

APPEALING THIS DECISION

Don't agree with what we paid? You have the right to make a complaint or appeal.

If you don't agree with how we paid these claims, or if you think that we should have paid for something (in whole or in part) that we did not cover, you have the right to make an appeal. An appeal is the formal process of asking us to change the decision we made to deny your claim or part of your claim. This is also called a grievance.

How to File an Appeal (Grievance)

You can appeal within 180 days of the date of this letter. You, or someone acting on your behalf, can tell us that you want to make an appeal. We will send you a letter within 15 calendar days to tell you that we got your appeal and will also send you a letter within 30 calendar days of when we got your appeal to tell you our decision. If you do not make your appeal within 180 days of this letter, you may lose your right to make an appeal, even if you asked us to explain our decision or this letter.

You, or your representative, has the right to see copies of all documents or other information we used to make our decision. This can include rules, protocols, guidelines as well as the diagnosis code and meaning, and treatment code and meaning. You don't have to pay for this, but you may have to write to us to ask us for it. Use the EmblemHealth Grievance and Appeals address.

You can appeal by:

Writing to: EmblemHealth, NYS Customer Service, PO Box 12365, Albany, NY 12212-2365. You may also call EmblemHealth Customer Service at **800-947-0101 (TTY: 711)**. Our hours are 8 am to 6 pm, Monday through Friday. A Customer Service representative will be happy to help. You can also visit our offices at 80 Wolf Road, 4th Floor, Albany, NY 12205.

Writing to: EmblemHealth Grievance and Appeals, PO Box 2844, New York, NY 10116-2844. Be sure to include:

- Member information: Name, member ID, address, phone number, date of birth, and relationship to the subscriber. The subscriber is the primary person who signed up for the health insurance, or an employee who is covered under the employer group.

- Claim information: The claim number(s) and dates of service you are appealing, your doctor's name or the name of the facility that provided the service, the phone number and address of the health care professional or facility, and anything else you think is important to help us reconsider our original decision.

If we fail to follow the standards in this notice, we consider that you have completed our appeal process. You can then proceed with other available legal options.

Other Resources

If you have questions or need help with your appeal rights, contact the Community Service Society of New York. To reach a Community Health Advocate, call **888-614-5400**. You may also go online at **communityhealthadvocates.org**, or write to Community Service Society of New York, 633 Third Avenue, 10th Floor, New York, NY 10017. You can also send an email to **cha@cssny.org**.

You can make a complaint at any time by calling the New York State Department of Health at **800-206-8125** or by visiting **health.ny.gov**.

If your coverage is sponsored or provided by an ERISA (Employee Retirement Income Security Act of 1974) plan and you disagree with the decision we make on your appeal, you may have the right to take civil action against us under Section 502(a) of ERISA. To find out if your plan is an ERISA plan, speak with your employer or plan sponsor.

Health care fraud leads to higher premiums and reduced levels of service for all Americans. Help us fight fraud, waste, and abuse. If you did not receive the services listed on this statement or suspect illegal activity involving your benefits, please contact us at **888-4KO-FRAUD (888-456-3728)**. You don't have to give us your name. Anyone who knowingly submits a claim containing false or misleading information is guilty of insurance fraud.

Emergency Services and Surprise Bills

If you received emergency services in a hospital, you may have seen a doctor who was not part of our network. A network is a group of health care professionals or facilities that contract with EmblemHealth. They provide covered products and services to members. You'll usually pay less when you use this network. During an emergency, you should not pay more for services from an out-of-network doctor than you would have from an in-network doctor when you get services at an in-network hospital. If you are billed more for emergency services than what you would have to pay if you saw an in-network doctor, call us at the number on the back of your ID card or go online to **[emblemhealth.com/outofnetwork](https://www.emblemhealth.com/outofnetwork)** for more information about your protections.

If you got a bill from an out-of-network doctor when you got services in-network, this may be a "surprise bill." If this bill is for an amount more than what your cost-share would have been had the doctor or health professional been in-network, or if we denied your claim for the bill, we may be able to help you. Your cost-share is your share of costs for covered services that you pay out-of-pocket. This can include copays, coinsurance, or deductibles. Please call Customer Service at the number on the back of your member ID card. You can also visit us at **[emblemhealth.com/outofnetwork](https://www.emblemhealth.com/outofnetwork)** for more information about your protections, or for more detail about what is considered a surprise bill.

In the case of both a surprise bill or a bill for emergency services, your cost-sharing may increase if an independent dispute resolution entity (IDRE) tells us that we have to pay more for the services of the out-of-network doctor. We will let you know if this is the case.

