

## Your Right to Ask Questions and Solve Complaints

- You have the right to understand your benefits and ask questions if you don't agree with a decision we make about your claim.

Ask	How
What your plan covers and <b>how to get the most out of your benefits.</b>	Call Customer Service at (800) 279-4000 or (608) 276-4000 (Voice). Hearing impaired members please call 711 statewide for the Wisconsin Relay Service to assist with your call or (800) 947-3529 for long distance access.
Why we <b>denied your claim.</b>	Call Customer Service at (800) 279-4000 or (608) 276-4000 (Voice). Hearing impaired members please call 711 statewide for the Wisconsin Relay Service to assist with your call or (800) 947-3529 for long distance access.

- If you are not satisfied after you talk to Customer Service, you have the right to submit a formal complaint as identified in the instructions below.

Formal Complaints and Requests	How
Submit a <b>Standard Grievance</b> (a formal complaint)	<ol style="list-style-type: none"> <li>1. In order to submit a standard grievance, please send the following information in writing:                             <ul style="list-style-type: none"> <li>• The insurance subscriber's name and identification number .</li> <li>• Information your complaint is about (dates, events, and the names of providers involved).</li> <li>• The reason you are not satisfied</li> <li>• Information to support your complaint (dates, events, and the names of providers involved).</li> <li>• Copies of documents that support your complaint, such as the policy language specific to your concern that supports your request, medical records, etc.</li> <li>• The solution you want.</li> </ul> </li> <li>2. We will confirm, in writing, that we received your complaint within five business days of receiving it.</li> <li>3. Within 30 calendar days, a Grievance Committee (three or more people) will review your complaint. If possible, one person will be a health plan member who is not an employee. One person will be an employee who can follow the Committee's instructions for a solution.</li> <li>4. We will tell you when and where the Grievance Committee will meet at least seven days beforehand. You (or an authorized representative) may come or call in to the meeting. You may present information, ask questions, and submit written requests during the meeting. If new material is submitted at the meeting that requires medical necessity determination, the Committee's decision may be delayed until the new material is reviewed.</li> <li>5. If we cannot make a decision, we might need 30 more calendar days. We will tell you in writing why we need more time and the date we will have a decision.</li> <li>6. The Committee will tell you their decision in writing. If they think WEA Trust did not handle your claim correctly, they will give instructions for a solution.</li> </ol> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;">                     Grievance Appeal Manager                      WEA Trust                      P.O. Box 21538, Eagan, MN 55121                 </div>

<p>Submit an <b>Expedited Grievance</b> (a formal complaint with a faster solution)</p>	<p>You can submit an expedited grievance if <b>any</b> of the following are true:</p> <ul style="list-style-type: none"> <li>• Your life or health will be at serious risk if you have to wait for the standard grievance process.</li> <li>• Your physician believes you will be in severe pain if you have to wait for the standard grievance process. The pain cannot be managed without the treatment listed in your grievance.</li> <li>• Your physician decides it is necessary.</li> </ul> <p>If any of the above pertain to your situation, please:</p> <ol style="list-style-type: none"> <li>1. Call our Customer Service at the number noted above to report your complaint immediately. You, your authorized representative, or your physician may call.</li> <li>2. The Grievance Appeal Manager will investigate and call you within 72 hours to tell you our decision. WEA Trust will also send you a written confirmation of the decision.</li> </ol>
<p>Ask for an <b>Independent External Review</b></p>	<p>To qualify for this review, <b>one</b> of the following must be true:</p> <ul style="list-style-type: none"> <li>• You already submitted a standard grievance or expedited grievance that relates to a covered benefit which was denied due to a determination that related to medical necessity, health care setting, medical appropriateness, level of care, or experimental treatment. You do not agree with our decision.</li> <li>• We (you and WEA Trust) agree to skip the grievance process and start an independent review right away.</li> <li>• An independent review organization thinks waiting for the grievance process might affect your health.</li> </ul> <p>If any of the above pertain to your situation, please:</p> <ol style="list-style-type: none"> <li>1. Write to request an Independent External Review within four months of the Grievance Committee’s decision letter.</li> <li>2. We will randomly choose an independent review organization (IRO) from a list of organizations that are certified by the Office of the Commissioner of Insurance.</li> <li>3. We will give information to the IRO within five business days after we receive your written request, including: <ul style="list-style-type: none"> <li>• All of the information you sent us to support your claim.</li> <li>• All information (including health plan documents) we used to make our decision.</li> </ul> </li> <li>4. The IRO has 45 days after receiving the information to write to you (and us) with their decision. <b>This decision is final.</b></li> </ol>
<p><b>State Plan Members ONLY</b> File a complaint with the <b>Department of Employee Trust Funds (ETF)</b></p>	<p>If you are not eligible for an independent external review, you can appeal with ETF.</p> <p>ETF must receive your written request <b>within 60 days of the Grievance Committee’s decision letter.</b></p> <p>For a complaint form: Call ETF at (877) 533-5020.</p> <div data-bbox="1415 1036 1919 1179" style="border: 1px solid black; padding: 5px;"> <p><b>Department of Employee Trust Funds</b> Attn: Ombudsperson P.O. Box 7931 Madison, WI 53707-7931</p> </div>
<p><b>Legal Action</b></p>	<p>You can only take legal action against WEA Trust about a final denial decision, if <b>all</b> the following are true:</p> <ul style="list-style-type: none"> <li>• You filed a standard or expedited grievance <b>and</b>, if a State Plan Member, a complaint with ETF.</li> <li>• You start legal action within three years of the date you were required to prove a loss.</li> <li>• You did <b>not</b> have an independent external review. <b>(Independent external review decisions are final.)</b></li> </ul>