

APPEAL PROCESS

You have the right to appeal any claim or pre-certification denial, in whole or in part.

We must receive your request to appeal within 180 days after you receive a claim or pre-certification denial. Explain the nature of your appeal and attach any relevant material, including the Explanation of Benefits and/or other correspondence, including copies of pertinent medical records. The appeal process is described below.

Level I Appeal

A Level I Appeal panel reviews your request. We will notify you by mail of the decision within 30 calendar days.

- **URGENT APPEAL:** If your doctor or provider advises us that a delay in the appeal process may harm your health, we will reach a decision regarding your appeal within 72 hours after we receive your Level I Appeal request.

Level II Appeal

Please request a second level review in writing. We must receive a Level II Appeal within 60 calendar days after you receive the Level I decision.

The Level II Appeal panel will be made up of individuals who did not participate in any earlier decision regarding your request. You and/or your authorized representative may meet with the panel in person. If you prefer, you may participate by telephone. We will schedule and notify you of the date, time and place of the meeting within 30 calendar days after we receive your request.

We will notify you by mail of the decision within 60 calendar days of receipt of all relevant materials (within 5 calendar days of the meeting).

- **URGENT APPEAL:** If your doctor or provider advises us that a delay in the appeal process may harm your health, we will reach a decision regarding your appeal within 72 hours after we receive your Level II Appeal request.

If you are not satisfied with the Level II decision concerning medical necessity, appropriateness, experimental or investigative care, or quality of health-care services and supplies, you may request independent review. We must receive your request within 60 calendar days.

Independent Review

Independent reviews are conducted by an Independent Review Organization (IRO), which is an organization of medical experts qualified to review your appeal. We will submit your file to the IRO on your behalf and will pay the charges of the IRO. The IRO will make its decision within 21 days of receipt of the appeal (72 hours for urgent appeals) and give you its decision in writing. We will implement the IRO's determination promptly. If you wish to appeal the IRO's decision, you may make your request directly to the Plan Administrator by following the instructions listed below.

You may mail your request for an appeal (Level I, Level II or IRO) to:

Premera Blue Cross Blue Shield of Alaska
Attention: Member Appeal
P.O. Box 91102
Seattle, WA 98111-9202

Plan Administrator Appeals

You may appeal Premera Blue Cross Blue Shield of Alaska's decision directly to the State of Alaska. Include all relevant material with your written appeal, including copies of claim or pre-certification documents, all correspondence to and from Premera Blue Cross Blue Shield of Alaska (including Explanations of Benefits) and any documentation you have from your provider. Your appeal must be postmarked or received within 45 days of Premera's final decision. Please send your appeal request to:

State of Alaska
Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203
ATTN: Health Appeals

The Plan Administrator will:

- issue a decision within 60 calendar days after receiving all the pertinent material needed to properly review the appeal.

Questions About Your Benefits

If you have questions about what is covered on your plan, please refer to your benefit booklet and/or you may call our Customer Service department at: 1-877-762-9597.