

# 2016-2017 Student Health Plan provided by Saudi Arabian Cultural Mission (SACM)

## Student Guide



**INTEGRITY**

**COMPASSION**

**RELATIONSHIPS**

**INNOVATION**

**PERFORMANCE**

Good health is essential to your academic success.

UnitedHealthcare remains committed to supporting students to ensure they can achieve their academic goals, and we are uniquely qualified to meet that commitment.

Our nationwide networks are robust and highly competitive, our innovative eligibility and administrative systems are built specifically to support student health benefit plans and our employees are dedicated to the needs of the schools and their students.

Within this guide, you will find valuable information about the services available to you. Please note that Medical and Dental services are separate from each other. We recommend you become familiar with this guide and the corresponding resources for medical and dental to learn about your plan and how to use your benefits.

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# UHC at a Glance

Where to find helpful information

## On your home page, [www.uhcsr.com/SACM](http://www.uhcsr.com/SACM):

- Medical, Mental Health and Dental Provider Search
- Pharmacy Locator
- Benefit Information
  - Details on your medical and dental benefits
  - SACM Student Guide
- Helpful Information
  - Create Account Guide
    - Create/log in to **My Account**
    - Download the Mobile App

## On your **My Account** page:

- Network Medical Provider Search
- Dental Provider Search
- View Current Coverage
- View Personal Information
- View/Print/Download/Request ID Card
- View Claims Information
- Submit Accident Details
- Personal Representative Appointment (for authorizing someone to act on your behalf in matters of your benefit plan)
- Links to Value Added Benefits
  - Global Emergency Services
  - HealthiestYou
  - UHC Dental
- Message Center
  - My Messages
  - My Documents

(See page 8 for details about creating **My Account**)



**For customer service,  
please call**

**1-866-808-8461**

Monday–Friday  
7:00AM–7:00PM CST



## Helpful Links

Your home page is:

**[www.uhcsr.com/SACM](http://www.uhcsr.com/SACM)**

Use it to access your benefit information, including locating a provider, viewing claims, and other features of your **My Account** page.

# Welcome to UnitedHealthcare StudentResources (UHCSR)

UHCSR is the dedicated student health division of UnitedHealthcare (UHC). UHCSR will be your first point of contact for all questions. Below is where to find helpful information.

## Provider Search

You can search for health care preferred providers online at our website [www.uhcsr.com/SACM](http://www.uhcsr.com/SACM) or on your mobile device with our **free UHCSR Mobile App**.



## Benefit Information

You can find your Student Guide and other helpful information regarding the available services as well as general health information and FAQs at [www.uhcsr.com/SACM](http://www.uhcsr.com/SACM).



## Account Information

Log into your *My Account* page on our website at [www.uhcsr.com/SACM](http://www.uhcsr.com/SACM). From there you can download your medical ID card, access medical claims information, see any messages sent to you, and access other helpful information.



# Your Medical Coverage - PPO Plan

A generous health benefit plan is provided by SACM for its students and their dependents. SACM students are covered at 100% for Preferred Provider In-Network care. The UHC network is one of America's largest health care networks, with over 800,000 network providers. For questions pertaining to your medical benefits, call Customer Service at 1-866-808-8461.

## Your medical plan includes:

- Doctor office visits and preventive care (routine physicals, immunizations, cancer screenings)
- Diagnostic lab and radiology tests
- Vision care
- Pharmacy coverage
- Inpatient and outpatient care
- Mental health services
- Home health care
- Maternity care
- Short-term rehabilitation (physical, occupational and speech therapy)
- Emergency and urgent care

Your full summary of benefits is listed below. The benefits are provided by your plan sponsor (SACM) and are subject to change by SACM. A complete description of your benefits and any limitations and exclusions are provided in the SACM Benefits Booklet, Plan Number 2016-1965-1/2.

