

## CLAIMS AND APPEALS

### HOW TO FILE A CLAIM

You should present your health care identification card whenever you go to the Hospital, outpatient treatment facility, physician, or other health care Provider of covered services anywhere in the country. If you go to a Pharmacy, you should also show your health care identification card. Most health care Providers will bill the Carrier and be paid directly by the Carrier. Contact information for your Carrier, including addresses, is also included in your Schedule of Benefits or Certificate of Coverage.

When the Provider does not file the claim for you, the charges should be submitted directly to the Carrier at the address that is on your health care identification card.

All claims for Medicare enrolled individuals should be submitted to Medicare before being submitted to a Carrier. In many states, a Carrier may have a “crossover” arrangement with the Medicare Carrier. This means that when Medicare processes the claim, it provides information directly to the Carrier, which then processes the secondary balance. In that case, you will receive a combined Explanation of Benefit (EOB) statement that illustrates how both Medicare and the Plan paid the claim.

### DEADLINE FOR FILING CLAIMS

Claims are due **not later than** the end of the calendar year following the year of service. Claims received after the one-year period will be denied unless you can show that it was not possible to provide such notice of claim within the required time and that the claim was filed as soon as was reasonably possible.