^2} dx$

$\int_0^1 \frac{1}{x^2} dx = \int_0^1 x^{-2} dx = \left[-x^{-1} \right]_0^1 = -1 - (-\infty) = \infty$

3. $\int_0^1 \frac{1}{x^2} dx$

$\int_0^1 \frac{1}{x^2} dx = \int_0^1 x^{-2} dx = \left[-x^{-1} \right]_0^1 = -1 - (-\infty) = \infty$

$\int_0^1 \frac{1}{x^2} dx = \int_0^1 x^{-2} dx = \left[-x^{-1} \right]_0^1 = -1 - (-\infty) = \infty$

$\int_0^1 \frac{1}{x^2} dx = \int_0^1 x^{-2} dx = \left[-x^{-1} \right]_0^1 = -1 - (-\infty) = \infty$

4. $\int_0^1 \frac{1}{x^2} dx$

5. $\int_0^1 \frac{1}{x^2} dx$

$\int_0^1 \frac{1}{x^2} dx = \int_0^1 x^{-2} dx = \left[-x^{-1} \right]_0^1 = -1 - (-\infty) = \infty$

RIGHT TO RECEIVE AND RELEASE NEEDED INFORMATION

FACILITY OF PAYMENT

RIGHT OF RECOVERY

1. T ()
- 2.
3. T

T

“

”

- An employee's spouse is an eligible dependent if the spouse has no other health coverage available through any other employer.
- An employee's dependent child is an eligible dependent if the child is a dependent child of the employee and is under the age of 26.
 - For purposes of COBRA, a child is a dependent child if the child is a child of the employee, is under the age of 26, and is either unmarried and has not attained majority or is a full-time student.
- An employee's dependent child is an eligible dependent if the child is a dependent child of the employee and is under the age of 26, is unmarried, and is either a full-time student or an individual who is incapable of self-support due to a physical or mental condition.
- An employee's dependent child is an eligible dependent if the child is a dependent child of the employee and is under the age of 26, is unmarried, and is either a full-time student or an individual who is incapable of self-support due to a physical or mental condition.
- An employee's dependent child is an eligible dependent if the child is a dependent child of the employee and is under the age of 26, is unmarried, and is either a full-time student or an individual who is incapable of self-support due to a physical or mental condition.
- An employee's dependent child is an eligible dependent if the child is a dependent child of the employee and is under the age of 26, is unmarried, and is either a full-time student or an individual who is incapable of self-support due to a physical or mental condition.
- An employee's dependent child is an eligible dependent if the child is a dependent child of the employee and is under the age of 26, is unmarried, and is either a full-time student or an individual who is incapable of self-support due to a physical or mental condition.
- An employee's dependent child is an eligible dependent if the child is a dependent child of the employee and is under the age of 26, is unmarried, and is either a full-time student or an individual who is incapable of self-support due to a physical or mental condition.

When is COBRA Coverage Available?

The availability of COBRA coverage depends on the type of plan and the event that triggers the coverage. COBRA coverage is available for employees who are covered by a group-term life insurance policy, a health plan, or a flexible spending account (FSA) and who have been covered by the plan for at least 90 days during the 18-month period immediately preceding the termination of their employment.

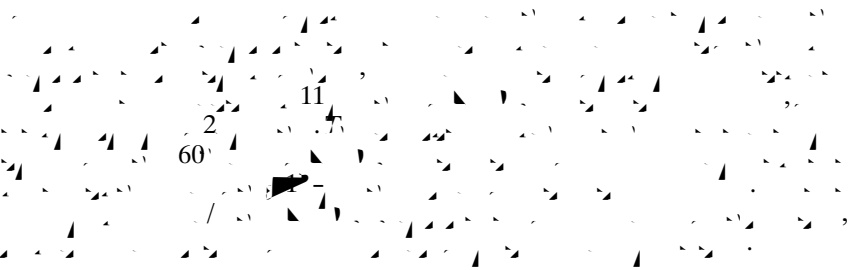
You Must Give Notice of Some Qualifying Events

In order to maintain COBRA coverage, you must give notice of a qualifying event to your employer or the plan administrator within a certain time frame. The notice must be given to your employer or the plan administrator within 60 days of the date of the qualifying event. If you do not give notice within this time frame, your COBRA coverage will terminate.

