

Filing a Benefits Appeal

Most issues can be resolved by contacting the provider first

The Windstream Benefits Center and Healthways are experts in handling and resolving medical, pharmacy, enrollment, surcharge and wellbeing matters. If you are experiencing an issue, contact them for assistance.

- Windstream Benefits Center (enrollment, dependent audit) 866-553-9409
- Healthways/Sharecare (biometric screening and wellbeing five completion) 877-502-8791

If matters cannot be resolved, employees have an appeals process outlined within each summary plan description (SPD) or insurance certificate. In the case of a discrepancy between verbal communication, this document, or other materials, the [summary plan description](#) of the respective product is the governing document.

Administrative Appeals (enrollment, dependent audit, surcharges)

First Level Appeal:

- File within 180 days of the event date giving rise to the appeal
- Submit in writing to WindstreamBenefits@windstream.com or 4001 N Rodney Parham Rd, Mailstop 1170-B1F2-93, Little Rock AR 72212
- Include request and supporting documentation as applicable
- Response will be received within 60 days

Second level appeals are available and information is included as applicable in the first or second level appeal response.

Medical Appeals (claims, coverage, adverse benefit determination)

First Level Appeal:

- File within 180 days of receipt of the Explanation of Benefits (EOB)
- **UMR:** Submit in writing to UMR Claims Appeal Unit, PO Box 30546, Salt Lake City UT 84130-0546

- **BCBS:** Submit in writing to Blue Advantage Administrators of Arkansas, P.O. Box 1460, Little Rock, AR 72203
- Include request and supporting documentation as applicable
- Response will be received within 30 days for pre-service claims, within 60 days for post-service claims, and before treatment ends or is reduced for concurrent care claims

Second and third level appeals are available and information is included as applicable in the first or second level appeal response or in the SPD.

Prescription Drug Appeals (drug coverage – prior authorization, clinical denial, benefit exclusion, refill limit)

First Level Appeal:

- File within 180 days of receipt of original denial
Mail to: Express Scripts, Attn: Appeals Department, P.O. Box 66587, St. Louis, MO 63166-6587
Fax to: 877.328.9660
- Include request and supporting documentation as applicable
- Response will be received within 30 days of receipt of written appeal

Second and third level appeals are available and information is included as applicable in the first or second level appeal response or in the SPD.

For information on appeals for other products, please refer to the respective SPD or insurance certificate on windstreambenefits.com or contact the Windstream Benefits center at 866.553.9409. This information was prepared January 2018.

ADMINISTRATIVE APPEAL FORM

Employee Name: _____ Employee ID: _____

Dependents at issue: _____

Coverage at issue: Medical Dental Vision HSA/FSA Other

Are you trying to: Add Coverage Drop Coverage Change Existing Coverage

Appeal Description: Please provide a description of the nature of your appeal and a statement detailing why you think you are entitled to such benefit(s). Also attach any documentation you feel supports your appeal. If you are submitting this appeal to add dependent coverage, please include dependent's name, date of birth, relationship, along with dependent verification documents. Please also specify any, and all, plans and tier levels you would like to change (i.e. \$1,850 Deductible Employee + Spouse or Dental Standard Family).

Please return to:

Mail: Windstream Benefits Committee 4001 Rodney Parham Road Mailstop 1170-B1F2-93 Little Rock, AR 72212	Email: WindstreamBenefits@windstream.com	Fax: 501-748-6573
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Employee Signature

Date