

SACM Vision Booklet

Plan Name: Saudi Arabian Cultural Mission (SACM)

Effective Date: January 1, 2017

UnitedHealthcare Vision has an extensive nationwide network of providers who provide quality eye care and materials. This plan is designed to provide for regular eye examinations and benefits toward vision care expenses including glasses or contact lenses.

Effective Date of Coverage

Your coverage will take effect on Your Eligibility Date.

Dependents: Coverage for your dependents is effective on the date your coverage takes effect, if you have enrolled for dependent coverage.

How The Plan Works

Step 1: When you are ready to obtain vision care services, call your UnitedHealthcare Vision participating provider. If you need to locate a UnitedHealthcare Vision participating provider, visit UnitedHealthcare Vision's Web site at www.myuhcvision.com, or call UnitedHealthcare **Student**Resources Customer Service number at: 1-866- 808-8461.

Step 2: When making an appointment, identify yourself as a UnitedHealthcare Vision member. The participating provider will also need the primary insured's unique identification number, and the primary insured's group number. The participating provider will contact UnitedHealthcare Vision to verify that you are eligible for service and materials.

Step 3: At your appointment, the participating provider will provide a routine eye examination and determine if eyewear is necessary. If so, the participating provider will coordinate the prescription with a UnitedHealthcare Vision-approved, contract laboratory. The participating provider will itemize any non-covered charges and have you sign a form to document that you received services. UnitedHealthcare Vision will pay the participating provider directly for covered services and materials.

Eye Care Providers with questions can contact UnitedHealthcare Vision through the Provider line at 1-800-638-3120.

Covered Benefits

- Eye examination: Once every Plan Year
- Materials and Hardware: A flat \$200 benefit once every 24 months

Exclusions

The following professional services or materials are not covered. Discounts may apply to some items.

- Orthoptics or vision training and any associated supplemental testing;
- Plano lenses (non-prescription)
- Two pair of glasses in lieu of bifocals;
- Lenses and frames furnished under this program which are lost or broken will not be replaced except at the normal intervals when services are otherwise available;
- Medical or surgical treatment of the eyes;
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment; or
- Corrective vision services, treatments, and materials of an experimental nature.

Denials

Telephone inquiries concerning claims should be directed to: UnitedHealthcare Vision Claims/ Appeals Department, 1-800-638-3120.

If a claim is partially paid, you will receive a written notice explaining how the claim was processed and giving notice of your appeal rights as to the unpaid portion. If a claim is denied in whole, a written Notice of Benefit Determination will be sent to you. This notice will include:

- The address and timeframe for submitting an appeal.
- A statement that an appeal must be submitted in writing, and any other information that should be included with the appeal request.
- A statement that you have a right to submit written comments, documents, records and other information relating to the claim.
- A statement that you will be provided, at no charge and upon request, reasonable access to and copies of all documents, records and other information relevant to the claim.
- A statement that you and the plan may have other voluntary dispute resolution options, such as mediation, and information about how to obtain information about such options.
- A statement that you have a right to bring a civil action under section 502(a) of ERISA following a denial of an appeal.
- A statement that you will be provided, at no charge and upon request, a copy of any specific internal rules, guidelines or protocols that were relied upon in denying the claim.
- A statement that you will be provided, upon request and at no additional charge, an explanation of any scientific or clinical basis for denying the claim.

Appeals

You, or your duly authorized representative, may appeal the denial. Appeals should be submitted to:

UnitedHealthcare Vision Claims Department
P. O. Box 30978
Salt Lake City, UT 84130
FAX: 248-733-6060

Appeals must be in writing and received by UnitedHealthcare Vision within 180 days after your receipt of the Notice of Benefit Determination. If this Notice is not received by you within 30 days of submission of the original claim, you may submit an appeal within 180 days after this 30-day period has expired.

Appeals will be decided within 60 days after receipt by UnitedHealthcare Vision. If an appeal is denied, a written Notice of Benefit Appeal Determination will be sent to you.

This notice will include similar information as the Notice described in the Denials section above.

Telephone inquiries concerning appeals should be made to: UnitedHealthcare Vision Claims, Appeals Department, 1-800-638-3120.

Questions

If you have any questions about your Plan, you should contact the SACM Plan Administrator.