

When you have a complaint

Customer service

You may make an inquiry to BCBSVT customer service at any time if you have concerns. This is usually the best first course of action. BCBSVT's customer service team can solve most problems. Contact BCBSVT customer service team at the number listed on the back of your ID card. Please have your ID card handy when you call. Also, call if you need help understanding BCBSVT's decision to deny a service or coverage.

What to do if your issue is not resolved by customer service

You also have the right to make a formal complaint with BCBSVT's customer service or file an appeal (see below). You can do this without having contacted customer service beforehand. Complaints may be made over the telephone to BCBSVT's customer service by calling the number listed on the back of your ID card, or in writing via the secure Member Resource Center or by mail.

- You can make a medical complaint if you have problems with the medical care or advice that you got from your doctor. You may also make a non-medical complaint. Non-medical complaints might be about:
 - BCBSVT services;
 - BCBSVT rules;
 - Waiting times for visits;
 - After-hours access to your doctor; or
 - The service at your doctor's office.

BCBSVT will respond with a decision (or request further information) within 30 days of your medical complaint, and within 60 days for non-medical complaints.

If you don't agree with our decision

You are entitled to several levels of review of BCBSVT's decisions. Two of the levels are internal appeals (with BCBSVT):

- You may file a first-level internal appeal. You may do this without making a complaint to BCBSVT's customer service. If you make a complaint with customer service as outlined above, the complaint counts as the first-level internal appeal. By accepting this contract, you agree to follow BCBSVT's appeals process before taking judicial action.
- If you don't agree with BCBSVT's decision after your first-level appeal you may file a second-level internal appeal with BCBSVT. You may choose to meet with reviewers in person or by phone. Your health care provider may participate. BCBSVT will work with you to schedule a time. This appeal is voluntary and free to you. Your decision to pursue or not to pursue a second-level appeal will not affect your right to pursue other avenues.
- In some circumstances, you may request that the State of Vermont do an independent external review of our decision. You do this by calling the State at (800) 964-1784.
- The Plan may be subject to ERISA. If so, you may have the right to bring legal action under ERISA. Ask your Group Benefits Manager if this applies to you.

Reviewers

Depending on the nature of the case, BCBSVT selects reviewers for their clinical expertise and/or their benefits knowledge. In some cases, your health care provider may call BCBSVT to discuss your case with the Provider reviewer. This usually happens prior to the first-level internal appeal. A separate reviewer conducts each level of appeal above. None of the reviewers will be the person who first denied your claim. If your first-level appeal is clinical in nature, at least one of the reviewers will be the clinical peer of your health care provider.

Timing of appeals

If your appeal involves Emergency Medical Services or Urgent Services, BCBSVT will conduct a review of your appeal as soon as possible, but no later than 72 hours. When you file an appeal to extend Urgent Services that BCBSVT previously approved and you are currently receiving (Urgent concurrent review), BCBSVT will review your appeal within 24 hours. You must make the appeal at least 24 hours before the care BCBSVT previously approved will end or BCBSVT will treat it as a regular appeal.

For other appeals related to services not yet provided, BCBSVT will notify you of their decision within 30 days of receiving your appeal. For all other appeals, BCBSVT will notify you of their decision within 60 days of receiving your appeal request.

When you file an appeal about a denial of benefits, you must do so within 180 calendar days of when you receive BCBSVT's denial. When you file a second-level appeal, you must do so within 90 calendar days of BCBSVT's decision. When requesting an independent review, you must do so within 120 days of our decision. If you opt for an internal second-level appeal, the time you spend pursuing it will not count toward the 120 days.

How to request an appeal

You or someone you name to act for you (your authorized representative) may request an appeal review. Your doctor may serve as your representative. At any time, you can get help with filing your appeal from BCBSVT's customer service team. You can also get help from the Vermont Department of Financial Regulation at (800) 964-1784. To file an emergency or urgent concurrent appeal, call the number listed on the back of your ID card.

Mail written appeals to:

Blue Cross and Blue Shield of Vermont
P.O. Box 186
Montpelier, VT 05601-1086

If you are asking BCBSVT's customer service team to review, send your information to the attention of "Customer Service." If you are filing an appeal, send it to the attention of "First Level Appeals" or "Voluntary Second Level of Appeals" as appropriate. If you are filing a first-level appeal about a mental health or substance use disorder claim, sent it to the attention of "Mental Health and Substance Use Disorder, First-Level Appeals." Please include your phone number with your request.

If you are unable to file a written appeal, you may appeal by phone. BCBSVT will record your appeal in writing. Please call BCBSVT customer service at the number listed on the back of your ID card. BCBSVT will provide information about how to file or participate in an appeal in another language if you request it.

Questions or concerns? Please contact:

Blue Cross and Blue Shield of Vermont
P.O. Box 186
Montpelier, VT 05601-0186
(800) 344-6690
www.bcbsvt.com
click [here](#) for email contact

Blue Cross and Blue Shield of Vermont provides administrative services and does not assume any financial risk for claims.

Information about your claim

If you appeal, you will receive instructions on how to supply relevant information. You may submit documents, records or other information about your appeal. You may request copies of information about your claim (free of charge) by contacting BCBSVT at the number listed on the back of your ID card. BCBSVT will provide this immediately for an urgent or concurrent appeal or within two business days for other appeals.

After BCBSVT's decision

If your appeal is urgent or concurrent, when BCBSVT has made their decision, they will notify you and your health care Provider (if known) by phone right away. BCBSVT will follow up in writing within 24 hours. In all other cases, BCBSVT will notify you by mail. At any point during the appeal review process, BCBSVT may decide to overturn our decision. If so, BCBSVT will provide coverage or payment for your health care item or service. If BCBSVT denies your appeal and the decision is not overturned, you must pay for services BCBSVT didn't cover. You should discuss your payment arrangements with your Provider.

Please note that this Benefits Description provides only a summary of your rights. State and federal regulations provide more detail.

Other resources to help you

For questions about your rights, this notice, or for assistance, please contact:

Employee Benefits Security Administration
(866) 444-EBSA (3272)

Vermont Office of the Health Care Advocate
(800) 917-7787 or (802) 863-2316

Vermont Department of Financial Regulation
(800) 964-1784.

The Department of Financial Regulation's Health Insurance Consumer Services unit can provide free help to you if you need general information about health insurance, have concerns about our activities, or are not satisfied with how BCBSVT resolved your complaint.

BCBSVT's Ombudsman

BCBSVT has an Ombudsman to whom they refer members with complex issues regarding care or service. BCBSVT's Ombudsman works as a liaison between the member and the plan reviewing and solving issues. In most cases, BCBSVT's customer service team can answer member questions and resolve most issues. It is the role of the member ombudsman to get involved in the process when unforeseen complications arise in the regular course of problem resolution and information gathering. To contact our Ombudsman, call (800) 437-6298.

