

How to Request an Appeal / External Review

(For Decisions Related to Health Flexible Spending Accounts or Health Reimbursement Arrangements)

As a participant in a Highmark Blue Cross Blue Shield Delaware (Highmark Delaware) administered Health Flexible Spending Account (FSA) or Health Reimbursement Arrangement (HRA), you have the right to a fair review of all benefits decisions.

Highmark Delaware Appeal

To appeal, you or your authorized representative must contact Highmark Delaware **within 180 days from the date you received the decision**. You must submit your appeal in writing by completing the *Request for Appeal of Spending Account Claim Decision* form, which is available to you on our website, highmarkbcbsde.com. Select *Pre-Tax Benefits Program, Print a Form, Appeal Form*. You may also contact us using the information provided below to obtain a form. There is no cost to file an appeal, and copies of records relevant to the benefit decision are available upon request at no charge. You may submit written comments, documents or other information relevant to the appeal. You will be notified of the outcome and receive a written explanation within 60 days of your request for an appeal.

Members should use the *Designation of Personal Representative for Appeal Purposes* form if they wish to designate a personal representative for purposes of an appeal.

External Review

If Highmark Delaware has completed an appeal on your behalf and you are not satisfied with the decision, you may have the right to an external review. To initiate the review, you must contact the Delaware Department of Insurance (DOI) directly within four months of your receipt of the Highmark Delaware appeal decision. *Contact information is provided below*. Highmark Delaware will provide copies of all records relevant to your claim upon request and free of charge. Please note that you are not eligible for external review if your FSA plan is an “excepted benefit” under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Please contact your employer to determine the “excepted” status of your plan.

ERISA Rights

Your spending account is an employer-sponsored group health plan governed by the Employee Retirement Income Security Act (ERISA). If you have already completed the appeal and external review process, you have the right to file a civil action under Section 502(a) of ERISA.

Mediation Services

The DOI may provide you assistance with filing an appeal or an external review. Please note that appeal and external review deadlines will still apply. For more information, please contact the DOI. *Contact information is provided below*.

Contact Information

Delaware Department of Insurance /Consumer Assistance Program

Phone: 302.674.7300 (local) or 800.282.8611 Email: consumer@state.de.us Address: 842 Silver Lake Boulevard, Dover, DE (M-F, 8:00 AM–4:30 PM)

Highmark Delaware Flexible Benefits Department

Phone: 800.559.FLEX (3539)

Email: flex@bcbsde.com

Address (*for appeals*): Highmark Blue Cross Blue Shield Delaware, P.O. Box 8832, Wilmington, DE 19899-8832.