

HEALTH & WELFARE GENERAL APPEALS PROCEDURE

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If you are not satisfied with TeamCare's decision, you have the right to ask TeamCare to review your case (procedures on back). If you would like TeamCare to review your case, please complete and return this **original** form, within 180 days, to the following address:

Research & Correspondence Department
TeamCare, A Central States Health Plan
PO Box 5126
Des Plaines, Illinois 60017-5126
Fax: (847) 518-9794

Please be sure to attach a copy of our denial letter or explanation of benefits to this form when submitting.

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Participant's Name	Participant Identification Number										
_____	_____										
Address	Claim Number(s)										
_____	_____										
City, State, Zip	Patient's Name										
() _____	_____										
Phone Number	Claimant's Name										

Issue to be reviewed:

Please present your reason for disagreement with the decision and what action you feel should be taken (use additional sheets if necessary), and attach any documents that would support your position.

_____ Claimant's Signature

_____ Date

HEALTH & WELFARE APPEAL PROCEDURES

If you are not satisfied with the decision concerning your claim for benefits, you have the right to file an appeal. If you choose to file an appeal, you must file a written appeal and send it to TeamCare within 180 days from your original benefits determination. You may file an appeal by printing and completing the form which is available on TeamCare's website (www.MyTeamCare.org) or you may contact TeamCare by letter. If you file your appeal by letter, this letter must contain: (1) Participant's name and address; (2) Participant's identification number; (3) claim number; (4) patient's name; (5) relationship of patient to Participant; (6) date of loss; and (7) EXACT reason you are dissatisfied. If TeamCare needs any additional material or information from you to process your appeal, we will send you a separate letter that will describe the information necessary and explain why such information is necessary. If special circumstances require an extension of time to process your appeal, you will be notified by TeamCare.

TeamCare, A Central States Health Plan has a two-step appeals process. If your first appeal is denied, you have the right to file a second and final appeal. If you choose to file a second level appeal, you must file your second appeal within 180 days from the day you are notified that your first appeal was denied. If your second and final appeal is denied you will have the right to bring suit under Section 502(a) of ERISA in an attempt to recover benefits due under the terms of the Plan, enforce rights under the terms of the Plan, or to clarify rights to future benefits under the terms of the Plan.

An internal rule or guideline may have been relied upon in making your benefit determination. If so, a copy of such rule or guideline will be provided free of charge to you upon written request. Your benefit determination may have been based on a determination that the treatment was not medically necessary or on a determination that the treatment constituted experimental treatment. If so, an explanation of the scientific or clinical judgment for this determination will be provided to you free of charge upon written request.

All requests or questions concerning your appeal should be directed to:

Research and Correspondence Department
TeamCare, A Central States Health Plan
PO Box 5126
Des Plaines, Illinois 60017-5126
Phone: (800) 323-5000
Fax: (847) 518-9794