Eligibility Provisions		
Students	Any sponsored Saudi national enrolled in a scholarly program in the United States pursuant to a valid student visa issued by the United States	
Diplomat or Staff	Any sponsored Saudi national in the United States on a valid visa serving as a Diplomat or Staff of the Saudi Government is eligible to be enrolled in the plan.	
Dependents	Dependents of insureds that are in an Eligible Class are also eligible to be covered under the plan.	
Plan Features	Preferred Provider	Out-of-Network Provider
Maximum Benefit	No Overall Maximum Dollar Limit (Per Covered Person, Per Plan Year)	
Deductible	\$0 ( Per Covered Person, Per Plan Year )	\$10,000 ( Per Covered Person, Per Plan Year )
Coinsurance	100% except as noted below	20% except as noted below
Notes on your Benefits Plan		
<p>The Preferred Provider network for this Plan is UnitedHealthcare Choice Plus PPO.</p> <p>If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of Benefits. If a Preferred Provider is not available in the Network Area, Benefits will be paid at the level of Benefits shown as Preferred Provider Benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, Benefits will be paid at the Preferred Provider level of Benefits. Covered Medical Expense incurred at a Preferred Provider facility by an Out-of-Network Provider will be paid at the Preferred Provider level of Benefits. In all other situations, reduced or lower Benefits will be provided when an Out-of-Network provider is used.</p> <p><b>Benefits will be reimbursed at one hundred percent (100%) of billed charges under the following circumstances: 1) All Covered Medical Expenses for services rendered in Saudi Arabia; and 2) Covered Medical Expenses when due to a Medical Emergency occurring in any country outside of the United States. The Plan Deductible will not apply.</b></p> <p>The Benefits payable are as defined in and subject to all provisions of the Benefits Booklet and any endorsements thereto. Benefits are subject to the Plan Maximum Benefit unless otherwise specifically stated. Benefits will be paid up to the maximum Benefit for each service as scheduled below. All Benefit maximums are combined Preferred Provider and Out-of-Network unless otherwise specifically stated.</p>		
Plan Payments		
Inpatient	Preferred Provider	Out-of-Network Provider
Room & Board:	Preferred Allowance	Usual and Customary Charges
<i>(Includes guest bed and meal trays for adult accompanying a minor while confined as an Inpatient.)</i>		
Intensive Care:	Preferred Allowance	Usual and Customary Charges
Hospital Miscellaneous Expense:	Preferred Allowance	Usual and Customary Charges
Routine Newborn Care:	Paid as any other Sickness	Paid as any other Sickness
Surgery:	Preferred Allowance	Usual and Customary Charges
<i>(If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedure.)</i>		
Assistant Surgeon Fees:	Preferred Allowance	Usual and Customary Charges
Anesthetist Services:	Preferred Allowance	Usual and Customary Charges
Registered Nurse's Services:	Preferred Allowance	Usual and Customary Charges
Physician's Visits:	Preferred Allowance	Usual and Customary Charges
Pre-admission Testing:	Preferred Allowance	Usual and Customary Charges

