Your Rights and Protections as a Member of Advantage U Signature (PPO)

Information about Organization & Coverage Determinations, Appeals and Grievances, Exceptions

You may refer to Chapter 9 of your Evidence of Coverage (EOC) for more information on any of these topics. You received a copy of the EOC when you joined your Advantage U Signature (PPO) plan, and you can also find it on this website. Our Customer Service Department can be reached by calling 1-855-275-0374 (TTY: 711).

COVERAGE DECISIONS & APPEALS

An organizational coverage decision is a decision Advantage U makes about your benefits and coverage or about the amount we will pay for your medical services or drugs. You may ask for medical care and prescription drug coverage by contacting our Customer Service Department. Requests for reimbursement for services or drugs you have already received and paid for must be submitted in writing. We use the “standard” deadline for our decisions, unless we have agreed to use the “fast” deadlines. You can ask for a “fast” initial decision if your request for medical care or Part D drug benefits needs to be decided more quickly than within the standard time frame.

<table>
<thead>
<tr>
<th>Initial Request for Service or Benefit</th>
<th>Standard Decision Deadline</th>
<th>Fast Decision Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Request</td>
<td>Up to 14 days after receipt</td>
<td>Within 72 hours after receipt</td>
</tr>
<tr>
<td>Medical Care Already Received</td>
<td>Up to 60 days after receipt</td>
<td>N/A</td>
</tr>
<tr>
<td>Drug Covered by Part B or Part D</td>
<td>Up to 72 hours after receipt</td>
<td>Within 24 hours after receipt</td>
</tr>
<tr>
<td>Part D Drug Already Received</td>
<td>Up to 14 days after receipt</td>
<td>N/A</td>
</tr>
</tbody>
</table>

If you disagree with our coverage decision, you can make an appeal, asking us to review our decision. We will decide whether to stay with our original decision or change this decision and give you some or all of the care, benefit or payment you request. Your appeal request must be made within 60 days of the initial decision.

You can ask for a “fast appeal” if your request for medical care or Part D drug benefits needs to be decided more quickly than within the standard time frame.

<table>
<thead>
<tr>
<th>Appeal Type</th>
<th>Must be Filed By</th>
<th>Your Filing Deadline</th>
<th>Our Decision Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard - Medical Care Request</td>
<td>Mail</td>
<td>Within 60 days of initial decision</td>
<td>Up to 30 days after receipt</td>
</tr>
<tr>
<td>Standard - Medical Care Already Received</td>
<td>Mail</td>
<td>Within 60 days of initial decision</td>
<td>Up to 60 days after receipt</td>
</tr>
<tr>
<td>Standard - Drug Covered by Part B or Part D</td>
<td>Mail or Fax</td>
<td>Within 60 days of initial decision</td>
<td>Up to 7 days after receipt</td>
</tr>
<tr>
<td>Fast - Medical Care Request or Drug Covered by Part B or Part D</td>
<td>Phone, Mail or Fax</td>
<td>Within 60 days of initial decision</td>
<td>Up to 72 hours after receipt</td>
</tr>
</tbody>
</table>
You may submit your appeal by mail, fax or phone to:

**Standard Medical Appeal**

Mail: Advantage U  
Attn: Appeals  
PO Box 3389  
Scranton, PA 18505

**Fast Medical Appeal**

Phone: 1-866-275-0374

**Standard Prescription Drug Appeal**

Mail: Advantage U  
Attn: Appeals  
PO Box 52000 MC109  
Phoenix, AZ 85072-2000

**Fast Prescription Drug Appeal**

Phone: 1-855-344-0930  Fax: 1-855-633-7673

If we deny your appeal request, an Independent Review Organization will review your request for medical care (Part C) and Part B benefits. You may ask for an independent review of a Part D drug benefit decision.

**Part C Medical** MAXIMUS Federal Services, Inc.  
**Part D Drug:** MAXIMUS Federal Services, Inc.  
**Part B** Medicare Managed Care & PACE  
**Part D QIC**

Drugs: 3750 Monroe Ave., Suite 702  
Pittsford, NY 14534-1302

If you are unhappy with the decision made by the Independent Review Organization and the dollar value of appeal meets a minimum level, you may be able to ask for an Administrative Law Judge to consider your case. Additional reviews may be available by the Medicare Appeals Council and the Federal District Court.

**ASKING FOR AN EXCEPTION TO THE DRUG FORMULARY**

You can ask for an exception to the coverage rules of our drug formulary on the “Medicare Prescription Drug Coverage Determination Request Form.” This form is available online. You can complete and submit the form online, or you can download the form and mail it to the address on the form. You can also mail or fax a request to the address or fax number specified on the Medicare Prescription Drug Coverage Determination Request Form.

Generally, Advantage U will only approve your request for an exception if the alternative drug(s) included on the plan’s formulary or the lower-tiered drug would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

**DISCHARGED FROM A HOSPITAL TOO SOON**

The day you leave the hospital is called your “discharge date.” Our plan’s coverage of your hospital stay ends on this date. If you think you are being asked to leave the hospital too soon, you can ask for a longer hospital stay and your request will be considered. If you want to appeal, you must contact the Quality Improvement Organization (QIO) no later than your planned discharge date and before you leave the hospital.

If you think you are being discharged too soon and want to have your discharge reviewed, you must contact the QIO:

**Mail:** KEPRO  
5700 Lombardo Center Dr Suite 100  
Seven Hills, OH 44131

**Phone:** 1-888-317-0891 (TTY: 1-888-846-4776)
TERMINATION OF SERVICES (SNF, CORF, HHA)

If we decide to end coverage for your Skilled Nursing Facility (SNF), Comprehensive Outpatient Rehabilitation Facility (CORF), Home Health Agency (HHA) services, you will receive a written advance notice called the “Notice of Medicare Non-Coverage” (NOMNC) either from us or your provider at least two calendar days before your coverage ends. You have the right by law to ask for an appeal of our termination of your coverage. As will be explained in the notice you get from us or your provider, you can ask the QIO to do an independent review of whether our terminating your coverage is medically appropriate. Use the contact information shown above to reach the QIO.

MAKING COMPLAINTS (GRIEVANCES)

We are always working to improve the quality of service and care that our members receive. If you have any concerns or dissatisfaction with the plan, you have the right to file a complaint, which is also called a grievance. This could include problems related to quality of care from our providers, wait times at providers' offices, or the customer service you receive. If your dissatisfaction is with a coverage or payment decision, this is handled through the appeals process as discussed above.

Your grievance must be submitted within 60 days of the event or incident. You may contact our Customer Service Department to express your grievance. If you prefer, you may send your grievance in writing to:

Medical Grievances
Advantage U
Grievances
PO Box 3389
Scranton, PA 18505
Phone: 1-855-275-0374
Fax: 1-855-215-6952

Pharmacy Grievances
Advantage U
Grievances
PO Box 30016
Pittsburgh, PA 15222-0330
Phone: 1-888-970-0851
Fax: 1-855-633-7673

We must notify you of our decision about your grievance as quickly as your case requires based on your health status, but no later than 30 calendar days after receiving your complaint. We may extend the time frame by up to 14 calendar days if you request the extension, or if we justify a need for additional information and the delay is in your best interest.

CUSTOMER SERVICE

Advantage U wants to be your partner in good health. In this role, we are always working to improve the quality of care and service that our members receive. For more information about any of these topics, please refer to your Evidence of Coverage, available on this website or by calling customer service at 1-855-275-0374 (TTY: 711), 8 a.m. to 8 p.m., seven days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.

Advantage U is a PPO plan with a Medicare contract. Enrollment in Advantage U depends on contract renewal.

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