



# Filing a Benefits Appeal

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

The CPChem 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:

- CPChem Benefits Service Center: [digital.alight.com/cpchem](https://digital.alight.com/cpchem) or 1-833-964-3575
- HealthAdvocate: [www.healthadvocate.com/members](https://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](https://mycpchembenefits.com).**