<b>Outpatient</b>	<b>Preferred Provider</b>	<b>Out-of-Network Provider</b>
<b>Surgery:</b>	Preferred Allowance	Usual and Customary Charges
<i>(If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedure.)</i>		
<b>Day Surgery Miscellaneous:</b>	Preferred Allowance	Usual and Customary Charges
<i>(Day Surgery Miscellaneous charges are based on the Outpatient Surgical Facility Charge Index.)</i>		
<b>Assistant Surgeon Fees:</b>	Preferred Allowance	Usual and Customary Charges
<b>Anesthetist Services:</b>	Preferred Allowance	Usual and Customary Charges
<b>Physician's Visits:</b>	Preferred Allowance	Usual and Customary Charges
<b>Physiotherapy:</b>	Preferred Allowance	Usual and Customary Charges
<i>(12 visits maximum (Per Plan Year))</i>		
<b>Medical Emergency Expenses:</b>	Preferred Allowance \$100 Copay per visit	Usual and Customary Charges \$100 Deductible per visit
<i>(The Copay/per visit Deductible will be waived if admitted to the Hospital.)</i>		
<i>(Benefits include the use of the Emergency Room for a non-emergency Injury or Sickness.)</i>		
<b>Diagnostic X-ray Services:</b>	Preferred Allowance	Usual and Customary Charges
<b>Radiation Therapy:</b>	Preferred Allowance	Usual and Customary Charges
<b>Laboratory Procedures:</b>	Preferred Allowance	Usual and Customary Charges
<b>Tests &amp; Procedures:</b>	Preferred Allowance	Usual and Customary Charges
<b>Injections:</b>	Preferred Allowance	Usual and Customary Charges
<b>Chemotherapy:</b>	Preferred Allowance	Usual and Customary Charges
<b>Prescription Drugs:</b> Ancillary Charge applies when prescription is dispensed from a higher tier at the Covered Person's request and a chemically equivalent prescription drug is available at a lower tier.	UnitedHealthcare Pharmacy (UHCP) \$0 Copay per prescription for Tier 1 \$0 Copay per prescription for Tier 2 \$0 Copay per prescription for Tier 3 up to a 31 day supply per prescription plus any Ancillary Charge (Mail order Prescription Drugs through UHCP with a \$0 Copay per prescription plus any Ancillary Charge up to a 90 day supply per prescription.)	Usual and Customary Charges
<b>Other</b>	<b>Preferred Provider</b>	<b>Out-of-Network Provider</b>
<b>Ambulance Services:</b>	Preferred Allowance	Usual and Customary Charges
<b>Durable Medical Equipment:</b>	Preferred Allowance	Usual and Customary Charges
<b>Consultant Physician Fees:</b>	Preferred Allowance	Usual and Customary Charges
<b>Dental Treatment:</b>	Preferred Allowance	Usual and Customary Charges
<i>(Includes benefits for Injury to Sound, Natural Teeth, and treatment of cleft lip and cleft palate only.)</i>		
<b>Mental Illness Treatment:</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Substance Use Disorder Treatment:</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Maternity:</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Complications of Pregnancy:</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Preventive Care Services:</b>	Preferred Allowance	Usual and Customary Charges
<i>(Routine Children Physicals: Includes all services given in connection with the exam. Limited to 7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, and 1 exam per calendar year thereafter up to age 18.)</i>		
<i>(Routine Adult Physical Exams: Includes all services given in connection with the exam. Limited to 1 exam per calendar year for adults age 18 and over.)</i>		
<i>(Routine Gynecological Exams: Includes all services given in connection with the exam. Limited to 1 exam and pap smear per calendar year.)</i>		
<i>(Mammograms: Unlimited)</i>		
<i>(Prostate Specific Antigen (PSA): Limited to 1 PSA test per calendar year for males age 40 and over.)</i>		
<i>(Digital Rectal Exam (DRE): Limited to 1 DRE per calendar year for males age 40 and over.)</i>		
<i>(Cancer Screening: Limited to 1 flexible sigmoidoscopy and double barium contrast every 5 years. Limited to 1 colonoscopy every 10 years for adults age 50 and over.)</i>		
<i>(Fecal Occult Blood Test: Limited to 1 per calendar year.)</i>		
<i>(Testing for Tuberculosis.)</i>		
<b>Reconstructive Breast Surgery Following Mastectomy:</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Diabetes Services:</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Home Health Care:</b>	Preferred Allowance	Usual and Customary Charges
<i>(Unlimited visits per Policy Year.)</i>		
<b>Hospice Care:</b>	Preferred Allowance	Usual and Customary Charges
<i>(Inpatient: 30 days lifetime maximum. Outpatient: \$10,000 lifetime maximum.)</i>		

<b>Other (continued)</b>	<b>Preferred Provider</b>	<b>Out-of-Network Provider</b>
<b>Inpatient Rehabilitation Facility:</b>	Preferred Allowance	Usual and Customary Charges
<b>Skilled Nursing Facility:</b>	Preferred Allowance	Usual and Customary Charges
<b>Urgent Care Center:</b>	Preferred Allowance	Usual and Customary Charges
<b>Hospital Outpatient Facility or Clinic:</b>	Preferred Allowance	Usual and Customary Charges
<b>Approved Clinical Trials:</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Transplantation Services:</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Acupuncture in Lieu of Anesthesia:</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Hearing Aids:</b>	Preferred Allowance	Usual and Customary Charges
<i>(\$3,500 maximum (Per Plan Year). A written prescription is required).</i>		
<b>Infertility Services:</b>	Preferred Allowance	Usual and Customary Charges
<b>Medical Foods:</b> <i>(A written prescription is required.)</i>	Preferred Allowance	Usual and Customary Charges
<b>Ostomy Supplies:</b>	Preferred Allowance	Usual and Customary Charges
<b>TMJ Disorder:</b>	Preferred Allowance	Usual and Customary Charges
<i>(\$5,000 maximum (Per Plan Year))</i>		
<b>Repatriation:</b>	Benefits provided by UnitedHealthcare Global or reimbursed by SACM	Benefits provided by UnitedHealthcare Global or reimbursed by SACM
<b>Medical Evacuation:</b>	Benefits provided by UnitedHealthcare Global	Benefits provided by UnitedHealthcare Global
<b>Other:</b>	Note Below	Note Below
<i>Spinal Disorder Treatment: Preferred Allowance / Usual and Customary Charges – (Caused by or related a biochemical or nerve disorders of the spine. Unlimited visits per Plan Year.) Ear Piercing provided in the Physician’s office for Females age 10 and under: Preferred Allowance / Usual and Customary Charges. Treatment for Congenital Defects and Pre-mature Born Babies: Preferred Allowance / Usual and Customary Charges. Braille Machines: Preferred Allowance / Usual and Customary Charges (\$700 maximum per Plan Year.). Sickle Cell Anemia Testing During Pregnancy: Preferred Allowance/Usual and Customary Charges. Obesity Treatment: Paid as any other Sickness / Paid as any other sickness.</i>		
<b>Routine Hearing Exams:</b>	Preferred Allowance	Usual and Customary Charges
<i>(Includes one audiometric routine exam per Plan Year.)</i>		

