

## Vision Plan Complaints and Appeals Process

### Questions and Complaints

Contact Customer Service at 1-800-638-3120. Representatives are available to take your call during regular business hours, Monday through Friday. If you would rather send your complaint to us in writing, the representative can provide you with the address.

If the representative cannot resolve the issue over the phone, he/she can help you prepare and submit a written complaint. We will notify you of our decision regarding your complaint within 30 days of receiving it.

### How to Request an Appeal

If you disagree with either claim determination or a rescission of coverage determination, you can contact us in writing to request an appeal.

Your request for an appeal should include:

- ✓ The member or patient's name and the identification number on the ID card.
- ✓ The date(s) of vision service(s).
- ✓ The provider's name.
- ✓ The reason you believe the claim should be paid.
- ✓ Any documentation or other written information to support your request for claim payment.

Your appeal request must be submitted to us within 180 days after you receive claim denial.

### Appeals Process

A qualified individual who was not involved in the decision being appealed will be chosen to decide the appeal. You consent to this referral and the sharing of needed vision claim information. Upon request and free of charge, you have the right to reasonable access to and copies of all documents, records and other information related to your claim for benefits. If any new or additional evidence is relied upon or generated by us during the determination of the appeal, we will provide it to you free of charge and in advance of the due date of the response to the adverse benefit determination.

### Appeals Determinations

You will be provided written or electronic notification of the decision on your appeal as follows:

- For appeals of pre-service request for Benefits, the appeal will take place and you will be notified of the decision within 30 days from receipt of a request for appeal of a denied request for Benefits.
- For appeals of post-service request for Benefits, the appeal will take place and you will be notified of the decision within 60 days from receipt of a request for appeal of a denied request for Benefits.

