

YOUR APPEAL RIGHTS AND APPEAL FORM

If you receive your health benefits coverage through an employer-sponsored plan and your employer is not a governmental entity or religious organization, your claim appeal rights are likely governed by the Employee Retirement Income Security Act (ERISA). If you receive your health benefits coverage through any other arrangement, you have the same appeal rights as a matter of contract.

To appeal a claim that has been denied in whole or in part for which you have financial responsibility you must do the following:

1. Make your appeal **in writing** by circling the claim (on the reverse side of this form) that you want to appeal.
2. Tell us why you disagree with the denial:
3. You have the right to documents used in making the claim determination including any guidelines or rules referred to in the denial. The documents are available free of charge. Tell us what documents you want in order to assist you with your appeal. Please be specific:
4. List any documents you have attached for consideration in your appeal:
5. If you have authorized someone else to make this appeal on your behalf, you must give us the following information:
Authorized person's name: _____
Address for mailing notices: _____

Telephone Number (_____) _____ Fax Number (_____) _____
6. BCBSKS must receive your first level appeal within 180 days of the adverse decision. BCBSKS must make an initial appeal determination within 30 days of receiving your written appeal. Group members also have the right to a second level of appeal if BCBSKS receives the written request on appeal within 90 days of the first appeal determination if such rights are included in your member certificate. BCBSKS must make the second appeal determination within 30 days of receiving your written request for second level appeal.

If you are covered by a health plan subject to ERISA, you have the right to pursue judicial review in federal or state court under Section 502(a) of ERISA only after exhausting the above appeal procedures. This exhaustion requirement also applies to non-ERISA coverage and plans, i.e. you must complete all applicable appeals indicated above prior to initiating any legal action concerning the denial of your claim.

(Signature) _____ (Date) _____

Identification Number _____

Telephone Number (_____) _____ Fax Number (_____) _____

Mail your appeal to 1133 SW Topeka Blvd., Topeka, KS 66629-0001. If you have questions about your claim or about appeal procedures please call 291-4180 in Topeka, or toll-free at 1-800-432-3990, or contact:

Kansas Insurance Department, Customer Assistance Division: 420 SW 9th St., Topeka, KS 66612
Phone: (785) 296-3071 • Toll-Free: (800) 432-2484 • E-mail: CAP@ksinsurance.org • <http://www.ksinsurance.org>

Employee Benefits Security Administration (EBSA) may be contacted at 1-866-444-EBSA (3272) or www.askebsa.dol.gov

APPLICABLE TO ADMINISTRATIVE SERVICES ONLY GROUPS: For some contracts, Blue Cross and Blue Shield of Kansas provides administrative claims payment only and does not assume any financial risk or obligation with respect to claims. Please consult your contract, certificate, or benefit description to determine whether this applies to you.