



**First Level Grievance Appeal Rights**  
**IMPORTANT INFORMATION ABOUT YOUR GRIEVANCE APPEAL RIGHTS**

We processed your request for benefits based on the terms of your contract. Coverage decisions are based on your benefits package and the information sent with your request. If all or part of the items or services were not covered, you or your representative have the right to reasonable access to, and copies of all, documents, records and other information, such as the written rule, guideline, or criteria we used to decide about your request. The information is free if you write to us and ask for it.

**How to file a grievance appeal**

If you do not agree with our decision about your grievance, you or a person you name to act on your behalf (your representative) can file a grievance appeal. You can file by phone, fax or in writing — just make sure to do so within 60 business days from the date you receive this adverse decision. To file, call Customer Service at **1-877-842-3625** or TTY/TDD 711 if you have a hearing or speech impairment, Monday through Friday from 8 am – 8 pm (EST). You can also send, drop off or fax your grievance appeal to the addresses or number listed below:

**In writing by mail**  
**EmblemHealth**  
**Grievance and Appeal Dept**  
**PO Box 2844**  
**New York, NY 10116-2844**

**Drop off in person**  
**EmblemHealth**  
**441 9<sup>th</sup> Avenue**  
**New York, NY 10001**

**By fax**  
**EmblemHealth**  
**Grievance and Appeal**  
**Dept.**  
**1-212-510-5260**

Please be aware that you may forfeit your right to file a grievance appeal if you do not follow these filing instructions — even if you have asked us about the decision.

**Standard grievance appeal** – We will acknowledge and respond within 15 calendar days of receiving a grievance appeal for a pre-service request. For a post-service request, we will acknowledge your grievance appeal within 15 calendar days and respond within 30 calendar days from when we receive it.

**Expedited (fast) grievance appeal** – You can ask for an expedited grievance appeal if:

- your health care provider believes one is necessary because a delay would significantly increase the risk to your health or
- the standard grievance appeal timeframe could seriously harm your life, health or ability to regain maximum function, or subject you to pain that cannot be managed adequately.

We will make a decision on an expedited grievance appeal within two business days from when we receive all the necessary information, but no later than 72 hours from when we receive the grievance appeal.

(Continued)

**What happens next**

We will let you know our decision in writing within the timeframe allowed for a standard or expedited grievance appeal, whichever applies. For expedited grievance appeals, we will also notify you of our decision by phone.

**Other resources to help you**

If you have any questions about this decision or need help reading or understanding this notice, call EmblemHealth at **1-877-842-3625** or TTY/TDD 711 if you have a hearing or speech impairment, Monday through Friday from 8 am to 8 pm (EST).

If you have questions or need help with your appeal rights, contact the Community Service Society of New York. To reach a Community Health Advocate, call **1-888-614-5400**. You may also go online at [www.communityhealthadvocates.org/](http://www.communityhealthadvocates.org/), or write to Community Service Society of New York, 105 East 22nd Street, 8th floor, New York, NY 10010.

You can be assured that we will not retaliate or take any discriminatory action against you for filing a grievance appeal.

**ERISA Plan Information**

If you are a participant or beneficiary of an ERISA plan, you may also have the right to bring a civil action under section 502(a) of the Employment Retirement Income Security Act of 1974 (“ERISA”) following a final adverse benefit decision on your grievance appeal. You and your plan may have other voluntary alternative dispute resolution choices, such as mediation. You can find out what is available to you by contacting your local US Department of Labor Office and your State insurance regulatory agency. If you are not sure whether your health benefit plan is an ERISA plan, please contact your employer and/or plan sponsor. Please do not contact EmblemHealth for this information.

If we fail to follow the standards in this notice, we consider that you have completed our grievance process. You can then proceed with other available legal options.

**For more information about your grievance appeal rights, call us or see your Member Handbook.**

If you have questions or need help reading or understanding this notice or if you would like a copy of it in another language, please call EmblemHealth at **1-877-842-3625**.