

## Important Information About Your Appeal Rights

### What happens if I do not agree with a decision?

**You have the right to appeal the decision.** You may appeal the decision during the 180 days after receiving this communication. If you have a valid reason which does not allow you to comply with this term, additional time could be granted. The appeal must be presented in writing, contain your arguments, and include any document, record or information that you believe supports your claim. You may also request a reasonable access, free of charge, to copies of the documents, protocols, procedures, and other information used to make the determination.

### Who can appeal?

You or your doctor can appeal the decision. You can also name a family member, friend, lawyer, doctor (who is not the doctor ordering the treatment) or any other person to act on your behalf. Other persons may be authorized by law to represent you.

You may contact us to learn how to designate a representative.

If you wish for someone to represent you, you and your representative must send us a statement that indicates you have named him as such. The document must be signed and dated by both of you.

### There are two types of appeal that you may request:

- 1. Standard (30 days)**- You may request a standard appeal, which means that we must notify you our decision related to the appeal within 30 days.
- 2. Expedited (72 hours)** - You may request an expedited appeal if you or your doctor considers that your health may be at risk if you have to wait 30 days for a decision to be made. Decisions for expedited appeals are made within 72 hours of receipt of your appeal request.
  - If a doctor** appeals a decision for you, or is supporting your appeal, and states that waiting 30 days for the decision could be harmful to your health, **we will automatically grant you the expedited appeal.**

### What must I include in the appeal?

Your written appeal request must include: your name, address, cardholder ID number, reason for appeal, and any other evidence you wish to include. You may include medical reports,

doctor's letters or any other information that supports your claim. If you need such information, request it from your doctor. You may submit the documents by mail or in person.

**Where do I send/deliver the appeal?**

Metro Office Park 6  
Street 1 Suite 101  
Guaynabo, PR 00968

**Other available resources**

If your plan is provided by your employer or an employee organization, you may present a civil claim, under ERISA section 502(a), but only after using the previously described appeal request process.

If you need additional information, please call the Customer Service Call Center , whose number appears on the back of your plan ID card.