

# About Your Complaint and Appeal Rights

You can make complaints about:

- the care or service we provide
- the quality or availability of a healthcare service
- the care or service you get from any provider in our network

You also have the right to appeal any action we take or decision we make about your coverage.

## What if I need help understanding a denial?

Check your member booklet or benefits summary to understand what your plan does or does not cover. You can learn more about explanation of benefit notices or medical necessity on our website. If you still have questions, call Customer Service at 800-971-1491.

## What if I don't agree with a decision my health plan makes?

You have the right to appeal such a decision within 180 days of the date you get notice of our decision.

## How do I make a complaint?

Call Customer Service at 800-971-1491. The complaint process allows Customer Service to quickly and informally correct errors, clarify benefits, or take steps to improve our service.

Customer Service may ask you to send your complaint for review through the formal internal appeals process outlined below.

## How do I file an appeal?

Use our [Member Appeal form](#), or send a letter to:

LifeWise Assurance Company  
Attn: Member Appeals P.O. Box 91102  
Seattle, WA 98111-9202

Or fax our Appeals Department at 425-918-5592.

## What if my situation is urgent?

If your provider thinks a delay will harm your health and we agree, we will speed up your review.

## Who may file an appeal?

You or someone you choose to act for you may file an appeal. Complete the [Appeals Authorization for Release of Healthcare Information and Records form](#) if you want to have someone act for you.

## Can I offer more information about my claim?

Yes, you may send us more information with your appeal submission.

## Can I ask for copies of information related to my claim?

Yes, you may ask for copies by contacting us at 800-971-1491. There is no cost for these copies.

## What happens next?

If you file an appeal, we will review our decision and send you a written response. If we continue to deny the payment, coverage, or service request, we will send you information about further appeal rights, including those about independent review.

## Resources to help you:

If you have questions about a denial of a claim or your appeal rights, contact LifeWise Assurance Customer Service for help at 800-971-1491. You may also get help from the Washington Consumer Assistance Program. If the Employee Retirement Income Security Act of 1974 (ERISA) governs your plan, you can also contact the Employee Benefits Security Administration of the U.S. Department of Labor.

Washington Consumer Assistance Program  
5000 Capitol Blvd.  
Tumwater, WA 98501  
800-562-6900

[www.insurance.wa.gov](http://www.insurance.wa.gov)

Employee Benefits Security Administration  
866-444-3272

If you have any questions, please call Customer Service at 800-971-1491.

Para obtener ayuda en español, llámenos al número de teléfono que se indica arriba.

Sa pagtamo ng tulong sa Tagalog, tawagan kami sa nasa itaas na numero ng telepono.

如果想用中文獲取幫助，請撥打上面的電話號碼聯繫我們。

Diné k'ehjí yálti'ígíí shíka'adoolwoł nínizingo díí béesh bee hane'é bich'i'hodíilnih.

Our TDD/TTY number for the deaf or hard of hearing is 800-842-5357.

### Discrimination is Against the Law

LifeWise Assurance Company (LifeWise) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. LifeWise does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). LifeWise provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator – Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-6396, Fax: 425-918-5592, TTY: 711, Email [AppealsDepartmentInquiries@LifeWiseHealth.com](mailto:AppealsDepartmentInquiries@LifeWiseHealth.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

### Language Assistance

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-971-1491 (TTY: 711).

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-971-1491 (TTY: 711)。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-971-1491 (TTY: 711).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-971-1491 (TTY: 711) 번으로 전화해 주십시오.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-971-1491 (телетайп: 711).

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-971-1491 (TTY: 711).

**УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-971-1491 (телетайп: 711).

**ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 800-971-1491 (TTY: 711)។

**注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。800-971-1491 (TTY:711) まで、お電話にてご連絡ください。

**ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-971-1491 (መስማት ለተሳናቸው: 711)።

**XIYYEEFFANNA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-971-1491 (TTY: 711).  
*ملحوظة:* إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-971-1491 (رقم هاتف الصم والبكم: 711).

**ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-971-1491 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.  
Rufnummer: 800-971-1491 (TTY: 711).

**ໂປດອຸບ:** ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-971-1491 (TTY: 711).

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-971-1491 (TTY: 711).

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-971-1491 (ATS : 711).

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-971-1491 (TTY: 711).

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-971-1491 (TTY: 711).

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-971-1491 (TTY: 711).

**توجه:** اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-971-1491 (TTY: 711) تماس بگیرید.