

**University of New England**

**EFFECTIVE DATE:**



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## **Important Notices**

**Notice Regarding Provider Directories and Provider Networks - Vision**

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**Notice - Participating Provider Benefits**

**Notice – Emergency Services**

**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**



## **Dependent Insurance**

**Effective Date of Dependent Insurance**

**Late Entrant – Dependent**

**Exception for Newborns**

**Exception for Newborn Grandchildren**





<b>Cigna Vision</b> <b>The Schedule</b>	
<b>For You and Your Dependents</b>	
<b>Copayments</b>	

**Examinations**

**Lenses & Frames**

**\*Note:**





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## **Exclusions and General Limitations for each Plan.**

### **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:

### **General Limitations**

### **Coordination of Benefits**

### **Definitions**

### **Plan**



**Claim Determination Period**

**Reasonable Cash Value**

**Order of Benefit Determination Rules**

**Effect on the Benefits of This Plan**

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**Effect on the Benefits of This Plan**



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**A. Coverage elections**

**B. Change of status**

**Payment of Benefits**

**C. Court order**

**D. Medicare or Medicaid eligibility/entitlement**

**Effect of Section 125 Tax Regulations on This Plan**

**E. Change in cost of coverage**





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

**Continuation of Coverage**

**Reinstatement of Benefits (applicable to all coverages)**



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**When is COBRA Continuation Available?**

**Disability Extension**

**Who is Entitled to COBRA Continuation?**

**Secondary Qualifying Events**





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Grace periods for subsequent payments

**You Must Give Notice of Certain Qualifying Events**





**Plan Trustees**

**Plan Type**

**Collective Bargaining Agreements**

**Discretionary Authority**

**Plan Modification, Amendment and Termination**







**Appeal to the State of Maine**

**Independent Review Procedure**

**Notice of Benefit Determination on Appeal**







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**Optometrist**

**Other Health Professional**

**Medicare**

**Ophthalmologist**

**Sickness – For Medical Insurance**

**Optician**