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

4.

10

30

30

60

5.

()

6.

()

1. $\int_0^1 x^2 dx = \frac{1}{3}$

2. $\int_0^1 x^3 dx = \frac{1}{4}$

3. $\int_0^1 x^4 dx = \frac{1}{5}$

4. $\int_0^1 x^5 dx = \frac{1}{6}$

5. $\int_0^1 x^6 dx = \frac{1}{7}$

6. $\int_0^1 x^7 dx = \frac{1}{8}$

7. $\int_0^1 x^8 dx = \frac{1}{9}$

8. $\int_0^1 x^9 dx = \frac{1}{10}$

9. $\int_0^1 x^{10} dx = \frac{1}{11}$

10. $\int_0^1 x^{11} dx = \frac{1}{12}$

11. $\int_0^1 x^{12} dx = \frac{1}{13}$

12. $\int_0^1 x^{13} dx = \frac{1}{14}$

13. $\int_0^1 x^{14} dx = \frac{1}{15}$

14. $\int_0^1 x^{15} dx = \frac{1}{16}$

15. $\int_0^1 x^{16} dx = \frac{1}{17}$

16. $\int_0^1 x^{17} dx = \frac{1}{18}$

17. $\int_0^1 x^{18} dx = \frac{1}{19}$

18. $\int_0^1 x^{19} dx = \frac{1}{20}$

19. $\int_0^1 x^{20} dx = \frac{1}{21}$

20. $\int_0^1 x^{21} dx = \frac{1}{22}$

21. $\int_0^1 x^{22} dx = \frac{1}{23}$

22. $\int_0^1 x^{23} dx = \frac{1}{24}$

23. $\int_0^1 x^{24} dx = \frac{1}{25}$

24. $\int_0^1 x^{25} dx = \frac{1}{26}$

25. $\int_0^1 x^{26} dx = \frac{1}{27}$

26. $\int_0^1 x^{27} dx = \frac{1}{28}$

27. $\int_0^1 x^{28} dx = \frac{1}{29}$

28. $\int_0^1 x^{29} dx = \frac{1}{30}$

29. $\int_0^1 x^{30} dx = \frac{1}{31}$

30. $\int_0^1 x^{31} dx = \frac{1}{32}$

31. $\int_0^1 x^{32} dx = \frac{1}{33}$

32. $\int_0^1 x^{33} dx = \frac{1}{34}$

33. $\int_0^1 x^{34} dx = \frac{1}{35}$

34. $\int_0^1 x^{35} dx = \frac{1}{36}$

35. $\int_0^1 x^{36} dx = \frac{1}{37}$

36. $\int_0^1 x^{37} dx = \frac{1}{38}$

37. $\int_0^1 x^{38} dx = \frac{1}{39}$

38. $\int_0^1 x^{39} dx = \frac{1}{40}$

39. $\int_0^1 x^{40} dx = \frac{1}{41}$

40. $\int_0^1 x^{41} dx = \frac{1}{42}$

41. $\int_0^1 x^{42} dx = \frac{1}{43}$

42. $\int_0^1 x^{43} dx = \frac{1}{44}$

43. $\int_0^1 x^{44} dx = \frac{1}{45}$

44. $\int_0^1 x^{45} dx = \frac{1}{46}$

45. $\int_0^1 x^{46} dx = \frac{1}{47}$

46. $\int_0^1 x^{47} dx = \frac{1}{48}$

47. $\int_0^1 x^{48} dx = \frac{1}{49}$

48. $\int_0^1 x^{49} dx = \frac{1}{50}$

49. $\int_0^1 x^{50} dx = \frac{1}{51}$

50. $\int_0^1 x^{51} dx = \frac{1}{52}$

51. $\int_0^1 x^{52} dx = \frac{1}{53}$

52. $\int_0^1 x^{53} dx = \frac{1}{54}$

53. $\int_0^1 x^{54} dx = \frac{1}{55}$

54. $\int_0^1 x^{55} dx = \frac{1}{56}$

55. $\int_0^1 x^{56} dx = \frac{1}{57}$

56. $\int_0^1 x^{57} dx = \frac{1}{58}$

57. $\int_0^1 x^{58} dx = \frac{1}{59}$

58. $\int_0^1 x^{59} dx = \frac{1}{60}$

59. $\int_0^1 x^{60} dx = \frac{1}{61}$

60. $\int_0^1 x^{61} dx = \frac{1}{62}$

61. $\int_0^1 x^{62} dx = \frac{1}{63}$

62. $\int_0^1 x^{63} dx = \frac{1}{64}$

63. $\int_0^1 x^{64} dx = \frac{1}{65}$

64. $\int_0^1 x^{65} dx = \frac{1}{66}$

65. $\int_0^1 x^{66} dx = \frac{1}{67}$

66. $\int_0^1 x^{67} dx = \frac{1}{68}$

67. $\int_0^1 x^{68} dx = \frac{1}{69}$