# Sign up for *My Account* and Access your Medical ID Card

Continuously enrolled SACM members were mailed a new UHCSR medical ID card in December 2016 to the U.S. mailing address that we have on file. If you're a new member, you should receive your medical card sometime in January 2017.

You can visit [www.uhcsr.com/SACMCreateAccount](http://www.uhcsr.com/SACMCreateAccount) to create your MyAccount and download an electronic copy of your UHCSR medical card. You may also download our UHCSR Mobile App from your App Provider so you can have your account information and medical ID card for you and your dependents (if applicable) readily available on your Smart Phone.

Once you've created your *My Account*, just log in with your user name and password at [www.uhcsr.com/SACM](http://www.uhcsr.com/SACM) and begin to access your account online, at your own convenience.

Create your account today and:

- View coverage details
- View or print your medical ID card
- Review information about your dental plan
- Review Message Center electronic notifications
- Check Claim status and Explanations of Benefits (EOB)
- Review claims letters
- Search for a preferred provider
- Provide accident details or Personal Representative Appointment
- **Review your personal information – if we don't have your U. S. mailing address, be sure to update it in the SACM Database, through the Ministry of Higher Education student portal/ Safer as soon as possible.**

## Creating your *My Account* is easy!

- 1** Visit [www.uhcsr.com/SACM](http://www.uhcsr.com/SACM) and click the Create an Account link
- 2** Follow the onscreen prompts – you'll need your First and Last Name, Date of Birth and your Saudi National ID.
- 3** Create your user name. Your user name must contain 6 – 30 alphanumeric characters. Verify your email address and submit.
- 4** You will receive a return email with a pin that you will use to verify your account and create a password. Your password must have 8-12 characters and include at least three of the following: an uppercase character, a lowercase character, a numeric character (0-9), and a special character (e.g., \*, ~, \$, etc.).



# How to Find a Medical Health Care Provider

Choose a UnitedHealthcare medical provider to help maximize health care dollars and lower out-of-pocket costs. Use the UHCSR Mobile App or go to [www.uhcsr.com/SACM](http://www.uhcsr.com/SACM). Click the links under "Search for a Provider". Or call Customer Service at 866-808-8461.

1. Access your SACM Welcome page at [www.uhcsr.com/SACM](http://www.uhcsr.com/SACM)
2. In the Search for a Provider section click the Medical - UHC Choice Plus link
3. Click Change Location and specify a ZIP code or city/state to narrow down the location. Click OK.
4. In the Search box, specify Doctor Name or Specialty, Facility Name, Clinic Name, or Medical Group Name. Click SEARCH.
  - You may also click the Find Health Care by Category buttons below the Search box to search by People, Places, Tests and Imaging, Services and Treatments or Care by Condition.
5. Follow the prompts to further refine your search criteria.
  - The search results will indicate the providers' address, phone number and other details.

## Which provider should I see?

Sometimes it may be difficult to decide if a sudden illness or injury needs immediate emergency care. Choosing the right health setting - Primary Care Physician, Urgent Care, or Emergency Room is important; knowing which provider to see, depending on the medical situation, can save you time and money.

### Primary Care Physician

When you or a loved one is hurt, you want the best care. Your primary care physician knows you and your health history. He or she can access your medical records. And, he or she can provide you follow-up care or refer you to specialists. If it's not urgent, it's usually best to go to your own physician's office.

### Urgent Care

Sometimes you may need care fast. But, your Primary Care Physician may be unavailable. You may want to try an urgent care center. They can treat many minor ailments. Chances are, you won't have to wait as long as at an emergency room. You may pay less, too.

An urgent care center can help with:

- Sprains & Strains
- Minor broken bones (example: finger)
- Minor infections
- Small cuts
- Sore throats
- Rashes

### Emergency Rooms

You may be tempted to go to an emergency room (ER). But, this may not be the best choice. At the ER, true emergencies are treated first. Other cases must wait--sometimes for hours. And, it may cost you more.

