

**HELENA SCHOOLS HEALTH PLAN**  
**APPEALS PROCESS**

If you are unsatisfied with the claims determination by the Third Party Administrator (TPA) and are or would like to appeal the decision then please see the process steps below:

1. The Plan participant filing the appeal must put the concern and the desired outcome in writing. The appeal must be filed within 180 days after determination of the Third Party Administrator (TPA). The Committee will not consider an appeal until the TPA has made a final determination. The TPA will notify the participant of their right to the level of appeals within 30 days.
2. In the **1<sup>st</sup> Level Appeal**, the review is done by the Plan Supervisor (Allegiance TPA). You must file a written request for a review of the claims decision within 180 days of the date of the claim notice. If you do not file a written request for review within 180 days, your request for review will be denied. Your request should contain the reasons why you do not agree with the decision of the Plan, and along with your appeal, you should send any additional or supporting documentation you would like the Plan to review in order for the Plan to provide a full and fair reconsideration of the claim. You should send your written request and additional information to the address:
  - Allegiance Benefit Plan Management, Inc.
  - PO BOX 3018
  - Missoula, MT 59806-3018

If you request a review within the 180 day period, the Plan Supervisor will review the claim. If the Plan needs additional information from you to reconsider the claim, the claims processing center will request the information needed from you and you will have 45 days to provide it. Upon receipt of complete information from you, a decision will be provided to you within 30 days of the date the Plan receives your request.

3. In the **2<sup>nd</sup> Level Appeal**, the review is done by the Plan Administrator (Helena Public School District #1). To do so, you must file a written request for appeal within 60 days after receiving the claim processing office's decision from the Plan Supervisor (TPA). If you do not file the written request within 60 days, the Plan Administrator will not consider your appeal and the claim determination will become final. If you submit your request for appeal within 60 days, the Plan Administrator will provide a final determination within 30 days from the date the Plan receives your request. You have the right to bring a civil action under Section 502(1) of ERISA or other applicable law for non ERISA plans following an adverse benefit determination by the Plan Administrator on appeal.
4. Upon request, you or your authorized representative may request to review all of the information which was the basis for the denial of the disputed portion of the claim. You must submit your request for the Information to the Plan at:
  - Allegiance Benefit Plan Management, Inc.
  - PO BOX 3018
  - Missoula, MT 59806-3018
5. After you exhaust the appeal process, you may also request and obtain an Independent External review by an Independent Review Organization (IRO). You can request the External Review at any time but doing it prior to the Appeals Levels will result in loss of 1<sup>st</sup> and 2<sup>nd</sup> Level Appeal. The review must be requested with a maximum of 120 days after the final appeal decision of the Plan Administrator. The request for external review must be made in writing and sent to the Plan Supervisor at the address in the 1<sup>st</sup> and 2<sup>nd</sup> Level Appeals. The Plan Supervisor will forward your request to the IRO and provide you with additional information about the external review process. Please refer to your Summary Plan Description for further information. All Appeals should be mailed to:
  - Allegiance Benefit Plan Management, Inc.
  - PO BOX 3018
  - Missoula, MT 59806-3018