



Administrative Rule 1801: Appeals

Benefits Plan Reference: Section 1 - General Provisions

Original Date: 04/2022

Revision Date: 01/2025

Overview

Benefits Plan members or beneficiaries (claimants) may appeal any adverse claim or eligibility determination made by the Board or its service providers (e.g., Aetna, Highmark Blue Cross Blue Shield, Quantum Health, Express Scripts, or Lincoln Financial Group). All claimants must submit appeals in writing within 180 days of the denied claim.

Except for Medical Plan appeals, the appeals process involves an initial internal review, followed by a final review by the Board's Appeals Board, if needed. For all appeals, claimants may review the claim file and submit supporting information. If new evidence is considered, the claimant will be informed in advance.

Appeal types and instructions

Type	Reviewed by	Criteria	Submit to
Financial protection (pension, RSP, death, disability, life plans)	The Board or Lincoln Financial Group (disability only)	<ul style="list-style-type: none"> ✓ Written explanation and documentation ✓ Submit within 180 days ✓ Response within 60 days (extensions allowed with notice) 	Pension, RSP, death: Vice President, Income Security Board of Pensions 2000 Market St. Philadelphia, PA 19103-3298 Disability: Lincoln Financial Group P.O. Box 7206 London, KY 40742- 7206 Fax: 603-334-0401

Type	Reviewed by	Criteria	Submit to
Eligibility & dues	Board of Pensions	<ul style="list-style-type: none"> ✓ Decision provided within 90 days of claim ✓ Extensions up to 90 more days with notice ✓ Response to appeal within 60 days 	Eligibility: Director, Plan Administration Dues: EVP, Plan Operations Board of Pensions 2000 Market St. Philadelphia, PA 19103-3298
Medical & behavioral health	Quantum Health (medical); Independent reviewer (final)	<ul style="list-style-type: none"> ✓ Initial review by Quantum Health ✓ External appeal if dissatisfied or time frames missed ✓ Submit within 180 days ✓ Decision timelines: <ul style="list-style-type: none"> ○ Urgent: 72 hrs ○ Preservice: 15 days ○ Postservice: 60 days 	Quantum Health 5240 Blazer Parkway Dublin, OH 43017
Prescription drugs	Express Scripts	Same as Medical Plan	Express Scripts P.O. Box 66588 St. Louis, MO 63166
Dental	Aetna	Same as Medical Plan	Aetna Appeals Dept. P.O. Box 14597 Lexington, KY 40512

Urgent care and external review

- Urgent claims: Resolved within 72 hours. If more information is needed, claimants have 48 hours to respond.
- External review: Must be requested within four (4) months of internal denial. Conducted by a state-accredited Independent Review Organization. Binding decision issued within 45 days. Expedited reviews available. Costs covered by the plan.

Final appeals: Board's Appeals Board

The Board's Appeals Board reviews all final appeals (excluding those for Medical Plan). Members of the Appeals Board includes the President and three senior managers not involved in initial decisions. Claimants must submit appeals to the Appeals Board within 60 days of the initial appeal response.

Send final appeals to:

Appeals Board Secretary
Board of Pensions
2000 Market Street
Philadelphia, PA 19103-3298
Fax: 215-587-6215

The Appeals Board strives to reach a decision within 45 days. Claimants may submit written materials but may not appear in person. The Appeals Board's decision is final and binding. Claimants may pursue legal remedies after a decision is reached.