Go to an ER for:

- Heavy bleeding
- Large open wounds
- Sudden change in vision
- Chest pain
- Sudden weakness or trouble talking
- Major burns
- Severe head and spinal injuries
- Difficulty breathing
- Major broken bones



## Definitions

Below, you will find a definition of what's considered a medical emergency for the purpose of plan benefits in addition to other relevant terms that will help you navigate your benefit plan.

**ANCILLARY CHARGE** means a charge, in addition to the Copayment and/or Coinsurance, that the Covered Person is required to pay when a covered Prescription Drug Product is dispensed at the Covered Person's or the Physician's request, when a Chemically Equivalent Prescription Drug Product is available on a lower tier. For Prescription Drug Products from Network Pharmacies, the Ancillary Charge is calculated as the difference between the Prescription Drug Cost or MAC list price for Network Pharmacies for the Prescription Drug Product on the higher tier, and the Prescription Drug Cost or MAC list price of the Chemically Equivalent Prescription Drug Product available on the lower tier.

**BENEFITS** means Plan payments for Covered Medical Expenses, subject to the terms and conditions of the Plan and any Addendums and/or Amendments.

**CLAIMS ADMINISTRATOR OR ADMINISTRATOR** means United HealthCare Services, Inc., and its affiliates, which provide certain claim administration services for the Plan.

**COINSURANCE** means the percentage of Covered Medical Expenses that you must pay.

**COPAY/COPAYMENT** means a specified dollar amount that the Covered Person is required to pay for certain Covered Medical Expenses.

**COVERED MEDICAL EXPENSES** means reasonable charges which are: 1) not in excess of Usual and Customary Charges; 2) not in excess of the Preferred Allowance when the Plan includes Preferred Provider Benefits and the charges are received from a Preferred Provider; 3) not in excess of the maximum Benefit amount payable per service as specified in the Schedule of Benefits; 4) made for services and supplies not excluded under the Plan; 5) made for services and supplies which are a Medical Necessity; 6) made for services included in the Schedule of Benefits; and 7) in excess of the amount stated as a Deductible, if any.

**DEDUCTIBLE** means if an amount is stated in the Schedule of Benefits or any other section of this Plan as a deductible, it shall mean an amount to be subtracted from the amount or amounts otherwise payable as Covered Medical Expenses before payment of any Benefit is made. The deductible will apply as specified in the Schedule of Benefits.

**ELECTIVE SURGERY OR ELECTIVE TREATMENT** means those health care services or supplies that do not meet the health care need for a Sickness or Injury. Elective surgery or elective treatment includes any service, treatment or supplies that: 1) are deemed by the Plan Sponsor to be research or experimental; or 2) are not recognized and generally accepted medical practices in the United States.

**HOSPITAL** means a licensed or properly accredited general hospital which: 1) is open at all times; 2) is operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients; 3) is under the supervision of a staff of one or more legally qualified Physicians available at all times; 4) continuously provides on the premises 24 hour nursing service by Registered Nurses; 5) provides organized facilities for diagnosis and major surgery on the premises; and 6) is not primarily a clinic, nursing, rest or convalescent home. Hospital also means a licensed alcohol and drug abuse rehabilitation facility and a mental hospital. Alcohol rehabilitation facilities and mental hospitals are not required to provide organized facilities for major surgery on the premises or on a prearranged basis.

**INJURY** means bodily injury which is all of the following:

- 1) directly and independently caused by specific accidental contact with another body or object.
- 2) unrelated to any pathological, functional, or structural disorder.
- 3) a source of loss.
- 4) treated by a Physician within 30 days after the date of accident.
- 5) sustained while the Covered Person is covered under this Plan.

All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. Covered Medical Expenses incurred as a result of an injury that occurred prior to this Plan's Effective Date will be considered a Sickness under this Plan.

**MEDICAL EMERGENCY** means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in any of the following:

- 1) Death.
- 2) Placement of the Covered Person's health in jeopardy.
- 3) Serious impairment of bodily functions.
- 4) Serious dysfunction of any body organ or part.
- 5) In the case of a pregnant woman, serious jeopardy to the health of the fetus.

Expenses incurred for "Medical Emergency" will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor Injuries or minor Sicknesses.

**NETWORK AREA** means the 50 mile radius around the local school campus the Covered Person is attending.

**OUT OF NETWORK** means those providers who have not agreed to any prearranged fee schedules. Covered Persons may incur significant out-of-pocket expenses with these providers. Charges in excess of the amount paid by the Plan are the Covered Person's responsibility.

