Appeal Process

If you or your representative (any representative authorized by you) has a concern regarding a claim denial or other action under the Plan and wishes to have it reviewed, you may appeal. There are multiple levels of appeal, including internal and external appeal levels you may pursue.

Appeals can be initiated through either written or verbal request. To initiate an appeal, please consult your benefit booklet, or call or write us at the number or mailing address on page 1. Include any additional information you want considered. If you choose to submit an appeal please refer to your benefit booklet or contact us as soon as possible because there are time limits that apply.

We will supply, free and upon request, copies of all documents, records, diagnosis / treatment codes and their meanings, and information we rely upon, receive, consider, or generate in making our initial or appeal decisions, including specific rules, guidelines, protocols, or other similar criteria relied on. If this EOB denies a claim for a service as not medically necessary, or as investigational or experimental, we will supply, free and upon request, explanation of our scientific or clinical judgment, applying the terms of the plan to your medical circumstances.

Para asistencia en español, por favor llame al teléfono de Servicio al Cliente en la parte de atrás de su tarjeta de miembro.

如需中文幫助，請撥打客戶服務電話，號碼位於您會員卡背面。

Para humingi ng tulong sa Tagalog, pakitawagan ang numero ng telepono ng Serbisyo sa Kostumer (Customer Service) na nakasulat sa likod ng inyong kard bilang miyembro.

Diné k’ehjí áká’e’yeedgo, t’áá shǫǫdí áká anídaalwo’í bi béésh bee hane’é ninaaltsoos bee atah nílínígíí bine’dę́ę́ bikáá’.

If you need assistance, or have questions about your benefits or the appeal process, please call the Customer Service number on page 1.

Other resources to help you. If you are not satisfied with our assistance, or have additional questions about this notice or your appeal rights, please contact the appropriate government agency described below. **If you are not sure if your benefit coverage is self-insured or insured**, please call the Customer Service number on page 1 for the answer.

Self-Insured Group Coverage. If your benefit coverage is through your employer or through other group coverage, you may contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) at: 1-866-444-EBSA (3272) or www.askebsa.dol.gov.

Insured Group Coverage. You may contact your local government insurance department, or the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) at: 1-866-444-EBSA (3272) or www.askebsa.dol.gov.

Individual Coverage. If your insurance is through an individual policy, you may contact your local government insurance department for assistance.

IDAHO
Idaho Department of Insurance
Consumer Affairs Section
700 W State St
Boise ID 83720-0043
Phone: 208-334-4250
Fax: 208-334-4398

OREGON
Oregon Health Connect
PO Box 14480
Salem OR 97309-0405
Phone: 855-999-3210
Internet: www.oregonhealthconnect.org
Email: health.connect@state.or.us

UTAH
Utah Insurance Department
3110 State Office Bldg
Salt Lake City UT 84114
Phone: 801-538-3800
Toll Free: 1-800-439-3805
Fax: 801-526-4398

WASHINGTON
Washington Consumer Assistance Program
5000 Capitol Blvd
Tumwater WA 98501
Phone: 800-562-6900
Internet: http://www.insurance.wa.gov
Email: cap@oic.wa.gov