68. $\int_0^1 x^{69} dx = \frac{1}{70}$

69. $\int_0^1 x^{70} dx = \frac{1}{71}$

70. $\int_0^1 x^{71} dx = \frac{1}{72}$

71. $\int_0^1 x^{72} dx = \frac{1}{73}$

72. $\int_0^1 x^{73} dx = \frac{1}{74}$

73. $\int_0^1 x^{74} dx = \frac{1}{75}$

74. $\int_0^1 x^{75} dx = \frac{1}{76}$

75. $\int_0^1 x^{76} dx = \frac{1}{77}$

76. $\int_0^1 x^{77} dx = \frac{1}{78}$

77. $\int_0^1 x^{78} dx = \frac{1}{79}$

78. $\int_0^1 x^{79} dx = \frac{1}{80}$

79. $\int_0^1 x^{80} dx = \frac{1}{81}$

80. $\int_0^1 x^{81} dx = \frac{1}{82}$

81. $\int_0^1 x^{82} dx = \frac{1}{83}$

82. $\int_0^1 x^{83} dx = \frac{1}{84}$

83. $\int_0^1 x^{84} dx = \frac{1}{85}$

84. $\int_0^1 x^{85} dx = \frac{1}{86}$

85. $\int_0^1 x^{86} dx = \frac{1}{87}$

86. $\int_0^1 x^{87} dx = \frac{1}{88}$

87. $\int_0^1 x^{88} dx = \frac{1}{89}$

88. $\int_0^1 x^{89} dx = \frac{1}{90}$

89. $\int_0^1 x^{90} dx = \frac{1}{91}$

90. $\int_0^1 x^{91} dx = \frac{1}{92}$

91. $\int_0^1 x^{92} dx = \frac{1}{93}$

92. $\int_0^1 x^{93} dx = \frac{1}{94}$

93. $\int_0^1 x^{94} dx = \frac{1}{95}$

94. $\int_0^1 x^{95} dx = \frac{1}{96}$

95. $\int_0^1 x^{96} dx = \frac{1}{97}$

96. $\int_0^1 x^{97} dx = \frac{1}{98}$

97. $\int_0^1 x^{98} dx = \frac{1}{99}$

98. $\int_0^1 x^{99} dx = \frac{1}{100}$

4.

30

5.

6. Т

30

7.

2

55

Т

Т

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

T

CONTINUATION OF COVERAGE

T ()

“ ”

**CONTINUATION OF COVERAGE FOR
DOMESTIC PARTNERS**

This document is a continuation of the policy described on the previous page. It is not a separate contract. The policy is governed by the terms, coverages, conditions, exclusions, and limitations of the policy. The policy is subject to the terms, coverages, conditions, exclusions, and limitations of the policy. The policy is subject to the terms, coverages, conditions, exclusions, and limitations of the policy.

Continuation of Coverage

This document is a continuation of the policy described on the previous page. It is not a separate contract. The policy is governed by the terms, coverages, conditions, exclusions, and limitations of the policy. The policy is subject to the terms, coverages, conditions, exclusions, and limitations of the policy. The policy is subject to the terms, coverages, conditions, exclusions, and limitations of the policy.

CONTINUATION OF COVERAGE AFTER TERMINATION (Illinois State Laws)

This document is a continuation of the policy described on the previous page. It is not a separate contract. The policy is governed by the terms, coverages, conditions, exclusions, and limitations of the policy. The policy is subject to the terms, coverages, conditions, exclusions, and limitations of the policy. The policy is subject to the terms, coverages, conditions, exclusions, and limitations of the policy.