**PLAN** means The Saudi Arabian Cultural Mission Student Health Plan.

**PLAN ADMINISTRATOR** means The Saudi Arabian Cultural Mission or its designee.

**PLAN SPONSOR** means The Saudi Arabian Cultural Mission.

**PREFERRED PROVIDER** means the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. The Plan offers the network of Preferred Providers which is known as: UnitedHealthcare Choice Plus PPO. The availability of specific providers is subject to change without notice. Covered Persons should always confirm that a Preferred Provider is participating at the time services are required by calling the Administrator at 1-800-767-0700 and/or by asking the provider when making an appointment for services.

**SICKNESS** means sickness or disease of the Covered Person which causes loss while the Covered Person is covered under this Plan. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. Covered Medical Expenses incurred as a result of an Injury that occurred prior to this Plan's Effective Date will be considered a sickness under this Plan.

**URGENT CARE CENTER** means a facility that provides treatment required to prevent serious deterioration of the Covered Person's health as a result of an unforeseen Sickness, Injury, or the onset of acute or severe symptoms.

**USUAL AND CUSTOMARY CHARGES** means the lesser of the actual charge or a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality where service is rendered. The Administrator uses data from FAIR Health, Inc. valued at the 75th percentile to determine Usual and Customary Charges. No payment will be made under this Plan for any expenses incurred which in the judgment of the Administrator are in excess of Usual and Customary Charges.

## Global Emergency Services

Your global emergency services benefit through UnitedHealthcare Global is a comprehensive program that provides 24/7 medical and travel assistance to participants who call their Emergency Response Center. A multilingual case manager takes the call and immediately provides assistance. Participants can even call the Emergency Response Center before traveling to get a pre-trip destination report that covers subjects like health and security risks, immunization and vaccination recommendations, crime, culture, weather, and so much more.

Foreign national students studying in the US - You're eligible for services for the duration of your studies while traveling 100 miles or more from your campus in the US and traveling outside of your home country. You have access to doctors, hospitals, pharmacies, and certain other services when faced with a travel or medical emergency while outside the US.

One phone call to UnitedHealthcare Global connects you to:

- Medical Assistance Services
- Medical Evacuation and Repatriation Services
- Security and Natural Disaster Evacuation Services
- Worldwide Destination Intelligence
- Travel Assistance Services
- Experienced crisis management professionals
- A global network of over 41,000 pre-qualified medical providers

Please visit [www.uhcsr.com/UHCGlobal](http://www.uhcsr.com/UHCGlobal) for the UnitedHealthcare Global brochure which includes service descriptions and program conditions and limitations. To access services, call or email:

**Toll-free within the US: 1-877-294-2038**

**Collect outside the US: 1-410-453-6330**

**Email: [assistance@uhcglobal.com](mailto:assistance@uhcglobal.com)**

## Telehealth with HealthiestYou

We've partnered with HealthiestYou to provide you with round-the-clock access to board-certified physicians. SACM members\* can connect with a physician via phone and/or video chat\*\* using this nationwide telehealth service. During a physician consult, you will be able to speak to a physician for diagnosis and treatment of many different acute illnesses.

Healthiest You also offers notifications via smart phone app - students may receive a notification when they arrive at an Emergency Room or Urgent Care Center. This notification will serve to remind you of your telehealth benefit that allows you to speak to a doctor without having to sit in a waiting room.

*\*When services are obtained during the policy effective dates. Non-SACM members will be charged a \$40 consultation fee.*

*\*\*Telephone services and/or video chat availability is determined by state requirements.*

To access services:

**Toll-free within the US: 1-855-777-4856**

**Web: [www.telehealth4sacm.com](http://www.telehealth4sacm.com)**

## Hospitalization Pre-Admission Notification

UnitedHealthcare should be notified of all Hospital admissions:

- **Pre-notification of medical non-emergency hospitalizations:** The patient, Physician or Hospital should call the phone number on the covered person's ID card at least five working days prior to a planned admission.
- **Notification of medical emergency hospitalizations:** The patient, patient's representative, Physician or Hospital should call the phone number on the covered person's ID card within two working days of an emergency admission.

UnitedHealthcare is open for Pre-Admission Notification calls from 8:00 a.m. to 6:00 p.m. C.S.T., Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours.

