

Notice to California Members



This section explains member rights under California state law for reviews of appeals, complaints and grievances.

First American Administrators (FAA) is a wholly-owned subsidiary of EyeMed Vision Care, LLC.

EyeMed/FAA is committed to providing quality, access and continuity of care, along with the welfare and safety of the patient while performing benefit determination and appeals.

What is the difference between a complaint or grievance and an appeal?

Complaint or Grievance

If you are not satisfied with a provider or with administrative services, you or your representative may contact us for help.

To file a verbal complaint/grievance, you or your representative can contact our Customer Care Center at the number listed on your member ID card. Written complaints/grievances may be sent to:

EyeMed/FAA Quality Assurance
4000 Luxottica Place
Mason OH 45040

You or your representative should include a description of the issue and copies of any records or documents that are relevant. We'll review and send a written response within 30 calendar days of receipt. We'll let you or your representative know if we need more information to make our decision.

Appeal

As part of our claim decision, we may decide to deny a claim – or only pay a part of it. For any claim decision, you will be provided an explanation of benefits. You or your representative can ask us to review our decision again. This is called an

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appeal. You or your representative must file an appeal with us within 180 calendar days from the time you receive this notice.

How to ask for an appeal

You or your representative can send a written appeal to the address on your explanation of benefits notice, or you or your representative can call us at the phone number on your ID card.

You or your representative should include:

- Your name or the policyholder's name
- A copy of the explanation of benefits
- Your reasons for making the appeal
- Any other information you would like us to consider

We'll assign your appeal to someone who was not involved in making the original decision.

In order to appoint an authorized representative, we will need a completed appointment of representative form. This form can be found on our member web or you can request a copy by calling our customer care center at the number listed on your ID card.

Time frames for deciding appeals

We will notify you or your representative of our decision within 60 days of receipt of your appeal.

How to file a grievance with the California Department of Managed Health Care

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a Grievance against you or your representative plan, you should first telephone EyeMed at **877-226-1115 (toll-free)**, or for **TTY/TDD access 711** and use you EyeMed's Grievance process before contacting the department. Utilizing this Grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a Grievance involving an emergency, a Grievance that has not been satisfactorily resolved by you or your representative health plan, or a Grievance that has remained unresolved for more than thirty (30) days, you or your representative may call the department for assistance. You may also be

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eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's Internet website (<http://www.dmhc.ca.gov>) has Grievance Forms, IMR application forms, and instructions online.

Record keeping

We'll keep the records of all complaints and appeals for at least 10 years.

Fees and expenses

We do not pay any fees or expenses incurred by member in pursuing a complaint or appeal.

Language Assistance

For people with disabilities, we offer free aids and services, such as sign language interpreters, large print, audio, and accessible electronic formats. For people whose primary language is not English, we offer language assistance services through interpreters and other written languages.

Notice of non-discrimination and accessibility requirements

Click here for our [Notice of non-discrimination and accessibility requirements.](#)