

If you disagree with the determination of benefits, you or your authorized representative may file an appeal.

All appeals, except appeals involving urgent care, must be in writing. See your Summary Plan Description for details regarding your Plan's appeal procedures, how long you have to file an appeal, where to send your appeal, and your rights thereunder.

Your Rights Under the Plan's Appeal Process

As part of this review process, you or your authorized representative may request access to and obtain, free of charge, copies of all documents, records, and other information relevant to the denied claim. You and your authorized representative also have the right to submit written comments, documents, records, and other information regarding the claim.

In processing your application for review, UNITE HERE HEALTH will not defer to the initial determination of benefits. It will consider and investigate, as necessary, all written comments, documents, records, and any other information submitted for review without regard to whether that information was submitted or considered in the initial benefit determination.

UNITE HERE HEALTH will render a decision within the time period specified in your Summary Plan Description.

Requirement to Exhaust Appeal Procedures

You may not sue for benefits denied until the appeal procedures set forth above have been exhausted. However, following an adverse benefit determination on review, you have the right to bring a civil action under sections 502(a) of the Employee Retirement Income Security Act of 1974, as amended.