*Note: Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre-notification is not a guarantee that benefits will be paid.*

# Submit a Claim for Member Reimbursement

Use this procedure to be reimbursed for medical claims you paid to out-of-network providers in the U.S. or for care outside the U.S.:

- A claim form is not required.
- All documentation submitted must be legible.
- Provide a copy of the front and back of your ID card as well as the patient information, if different than the primary insured member.
- Medical claims bills must include Provider name, address and phone number, diagnosis code (nature of illness), procedure code (service performed), service date, and cost.
- For prescription claims, provide your receipt or computer printout from the Pharmacy which includes patient name, doctors name, medicine name, date dispensed, quantity, and purchase price.
- Valid proof of payment must also be submitted with your claims, otherwise there may be a delay in claim reimbursement. See below for a list of requirements.
- Mail the claim to the address or below. Be sure to keep a copy for your records.

## Valid Proof of Payment:

Please submit the following as proof of payment.

- Medical bills and perscriptions paid in cash:
  - Verification of cash payments detailed on provider letterhead and signed by the Provider.
- Medical bills and perscriptions paid by check:
  - Copy of front and back of cancelled check
- Medical bills and perscriptions paid with a credit card:
  - Copy of the credit card statement showing payment for the services billed

## Mail Claims to the Claims Administrator:

UnitedHealthcare **StudentResources**  
P.O. Box 809025  
Dallas, TX 75380-9025

If you have any questions, please contact our Customer Service Department:

Phone: 866-808-8461 or ATT Access Code + 866-808-8335 (outside the U.S.)  
eMail: [sacmcustomerservice@uhcsr.com](mailto:sacmcustomerservice@uhcsr.com)

## How to reach UHC for Medical Information

Our live Customer Service Representatives can be reached Monday through Friday from 7am-7pm Central Standard Time. After hours, calls are directed to our Interactive Voice Recognition automated system which allows you to check claim status and coverage dates.

Customer Service may also be contacted via e-mail for claims at [claims@uhcsr.com](mailto:claims@uhcsr.com) or for general Customer Service inquiries at [sacmcustomerservice@uhcsr.com](mailto:sacmcustomerservice@uhcsr.com). Our e-mail team responds to all inquiries within two business days. Correspondence received during business hours is replied to within 3 hours or less.



Customer Service    1-866-808-8461  
ATT Access Code + 866-808-8335 (from outside the U.S.)



Mailing Address    UnitedHealthcare **StudentResources**  
P.O. Box 809025  
Dallas, TX 75380-9025



Email    [sacmcustomerservice@uhcsr.com](mailto:sacmcustomerservice@uhcsr.com)  
[claims@uhcsr.com](mailto:claims@uhcsr.com)



Website    [www.uhcsr.com/SACM](http://www.uhcsr.com/SACM)



# Welcome to UHC Dental

A generous dental benefit plan is provided by SACM for its students and their dependents for care sought inside the U.S. with In-Network providers. SACM students are covered at 100% for In-Network care. The UnitedHealthcare Dental network has over 385,000 dental access points for our members.

## Your dental plan includes:

Plan Features	
Deductible	\$0/\$0
Annual Max	\$2000
Lifetime Ortho Max	\$2000
Plan Payments	
Diagnostic Service	Preferred Provider
Periodic Oral Evaluation	100%
Radiographs	100%
Lab and Other Diagnostic Tests	100%
Preventive Services	Preferred Provider
Dental Prophylaxis (Cleaning)	100%
Fluoride Treatment	100%
Sealants	100%
Space Maintainers	100%
Basic Services	Preferred Provider
Restorations (Amalgams or Composite)	100%
Emergency Treatment/General Services	100%
Simple Extractions	100%
Oral Surgery (incl. surgical extractions)	100%
Periodontics & Endodontics	100%
Major Services	Preferred Provider
Inlays/Onlays/Crowns	100%
Dentures and Removable Prosthetics	100%
Fixed Partial Dentures (Bridges)	100%
Orthodontic Services	Preferred Provider
Orthodontia	100%

Note: There is no out of network dental benefit.

### Account Information



Log into **www.myuhc** to download your dental ID card, access dental claims information, and access other helpful information.

### Did you know?



When SACM members receive dental services from a network dentist, the dentist submits the claim and is paid directly by UHC Dental.



## Access your Dental ID Card

Your benefit plan includes Dental benefits administered by UHC Dental. If you are a new SACM member, you will receive a dental ID card in the mail. Continuously enrolled SACM members will use the dental ID card initially sent with their 2015 plan materials.

If you do not receive your Dental ID Card in the mail, please review your Personal Information in your UHCSR **My Account** to verify the information we have in our system. If we don't have your U. S. mailing address, be sure to update it in the SACM Database, through the Ministry of Higher Education student portal/Safeer as soon as possible. You will not be able to access your Dental ID Card online until we have a U.S. mailing address on file.

Once your U.S. Mailing address is updated within our system, your Dental ID Card will automatically be mailed to you at your U.S. address.

