

IMPORTANT INFORMATION ABOUT YOUR APPEAL RIGHTS

*For more information about your appeal rights,
call us or see your 2007 UPREHS Prime Medicare Plan Benefit Guide*

THERE ARE TWO KINDS OF APPEALS YOU CAN REQUEST

Expedited (72 hours) - You can request an expedited (fast) appeal if you or your doctor believes that waiting up to 7 days for a decision could seriously harm your health. If your request to expedite is granted, we must give you a decision no later than 72 hours after we get your appeal.

- **If the doctor who prescribed the drug(s)** asks for an expedited appeal for you, or supports you in asking for one, and the doctor indicates that waiting for 7 days could seriously harm your health, **we will automatically expedite your appeal.**
- If you ask for an expedited appeal without support from a doctor, we will decide if your health requires an expedited appeal. If we do not give you an expedited appeal, we will decide your appeal within 7 days.
- Your appeal will not be expedited if you've already received the drug you are appealing.

Standard (7 days) - You can request a standard appeal. We must give you a decision no later than 7 days after we get your appeal.

WHAT DO I INCLUDE WITH MY APPEAL REQUEST?

You should include your name, address, Member ID number, the reasons for appealing, and any evidence you wish to attach. If your appeal relates to a decision by us to deny a drug that is not on our formulary, your prescribing physician must indicate that all the drugs on any tier of our formulary would not be as effective to treat your condition as the requested off-formulary drug or would harm your health.

HOW DO I REQUEST AN APPEAL?

For an Expedited Appeal: You or your appointed representative should contact us by telephone or fax at the numbers below:

Phone: 800-0547-0421

Fax: 801-595-4399

For a Standard Appeal: You or your appointed representative should mail or deliver your written appeal request to the address below:

Union Pacific Railroad Employee Health Systems
PO Box 161020 Salt Lake City, Utah 84116-1020

What Happens Next? If you appeal, we will review your case and give you a decision. If any of the prescription drugs you requested are still denied, you can request an independent review of your case by a reviewer outside of your Medicare Drug Plan. If you disagree with that decision, you will have the right to further appeal. You will be notified of your appeal rights if this happens.

Contact Information:

If you need information or help, call us at:

Toll Free: 800-547-0421

TTY: Use the national access number 711

Other Resources To Help You:

Medicare Rights Center

Toll Free: 1-888-HMO-9050

Elder Care Locator

Toll Free: 1-800-677-1116

1-800-MEDICARE (1-800-633-4227)

TTY: 1-877-486-2048

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