

ADMINISTRATIVE APPEAL FORM

Employee Name:	Employee ID:		
Dependents at issue:			
Coverage at issue: ☐ Medical ☐	☐ Dental ☐ Vision ☐ HSA/FSA ☐ Oth	er	
Are you trying to: ☐ Add Cove	rage □ Drop Coverage □ Change Existin	ng Coverage	
detailing why you think you are e feel supports your appeal. If you include dependent's name, date	ride a description of the nature of your appearntitled to such benefit(s). Also attach any dare submitting this appeal to add dependent of birth, relationship, along with dependent, and all, plans and tier levels you would late ouse or Dental Standard Family).	ocumentation you t coverage, please adent verification	
Please return to:			
Mail:	Email:	Fax:	
Windstream Benefits Committee 4001 Rodney Parham Road Mailstop 1170-B1F2-93 Little Rock, AR 72212	CORP.BenefitAppeals@windstream.com	(330) 425-0686	
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Employee Signature	——————————————————————————————————————	Date	



Filling 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 <u>summary plan description</u> 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 <u>CORP.BenefitAppeals@windstream.com</u> 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.