Upon receipt of your Dental ID Card, please go to [www.myuhc.com](http://www.myuhc.com) and register so that you can access your Dental benefits, locate a dentist, request a replacement or print a temporary Dental ID Card. You may also access this link within UHCSR **My Account** on the ID Card and Dental Plan pages.

myuhc.com®

### Site Login

Username   
Password

Login

[Forgot your username or password?](#)

### Need a username and password?

Get a username and password through our free registration process for people enrolled in a UnitedHealthcare plan

Register Now

You must be [13 or older to register](#)

## How to Find a Dental Health Care Provider

Your plan includes in-network Dental administered through UHC Dental. You will need to select an In-Network Dental provider to ensure that your dental claims are paid with no cost to you.

1. Go to [www.uhcsr.com/SACM](http://www.uhcsr.com/SACM)
2. In the Search for a Provider section, select the Dental - National Options PPO link
3. Select Location, Dentist Name or Practice Name to begin your search
4. Complete your search criteria and click Search
5. The Search results will indicate the provider's address, phone number and other details
6. You may also print, email or export your search results

You may also search for dental providers through your UHCSR **My Account** or at [www.myuhc.com](http://www.myuhc.com). *Note: you will need your dental ID card to register at [www.myuhc.com](http://www.myuhc.com).*

## How to reach UHC for Dental Information

Our live Customer Service Representatives can be reached Monday through Friday from 7am-10pm Central Standard Time.



Customer Service 1-877-881-8825



Website [www.myuhc.com](http://www.myuhc.com)

# Welcome to UHC Vision

UnitedHealthcare has been trusted for more than 50 years to deliver affordable, innovative vision care solutions through experienced, customer-focused people and the nation's most accessible, diversified vision care network.

In-network, covered-in-full benefits (up to the plan allowance and after applicable copay) include a comprehensive exam, eye glasses with standard single vision, lined bifocal, lined trifocal, or lenticular lenses, standard scratch-resistant coating\* and the frame, or contact lenses in lieu of eyeglasses.

## Your vision plan includes:

Benefit Frequency	
Comprehensive Exam(s)	Once per calendar year
Spectacle Lenses	Once per two calendar years
Frames	Once per two calendar years
Contact Lenses in Lieu of Eyeglasses	Once per two calendar years
In-Network Services	
Copays	
Exams	\$0
Materials	\$0
Vision Care Supplies	
100% up to \$200 maximum to be used towards the purchase of eye glass lenses, frames, and contact lenses every two calendar years	
Discounts	
<p><b>Laser Vision</b> – UnitedHealthcare has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off usual and customary pricing or 5% off promotional pricing at more than 550 network provider locations and even greater discounts through set pricing at LasikPlus locations. For more information, call 1-888-563-4497 or visit us at <a href="http://www.uhclasik.com">www.uhclasik.com</a>.</p>	
<p><b>Additional Material</b> – At a participating network provider you will receive up to a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare shall neither pay nor reimburse the provider or member for any funds owed or spent. Additional materials do not have to be purchased at the time of initial material purchase.</p>	
<p><b>Hearing Aids</b> – As a UnitedHealthcare plan member, you can save on high-quality hearing aids when you buy them from hi HealthInnovations™. To find out more go to <a href="http://hiHealthInnovations.com">hiHealthInnovations.com</a>. When placing your order use promo code myVision to get the special price discount.</p>	

\*On all orders processed through a company owned and contracted Lab network.

## Account Information



Log into [www.myuhcvision.com](http://www.myuhcvision.com) to access your ID card, claims information and other helpful information.

## Did you know?



When SACM members receive vision services from a network provider, the provider submits the claim and is paid directly by UHC.

## ID Card for Vision Benefits

In order to take advantage of these vision benefits, simply show your medical ID card to your vision provider. No separate vision ID card is necessary.

## How to Find a Vision Care Provider

Your plan includes in-network vision care administered through UHC. You will need to select an In-Network vision care provider to ensure that your vision claims are paid with no cost to you.

1. Go to [www.myuhcvision.com](http://www.myuhcvision.com)
2. The provider link is on the left side of the page, at the bottom
  - You do not need to register to find a provider
3. Complete your search criteria and click Search
4. The Search results will indicate the provider's address, phone number and other details

## How to reach UHC for Vision Information

Our live Customer Service Representatives can be reached Monday through Friday from 7am-10pm Central Standard Time.



Customer Service      1-866-808-8461



Website      [www.myuhcvision.com](http://www.myuhcvision.com)