BENEFITS ELIGIBILITY AND FAMILY MEMBER ELIGIBILITY VERIFICATION APPEAL PROCEDURES FOR EMPLOYEES AND POSTDOCTORAL SCHOLARS

Benefits Eligibility Appeal Procedures For Faculty/Staff and Postdoctoral Scholars

A claimant with a benefits eligibility issue must submit a request for coverage, which must be made in accordance with procedures established under the GIRs. No decision on the appeal will be made until an individual has submitted a written request for coverage and has provided pertinent information regarding the request as described below.

First Level of Appeal – A claimant whose claim has been denied, or his or her authorized representative, may ask for an independent review of the claim for eligibility under the GIRs. A written statement of appeal should be sent within 60 days of the written notice of the denial.

Submit the appeal via email to: HealthAndWelfareBenefitsAppeal-L@ucop.edu

Submit the appeal via postal mail to:

Executive Director, Benefits Programs & Strategy
ATTN: Health and Welfare Plan Appeals
University of California
300 Lakeside Drive, 6th Floor
Oakland, CA 94612-3555

The statement of appeal must:

a. request a review of the denial;
b. set forth all of the reasons and supporting facts and documentation upon which the request for review is based; and
c. include any issues or comments which the claimant deems relevant to the appeal.

Each appeal and any related written materials submitted by the claimant will receive a full and fair review within 60 days after receipt of the request for review unless the circumstances determine that a longer period for review is required, which may include time to review additional information or documents reasonably requested from the claimant, the carrier, the campus/laboratory/medical center location, the provider, or other relevant party. If additional time for review is needed, the claimant will be notified in writing of the need, and the reason, for the extended review period.

If the written notice includes a request that the claimant provide additional information or documents, the claimant must submit such information or documents within 30 days after

receipt of the notice. If the claimant and/or any other relevant party has been asked for additional information or documents, written notice of the decision shall be given within 60 days of receipt of all such information or documents. If the appeal is denied, the written notice of the decision to the claimant shall set forth the specific reasons for such denial and any specific references on which the decision is based.

Second Level of Appeal – If the first level of appeal sustained the decision to deny the claim, the claimant may ask the Plan Administrator to review the decision by submitting a written statement of appeal to the Vice President, Human Resources, of the University of California within 60 days after receiving a written notice of denial.

A second level appeal should be directed to:

Vice President, Human Resources
ATTN: Health and Welfare Plan Appeals
University of California, Office of the President
300 Lakeside Drive, 6th Floor
Oakland, CA 94612-3555

The decision of the Vice President, Human Resources regarding eligibility shall be final and conclusive upon all persons. With the Vice President's decision, the claimant will have exhausted all administrative remedies under the plan. If after exhausting these administrative claims procedures, the claimant still believes that eligibility for coverage has been improperly denied, the claimant has the right to initiate legal proceedings.

Family Member Eligibility Verification (FMEV) Appeal Procedures for Faculty and Staff

A claimant who wishes to appeal the cancellation of coverage may submit a written statement of appeal to the address below. **The Appeal Form or written statement must be received by the University of California, Office of the President within 60 days from the date of the written notice of cancellation.**

By Mail to UCOP: FMEV Appeal
ATTN: Director of HR Compliance
1111 Franklin St. #5208
Oakland, CA 94601

The Appeal Form or statement of appeal must

a. set forth all of the reasons and supporting facts and documentation upon which the request for review is based; and
b. include any issues or comments which the claimant deems relevant to the appeal.

Each appeal and any related written materials submitted by the claimant will receive a full and fair review within 60 days after receipt of the appeal, unless it is determined that circumstances require a longer period for review, which may include time to review additional information or documents reasonably requested from the claimant or other relevant party.

If additional time for review is needed, the claimant will be notified in writing of the need, the reason, and the timeframe for the extended review period. If the claimant and/or any other relevant party has been asked for additional information or documents, written notice of the decision will be given within 60 days of receipt of all such information or documents. If the appeal is denied, the written notice of the decision to the claimant will set forth the specific reasons for such denial and any specific references on which the decision is based.

The final decision regarding a cancellation of coverage appeal will be made by the University of California Vice President of Human Resources.