

## WHAT IF I DISAGREE WITH THE BENEFIT DETERMINATION?

If you disagree with your benefit determination, please call the number on your ID card. You also have the right to appeal any benefit decision by mailing a written grievance that explains the specific reason(s) you disagree to:

Grievance/Appeals/Review Department  
WPS Insurance Corporation  
1717 W. Broadway - P.O. Box 7062  
Madison, WI 53707-7062

Please see the grievance and appeal procedures described in your certificate, policy, or benefits booklet for a full description of your rights under state and/or federal law.

Our grievance/appeal process is briefly described below:

- You may submit written comments, documentation, records, or other information relating to the benefit decision in question.
- You may request copies, free of charge, of all the information we have in our files relevant to our benefit decision.
- For decisions regarding medical judgment, we will consult with a health care professional with expertise in the relevant medical field who was neither consulted with in connection with the adverse benefit decision nor the subordinate of any such individual. We will identify any medical or vocational experts whose advice was obtained in connection with your appeal, without regard to whether the advice was relied upon.
- You have 180 days from the time you receive this explanation to appeal and you might even have more time to appeal if your plan certificate/booklet provides additional time.
- We will send you a written notice that we have received your grievance or appeal within five business days of our receipt of it. We will also provide you with the date your grievance/appeal will be heard and whether you have the right to attend the meeting.
- You may designate a representative to act for you by sending a written authorization to us with your grievance/appeal.
- We will notify you of our decision within 30 calendar days of our receipt of your grievance/appeal. Under some circumstances, we may extend our review for an additional 30 days. If so, we will notify you in writing of the expected completion date and reason for delay.
- If you or your doctor feel that your life or health could be jeopardized during the time it takes us to complete a 30 day grievance/appeal, you may have the right to an expedited grievance or an urgent appeal. All requests for expedited grievances and urgent appeals may be submitted orally or in writing. All requests will be handled as quickly as the health condition requires, but no later than 72 hours from the time we receive your expedited grievance or urgent appeal request. You may also ask to bypass the grievance process and request an independent external review.
- If we continue to deny payment, coverage, service requested, or you do not receive a timely decision, you may be able to request an independent external review.

For more information, please visit: <https://www.wpsic.com/members/forms/index.shtml>

For questions about your rights, this notice, or for assistance you may contact the Office of the Commissioner of Insurance at P.O. Box 7873, Madison, WI 53707-7873. If your coverage is provided by a group health plan, call the Employee Benefits Security Administration at 1-866-444-3272.

## IMPORTANT

We reserve all rights that are or may be available to us under the terms, conditions, and provisions of your group or individual policy or your employer's plan and applicable federal, state or local laws. Our denial or partial denial of a claim or request for the reason(s) given isn't a waiver of those rights. Depending on the type of plan your employer has, you may have the right to bring a civil action under ERISA §502(a) if we deny your grievance/appeal after our review. You must first exhaust your rights to file a grievance/appeal with us before you have any right under ERISA to take legal action against us. You will lose your right to sue if you fail to follow the grievance/appeal procedures described above and in your certificate/benefits booklet.

## SUSPECT FRAUD?

Call 1-888-766-4681 to report suspicious health care bills or practices 24 hours a day. Each caller's identity will remain confidential to third parties to the extent permitted by law.