



Regence BlueShield is an Independent Licensee
of the Blue Cross and Blue Shield Association

REGENCE BLUESHIELD BOEING MEMBER APPEAL POLICY ***Effective October 1, 2009***

Regence BlueShield offers an appeal policy to Boeing members or their designated representatives. This policy allows those who disagree with adverse benefit determinations made by Regence BlueShield regarding eligibility to participate in a plan, application of utilization review, determination that a treatment is experimental or investigational, determination that a treatment is not medically necessary, or a Plan exclusion or limitation to obtain an objective review of such decisions. Copies of all documents, records and other information relevant to your claim for benefits, including the criteria for making this decision, are available in writing free of charge, upon request.

First Appeal (Mandatory)

You or your designated representatives may appeal a determination, verbally or in writing, within 180 days of receipt of written notification of the previous decision. Failure to request an appeal within the stated time period (absent the Plan's finding, in its sole judgment, of acceptable extenuating circumstances) will preclude your right to appeal and may jeopardize your right to contest the decision in any forum. You should include the reason for the appeal and may include any information or documents that you and/or your designated representative believe to support your position.

You or your designated representative will be notified of the Plan's decision within 15 calendar days of receipt of a first level appeal for pre-service claims and within 30 calendar days of receipt of a first level appeal for post-service claims.

Second Appeal (Mandatory)

You or your designated representatives may initiate a second appeal of a determination, verbally or in writing, within 180 days of receipt of written notification of the first level decision. Failure to request an appeal within the stated time period (absent the Plan's finding, in its sole judgment, of acceptable extenuating circumstances) will preclude your right to appeal and may jeopardize your right to contest the decision in any forum. You should include the reason for the appeal and may include any information or documents that you and/or your designated representative believe to support your position.

If the documentation does not clearly substantiate that the denial should be reversed, the appeal will be prepared for presentation to the Regence BlueShield Boeing Member Appeal Panel (the Panel). You will be notified by Regence BlueShield of the date, time, and location of the Panel's meeting and the right to participate and include others if you so desire.

You or your designated representative will be notified of the Panel's decision within 15 calendar days of receipt of a second level appeal for pre-service claims and within 30 calendar days of receipt of a second level appeal for post-service claims.

Following a second level of appeal, you may bring civil action under section 502(a) of the Employee Retirement Income Security Act of 1974. In addition, the Plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State insurance regulatory agency.

There is a voluntary third level of appeal available through Regence BlueShield.

Third Level Appeal (Voluntary External)

You or your designated representatives may request a final appeal of a determination, verbally or in writing, within 180 days of receipt of written notification of the previous decision. Failure to request an appeal within the stated time period (absent the Plan's finding, in its sole judgment, of acceptable extenuating circumstances) will preclude your right to appeal and may jeopardize your right to contest the decision in any forum. You should include the reason for the appeal and may include any information or documents that you and/or your designated representative believe to support your position.

Once a request for voluntary external appeal is made, the review decision must be made by an Independent Review Organization (IRO), unless the plan sponsor and the Plan agree otherwise. The consultation of an independent medical professional with appropriate expertise will be limited to determinations of whether a course or plan of treatment is medically necessary or experimental/and/or investigational. The determination by an independent medical professional is a final and binding determination for coverage by Regence BlueShield. You or your designated representative will be notified of the Plan's final determination in writing.

First Urgent Appeal (Mandatory)

You or your designated representative may request an urgent appeal verbally or in writing within 180 days of receipt of the previous denial. Failure to request an appeal within the stated time period (absent the Plan's finding, in its sole judgment, of acceptable extenuating circumstances) will preclude your right to appeal and may jeopardize your right to contest the decision in any forum. You should include the reason for the appeal and may include any information or documents that you and/or your designated representative believe to support your position.

An urgent appeal is any pre-service or concurrent care claim for medical care or treatment for which the application of the time periods for making regular appeal determinations could seriously jeopardize your life or health or your ability to regain maximum function, or in the opinion of a physician with knowledge of your medical condition, would subject you to severe pain that cannot be adequately managed without the disputed care or treatment.

You or your designated representative will be notified of the Plan's decision within 72 hours of receipt of the appeal request. If the request does not warrant an urgent appeal, it will be handled through the standard appeal policy previously outlined.

Following a first urgent appeal, you may bring civil action under section 502(a) of the Employee Retirement Income Security Act of 1974. In addition, the Plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State insurance regulatory agency.

There is a voluntary second level urgent appeal available through Regence BlueShield.

Second Urgent Appeal (Voluntary External)

You or your designated representatives may request a final appeal of a determination, verbally or in writing, within 180 days of receipt of written notification of the previous decision. Failure to request an appeal within the stated time period (absent the Plan's finding, in its sole judgment, of acceptable extenuating circumstances) will preclude your right to appeal and may jeopardize your right to contest the decision in any forum. You should include the reason for the appeal and may include any information or documents that you and/or your designated representative believe to support your position.

Once a request for voluntary external appeal is made, the review decision must be made by an Independent Review Organization (IRO), unless the plan sponsor and the Plan agree otherwise. The consultation of an independent medical professional with appropriate expertise will be limited to determinations of whether a course or plan of treatment is medically necessary or experimental/and/or investigational. The determination by an independent medical professional is a final and binding determination for coverage by Regence BlueShield. You or your designated representative will be notified of the Plan's final determination in writing.

Submit Appeals by Mail: Regence BlueShield
Boeing Appeals and Correspondence
P.O. Box 91015 Mail Stop BU248
Seattle, WA 98111-9115

Fax: 1 (877) 663-7526

E-mail: boeing@regence.com