You may have asked us to reimburse you for an out-of-network claim. If you later sent us an Assignment of Benefits form asking us to pay the out-of-network doctor or health care professional directly, you will have to send the doctor or health care professional the amount we paid you for this claim.

Definitions

Amount billed: The amount billed by the health care professional or facility (physician, hospital, etc.) for services that you or your covered dependents received.

Amount not covered: Any part of the amount billed that was not eligible for payment based on the rules of your plan. For example, if the charges were for services or products that are not covered by your plan, if the health care professional or facility billed us more than once for the same service, or for charges submitted that are above the maximum amount your plan covers for out-of-network care. Some of these charges will not be your responsibility but you may have to pay for others.

Coinsurance: After you pay your deductible, you and your plan may share the cost of your care. The percentage you pay is called coinsurance.

Copay: The flat fee you pay for certain services such as doctor visits or prescriptions.

Deductible: The amount you have to pay before the plan starts to pay for certain services.

EmblemHealth discount: The amount you save by using a health care professional or facility (doctor, hospital, etc.) that is part of an EmblemHealth network. EmblemHealth has contracts with its in-network doctors, hospitals, and other facilities to help you save money.

In-network: A group of health care professionals and facilities (doctors, hospitals, labs, etc.) that contract with EmblemHealth. They provide covered products and services to members. Using in-network services usually means you will pay a lot less.

Maximum out-of-pocket: The most you will pay for covered health services from in-network providers in any year. After that, we'll pay for all your covered in-network health care.

Other insurance: You may have other insurance that is responsible to pay for a portion of this claim. The amount they owe or have paid is included on the claim detail page.

Out-of-network: Health care professionals and facilities (doctors, hospitals, labs, etc.) that do not contract with EmblemHealth. Depending on your plan, you may be able to use out-of-network services, but you may pay more for the same services, and you might have to file a separate claim for us to pay you back.

What EmblemHealth paid: The portion of the amount billed that was paid by your health care plan.

What you owe or may have already paid: The portion of the billed amount that you have to pay. This amount might include your deductible, coinsurance, copay, any amount over the maximum reimbursable charge, or charges for products or services not covered by your plan. Remember that you may have already paid some of this amount. For example, your doctor may have collected your copay at the time of the visit.

Important information: Your claim may not be eligible for the surprise bill or emergency services and out-of-network protections described above. Some of your rights may differ if your plan is:

- Self-insured
- Non-comprehensive (medical only, hospital only, limited benefits, etc.)
- Exempt from New York State insurance law

Your rights may also differ if you are covered by Medicare, if your plan does not have a provider network, or if you got your services outside of New York State.

Click here to see how to get help in a language other than English.

| TOOTH CODE CHART DEFINITIONS | |
|------------------------------|---|
| Alpha Code | |
| FM | Work Performed on the Entire Mouth (Full mouth) |
| UL | Work Performed on the Upper Left Quadrant of the mouth |
| UR | Work Performed on the Upper Right Quadrant of the mouth |
| LL | Work Performed on the Lower Left Quadrant of the mouth |
| LR | Work Performed on the Lower Right Quadrant of the mouth |
| UA | Work Performed on the Upper Arch (Top of the mouth area) |
| LA | Work Performed on the Lower Arch (Bottom of the mouth area) |

| Tooth Number: | | Definitions of Adult's Tooth Numbers: |
|---------------|------------|--|
| Upper Arch | Lower Arch | |
| 01 & 16 | 32 & 17 | Work Performed on the Third Molar |
| 02 & 15 | 31 & 18 | Work Performed on the Second Molar |
| 03 & 14 | 30 & 19 | Work Performed on the First Molar |
| 04 & 13 | 29 & 20 | Work Performed on the Second Pre-Molar |
| 05 & 12 | 28 & 21 | Work Performed on the First Pre-Molar |
| 06 & 11 | 27 & 22 | Work Performed on the Cuspid |
| 07 & 10 | 26 & 23 | Work Performed on the Lateral Incisor |
| 08 & 09 | 25 & 24 | Work Performed on the Central Incisor |
| Tooth Number: | | Definitions of Child's Tooth Numbers: |
| Upper Arch | Lower Arch | |
| A & J | T & K | Work Performed on the Second Molar |
| B & I | S & L | Work Performed on the First Molar |
| C & H | R & M | Work Performed on the Cuspid |
| D & G | Q & N | Work Performed on the Lateral Incisor |
| E & F | P & O | Work Performed on the Central Incisor |