HOW TO FILE A CLAIM

05107
6090-4112
31

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

INTERNAL CLAIMS DETERMINATIONS AND APPEALS PROCESS

INITIAL CLAIMS DETERMINATIONS

30

• T
()

• T

• T
()

• T

15 30 30 60

15 150.0.010 65 0 (

10.

11.

12. T

320

62767

77) 527- 431 T
(217) 527- 433

320

62767

77) 50-4740 T
(217) 554- 4 5

	45 days after receiving notice
():	
	15 days**
()	30 days

Concurrent Care

24.

INQUIRIES AND COMPLAINTS

“Inquiry”

“Complaint”

•

•

How to Appeal an Adverse Benefit Determination

When you receive an adverse benefit determination, you have the right to appeal. An adverse benefit determination is a decision by the plan administrator that you are not eligible for a benefit, or that the amount of a benefit is less than what you requested. You must file an appeal within a certain time frame. The time frame for filing an appeal depends on the type of appeal. For a first appeal, you must file it within 60 days of the date you received the adverse benefit determination. For a second appeal, you must file it within 60 days of the date you received the first appeal decision. You must also provide a written statement of your appeal, including the reasons you believe the adverse benefit determination is incorrect. You may also want to provide any supporting documentation, such as medical records or a letter from your doctor. The plan administrator will review your appeal and make a decision. If you are not satisfied with the decision, you may have the right to file a lawsuit. It is important to understand your rights and the process for appealing an adverse benefit determination. You should consult with a lawyer or a representative of the plan administrator for more information.

16. () ()
17. T

320

62767

77) 527- 431 T
(217); 3

320

62767

7) 50-4740 T
(217) 55 4 5

INDEPENDENT EXTERNAL REVIEW

T

21

T

320

62767

77) 527- 431 T
(217), 66-444 3

If You Need Assistance

45 00-527-33.
4 45

3122

60566- 744

00-527-33 T

77-527- 431,

66-444, (3272).

INDEPENDENT EXTERNAL REVIEW

()

“Final Adverse Determination”

a. Standard External Review

(“ ”)

320

62767

7 50-4740 T

(217) 554 5



4. IRO's Decision.

-
-
-

• T

• T

•

• T

Tr

Tr

Tr

Tr

Tr

Tr

Tr

Tr

a. Expedited External Review

()

()
()

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 sectors. It identifies key challenges, such as inconsistent standards, limited resources, and outdated systems, which hinder the effective management of information. The text also discusses emerging trends and best practices that can help organizations overcome these challenges and improve their record-keeping capabilities.

GENERAL PROVISIONS

1. PLAN'S SEPARATE FINANCIAL ARRANGEMENTS WITH PROVIDERS

The Plan is a self-funded plan and does not have any separate financial arrangements with providers. (“

-
-
-

2. PAYMENT OF CLAIMS AND ASSIGNMENT OF BENEFITS

The Plan is a self-funded plan and does not have any separate financial arrangements with providers. (“

3. YOUR PROVIDER RELATIONSHIPS

The Plan is a self-funded plan and does not have any separate financial arrangements with providers. (“

1. The first part of the document is a list of items, each with a number and a description. The items are:

- 1. The first part of the document is a list of items, each with a number and a description.
- 2. The second part of the document is a list of items, each with a number and a description.
- 3. The third part of the document is a list of items, each with a number and a description.
- 4. The fourth part of the document is a list of items, each with a number and a description.
- 5. The fifth part of the document is a list of items, each with a number and a description.
- 6. The sixth part of the document is a list of items, each with a number and a description.
- 7. The seventh part of the document is a list of items, each with a number and a description.
- 8. The eighth part of the document is a list of items, each with a number and a description.
- 9. The ninth part of the document is a list of items, each with a number and a description.
- 10. The tenth part of the document is a list of items, each with a number and a description.

8. INFORMATION AND RECORDS

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

10. TIME LIMIT ON CERTAIN DEFENSES

2

2

11. CONFORMITY WITH STATE STATUTES

T

12. ENTIRE CONTRACT

T

2022



BlueCross BlueShield of Illinois

Experience. Wellness. Everywhere.™