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## Administrative Appeal Form

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Dependent(s) at issue (if applicable): \_\_\_\_\_

Coverage at issue:	Medical	Dental	HSA/FSA	Other
Are you trying to:	Add coverage	Drop coverage	Change existing coverage	Spousal Surcharge
	Dependent Verification		Other	

Did you contact anyone for assistance prior to filing this appeal:    Yes, by phone    Yes, by email    No

- If yes, please attach copies of all correspondence
- If yes, to whom did you correspond or speak? \_\_\_\_\_

**Appeal Description:** Please provide the nature of or reason for your appeal and a statement detailing why you think you are eligible for benefit(s). Also, attach any documentation you feel supports your appeal. If you are submitting this appeal to add dependent coverage, please include dependent’s name and date of birth. Please also specify any, and all, plans and tier levels you would like to change (i.e., Value CDH Plan Employee + Spouse or Comprehensive Dental Employee + Family).

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<b>Please return to:</b> Chevron Phillips Chemical Company Benefits Plan Administrator 10001 Six Pines Drive The Woodlands, TX 77380	<b>Or Email:</b> <a href="mailto:CPCRABENEFITS@cpchem.com">CPCRABENEFITS@cpchem.com</a>
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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

(continued)

# Filing a Benefits Appeal

## **Most issues can be resolved by contacting the provider first.**

Chevron Phillips Benefits Service Center and HealthAdvocate are experts in handling and resolving medical, pharmacy, enrollment, spousal surcharge and wellness program matters. If you are experiencing an issue, contact them for assistance:

- Chevron Phillips Benefits Service: [www.myplansconnect.com/cpchembenefits](http://www.myplansconnect.com/cpchembenefits) 1-800-446-1422, option “1”
- HealthAdvocate: [www.healthadvocate.com/members](http://www.healthadvocate.com/members) or 1-866-799-2731

If matters cannot be resolved, employees have an appeals process outlined within each summary plan description (SPD) or insurance certificate. In the case of a discrepancy between verbal communication, this document, or other materials, the summary plan description of the respective plan or program, is the governing document.

## **Administrative Appeals (enrollment, dependent audit, surcharges)**

First Level Appeal:

- File within 180 days of the event date giving rise to the appeal
- Submit in writing to [CPCRBENEFITS@cpchem.com](mailto:CPCRBENEFITS@cpchem.com) or to Chevron Phillips Chemical Company, Benefits Plan Administrator, 10001 Six Pines Drive, The Woodlands, TX 77380
- Include request and supporting documentation as applicable
- Response will be received within 60 days

Second level appeals are available, and information is included as applicable in the first level appeal response.

## **Medical Appeals (claims, coverage, adverse benefit determination)**

First Level Appeal:

- File within 180 days of receipt of the Explanation of Benefits (EOB) or adverse benefit determination
- BCBSTX — submit to Blue Cross and Blue Shield of Texas Appeals Coordinator, P.O. Box 660044, Dallas, TX 75266-0044 or call 1-800-240-6430
- Include request and supporting documentation as applicable
- Response will be received within 30 days for pre-service claims, within 60 days for post service claims, and before treatment ends or is reduce for concurrent care claims

Second and third level appeals are available, and information is included as applicable in the first or second level appeal responses or in the SPD.

## **Prescription Drug Appeals (drug coverage — prior authorization, clinical denial, benefit exclusion, refill limit)**

First Level Appeal:

- File within 180 days of receipt of original denial or adverse benefit determination
- Mail to: CVS Caremark Appeals Department, P.O. Box 52084, Phoenix, AZ 85072-2084
- Include request and supporting documentation as applicable
- Response will be received within 30 days of receipt of written appeal

Second and third level appeals are available, and information is included as applicable in the first or second level appeal responses or in the SPD.

**For information on appeals for other products, please refer to the respective SPD or insurance certificate on [mycpchembenefits.com](http://mycpchembenefits.com).**