

# Your Complaint and Appeal Rights

You can make complaints about:

- the care or service we provide
- the quality or availability of a healthcare service
- the care or service you get from any provider in our network.

You also have the right to appeal any action we take or decision we make about your coverage.

## What if I need help understanding a denial?

Check your member booklet or benefits summary to understand what your plan does or does not cover. You can learn more about [explanation of benefit notices](#) or [medical necessity](#) on our website. If you still have questions, call Customer Service at 800-508-4722.

## What if I don't agree with a decision my health plan makes?

You have the right to appeal such a decision within 180 days of the date you get notice of our decision.

## How do I make a complaint?

Call Customer Service at 800-508-4722. The complaint process allows Customer Service to quickly and informally correct errors, clarify benefits or take steps to improve our service.

Customer Service may ask you to send your complaint for review through the formal internal appeals process outlined below.

## How do I file an appeal?

Use our [Member Appeal form](#), or send a letter to:

Premera Blue Cross Blue Shield of Alaska  
Attn: Member Appeals P.O. Box 91102  
Seattle, WA 98111-9202

Or fax our Appeals Department at (425) 918-5592.

## What if my situation is urgent?

If your provider thinks a delay will harm your health we will speed up your review.

## Who may file an appeal?

You or someone you choose to act for you may file an appeal. Complete the appeal authorization [Member Appeal form](#) if you want to have someone act for you.

## Can I offer more information about my appeal?

Yes, you may send us more information with your appeal submission.

## Can I ask for copies of information related to my appeal?

Yes, you may ask for copies by contacting us at:

Premera Blue Cross Blue Shield of Alaska  
Attn: Member Appeals P.O. Box 91102  
Seattle, WA 98111-9202

Or fax our Appeals Department at (425) 918-5592. There is no cost for these copies.

## What happens next?

If you file an appeal, we will review our decision and send you a written response. If we continue to deny the payment, coverage or service request, we will send you information about further appeal rights, including those about independent review.

## Resources to help you:

If you have questions about a denial of a claim or your appeal rights, contact Premera Customer Service for help at 800-508-4722. You may also get help from the Alaska Division of Insurance. If the Employee Retirement Income Security Act of 1974 (ERISA) governs your plan, you can also contact the Employee Benefits Security Administration of the U.S. Department of Labor.

Alaska Division of Insurance  
550 W 7th Avenue, Suite 1560  
Anchorage, AK 99501-3567  
800-467-8725 or 907-269-7900

<https://www.commerce.alaska.gov/web/ins/>

Employee Benefits Security Administration  
866-444-3272

If you have any questions, please call Customer Service at 800-508-4722.

Para obtener ayuda en español, llámenos al número de teléfono que se indica arriba. Sa pagtamo ng tulong sa Tagalog, tawagan kami sa nasa itaas na numero ng telepono.

如果想用中文獲取幫助，請撥打上面的電話號碼聯繫我們。

Diné k'ehjí yáfti'ígíí shíka'adoolwoł nínizingo díí béesh bee hane'é bich'i'hodílnih.

Our TDD/TTY number for the hard of hearing is 800-842-5357.

## Discrimination is Against the Law

Premera Blue Cross Blue Shield of Alaska (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator – Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email [AppealsDepartmentInquiries@Premera.com](mailto:AppealsDepartmentInquiries@Premera.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-508-4722 (TTY: 711).

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-508-4722 (TTY: 711).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-508-4722 (TTY: 711) 번으로 전화해 주십시오.

**LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 800-508-4722 (TTY: 711).

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**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-508-4722 (TTY: 711)。

**MO LOU SILAFIA:** Afai e te tautala Gagana fa'a S moa, o loo iai auunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 800-508-4722 (TTY: 711).

**ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-508-4722 (TTY: 711).

**注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。800-508-4722 (TTY:711) まで、お電話にてご連絡ください。

**PAKDAAR:** Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguage nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 800-508-4722 (TTY: 711).

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-508-4722 (TTY: 711).

**УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

Телефонуйте за номером 800-508-4722 (телетайп: 711).

**เรียน:** ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 800-508-4722 (TTY: 711).

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-508-4722 (TTY: 711).

**UWAGA:** Je eli mówisz po polsku, mo esz skorzysta z bezpłatnej pomocy j zykowej. Zadzwo pod numer 800-508-4722 (TTY: 711).

**ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-508-4722 (رقم هاتف الصم والبكم: 711).

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-508-4722 (TTY: 711).

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-508-4722 (ATS : 711).

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-508-4722 (TTY: 711).

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-508-4722 (TTY: 711).

**توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-508-4722 (TTY: 711) تماس بگیرید.