

A **“coverage determination”** occurs if your pharmacist tells you that we (your Plan) will not cover a drug which you believe should be covered, or he/she tells you that the drug is covered at a higher cost than you think you are required to pay. You have the right to request a decision called a “coverage determination” from us. When we make a coverage determination, we are giving our interpretation of how Plan benefits apply to your specific situation. Refer to your Evidence of Coverage and any amendments you may receive that describe our Plan coverage. They provide more information about the coverage determination process.

Who may ask for a coverage determination?

You, your doctor or your appointed representative can ask us for a coverage determination. Information about appointing a representative is discussed below. If you use a representative, a copy of the signed appointed representative form must be submitted for each appeal request and is valid for one year. To file a Coverage Determination request, you can complete and submit the Request for Medicare Prescription Drug Coverage Determination form to our Appeals Department at: Attention: Appeals and Grievances, MedImpact Healthcare Systems, Inc., 10181 Scripps Gateway Court, San Diego, CA 92131.

If your doctor or pharmacist tells you that a certain prescription drug is not covered, you can ask us for a coverage determination. If we deny your request (this is sometimes called an “adverse coverage determination”), you can “appeal” our decision. Please see below for more information about filing an appeal.

An **“appeal”** is the type of complaint you make when you want us to reconsider and change a decision we have made about what prescription drug benefits are covered for you or what we will pay for a prescription drug. For example, if we refuse to cover or pay for a prescription drug you think we should cover, you can file an appeal. If we reduce or cut back on the prescription drugs you have been receiving, you can file an appeal. If you think we are stopping your prescription drug coverage too soon, you can file an appeal. Refer to your Evidence of Coverage and any amendments you may receive, they provide more information about the appeal process.

How to request an appeal

If you are unhappy with the coverage determination, you can ask for an appeal. The first level of appeal is called a re-determination. There are four additional levels of appeal that you may request. Please call Customer Care to file a request for re-determination. You may ask us to reconsider even if only part of our decision is not what you requested. Your request for re-determination goes to people who were not involved in the original coverage determination. This helps ensure that we will give your request a fresh look.

If your appeal concerns our decision on a Part D benefit that you have not yet received, then you and/or your doctor will first need to decide whether you need a fast appeal. The procedures for deciding on a standard or a fast appeal are the same as those described for a standard or fast coverage determination.

Appointing a representative

If you want to name a relative, friend, advocate, doctor, or anyone else to act for you as your appointed representative, you and that person may complete and sign an Appointment of Representative form. By completing this form you give that person legal permission to act as

your appointed representative for your coverage determination. Please submit this form to our Appeals Department at the address provided above.