

IMPORTANT INFORMATION

(Retain for your records)

This document applies to your Blue Cross and Blue Shield of Illinois group or individual policy. If you are receiving this notice and your plan is self-insured, your plan may have elected to follow the external review procedure below. Any conflicts between the statements below and rights stated elsewhere in this notice (or in your policy or Benefit Plan), will be resolved so that those rights that are more beneficial to you will apply, unless the law requires otherwise.

If we have denied your claim for benefits, in whole or in part, for a requested treatment or service, rescinded your coverage, or denied or limited your eligibility (if applicable), then this document serves as part of your notice of an adverse determination. **Contact us at the number on the back of your ID card if you need assistance understanding this notice or your adverse determination.**

Your Internal Appeal Rights

What if I don't agree with this decision? You have a right to appeal an adverse determination. However, you only have 180 days from the date you receive the notice of adverse determination to file an internal appeal.

Who may file an internal appeal? You or someone you name to act for you (your authorized representative) may file an appeal. You may designate an authorized representative by completing the necessary forms. For more information on how to do so, contact us at the number on the back of your ID card.

How do I file an internal appeal? For claim appeals, you may contact us at the number on the back of your ID card and request an internal appeal or send a written request.

If your insurance is offered **through your employer**, send your request to:

Claim Review Section
Blue Cross and Blue Shield of Illinois
P.O. Box 2401
Chicago, Illinois 60690

If you purchase your insurance **directly from Blue Cross and Blue Shield of Illinois**, send your request to:

Blue Cross and Blue Shield of Illinois
P.O. Box 3122
Naperville, Illinois 60566-9744
Fax: (888)235-2936

What about eligibility-related denials and rescissions? Please refer to your benefit booklet for additional specifics. You may also contact us at:

Blue Cross and Blue Shield of Illinois
P.O. Box 3122
Naperville, Illinois 60566-9744
Phone: (800)538-8833
Fax: (888)235-2936

What if my situation is urgent? If your situation meets the definition of urgent under the law, your review will be conducted within 24 hours. An urgent situation is one in which your health may be in serious jeopardy or, in the opinion of your doctor you experience pain that cannot be adequately controlled while you wait for a decision on your appeal. If you believe your situation is urgent, you may request an expedited appeal by following the instructions above for filing an internal appeal. Some urgent situations may also qualify for an expedited external review, as described below.

Can I provide additional information about my claim? Yes, you will be informed about how to supply additional information once you initiate your appeal. You may also have the option of presenting evidence and testimony. In addition, we may provide you with any new or additional evidence, rationale, documents, or information used or relied upon in your adverse determination so you have a reasonable opportunity to respond before a final decision is made.

Can I request copies of information relevant to my claim? Yes, you may request and receive copies relevant to your claim free of charge. For example, upon request, you may receive the diagnosis and treatment codes (and their corresponding meanings) associated with an adverse determination. In addition, if we rely on a rule or guideline (such as a provision excluding certain benefits within your policy booklet) in making an adverse determination, we may provide that rule or guideline to you free of charge upon request. You can request copies of this information by contacting us at the number on the back of your ID card.

What happens next? If you appeal, we will review our decision and send you a written determination.

Your External Review Rights

You may have the right to have our decision to deny a request or claim based on a determination of medical necessity, experimental/investigation status of the recommended treatment, the condition being considered pre-existing or a health care coverage rescission reviewed by an Independent Review Organization (IRO) if (1) we continue to deny the partial or full payment of a claim, coverage, or eligibility for benefits and you have exhausted your internal appeal rights, (2) you have not received an internal appeal decision within 30 days of a review for pre-certification or 60 days of a review for a service previously rendered, or within 48 hours for urgent situations, or (3) your situation qualifies for an expedited external review, as described below. You must file a request for an external review within 4 months after you receive notice of the denial of the claim or appeal.

What qualifies for an expedited external review? You may be eligible for an expedited external review (1) if the failure to obtain treatment in the time necessary to complete a standard external review would seriously jeopardize your life, health or ability to regain maximum function, (2) in connection with emergency services prior to your discharge from a facility or (3) if you are requesting treatment that is experimental or investigational and your health care provider certifies in writing that such treatment would be significantly less effective if not promptly initiated.

How do I request external review? You or your authorized representative may request an expedited external review by notifying the Illinois Department of Insurance by phone (toll-free number (877)850-4740). You or your authorized representative may also file a request for either expedited or standard external review by completing the required forms available at www.insurance.illinois.gov/externalreview and submitting them directly to the address noted below. Blue Cross and Blue Shield of Illinois will also provide the forms upon request.

Illinois Department of Insurance
Office of Consumer Health Insurance
EXTERNAL REVIEW REQUEST
320 W. Washington Street
Springfield, Illinois 62767
Fax: (217)557-8495
Email: DOI.externalreview@illinois.gov

Once an eligible request for external review is complete, the matter will be randomly assigned by the Illinois Department of Insurance to an IRO approved by the Department. There will be no charge to you for the IRO review. The IRO will notify you and your authorized representative of its decision, which will be binding on BlueCross and BlueShield of Illinois, and on you except to the extent you have additional remedies available. Until July 2013, you can appeal the decision of an IRO by filing an appeal with the Illinois Department of Insurance.

Other Resources to Help You

For questions about your rights, this notice, or for assistance, you can contact the Illinois consumer assistance program.

Illinois Department of Insurance
100 Randolph Street 9th Floor
Chicago, Illinois 60601
www.insurance.illinois.gov
Telephone: (877)527-3430
Email: DOI.Director@illinois.gov

You may be eligible to receive your adverse determination and this notice in a language listed below. In addition, you may call us to receive assistance in these languages.

SPANISH (Español): Para asistencia en Español, por favor llame al numero ubicado en la parte posterior de su tarjeta de identificación.

TAGALOG (Tagalog): Upang humingi ng tulong sa Tagalog, paki tawagan ang numero na nakasulat sa inyong kard.

CHINESE (中文): 如果需要中文幫助, 請撥打您卡上的電話號碼。

NAVAJO (Dine): Din4k'ehj7 1ka'a'doowoo [biniy4, t'11 sh=-di koj8' hod77lnih b44sh bee hane'7 bi number bee n44 ho'd0lzin7g77 biniy4 nanitin7g77 bine'd66' bik11'