

HOW TO FILE CLAIMS UNDER THE MEDICARE SUPPLEMENT PROGRAM

The Plan offers a Medicare Supplement Program for Medicare eligible Participants. This Medicare Supplement Program provides payments for eligible expenses under Medicare which are not covered by the Participant's Medicare Part A or B benefits.

Most providers will file a request for reimbursement for a Medicare-covered service electronically. If the electronic filing procedure is used, the Fund will handle the necessary coordination, to include issuing payment where necessary to cover the Fund's portion of the expense. As a result, you will not be involved in the claim process when the claims are electronically filed by the provider, which is typically the case.

In some instances, however, your provider may not use the electronic filing procedure. In these cases, the following process applies:

- In order to file a claim for coverage, you must provide written notice of the claim to the Fund as soon as possible after incurring the claims for benefits. However, before any claims are paid under the Medicare Supplement Program, you must file the claim with Medicare and receive an Explanation of Benefits from them.
- Once you receive the Explanation of Benefits from Medicare, you must:
 - Complete the Medicare Supplement Program Claim Form;
 - Send a copy of the original itemized bill sent to Medicare;
 - Send a copy of the Medicare Explanation of Benefits.
 - Please remember to make copies of the items before sending them to the Medicare Supplement Program at the address indicated on the Claim Form.
- The Fund will process your claim within 30 days unless special circumstances require additional processing time. If additional time is needed to process your claim, the Medicare Supplement Program may request additional information from you or the provider. You and/or your physician will have at least 45 days to submit additional information.

When certain expenses are not eligible under the Medicare Supplement Program, you will be notified by the Fund that the claim is denied with an explanation of the reasons for the denial. You will receive a Notice of the Adverse Benefit Determination in writing which contains the following:

- The specific reasons for the adverse benefit determination;
- The specific reference to the Plan and/or Summary Plan Description provisions on which the adverse benefit determination was based;
- A description of any additional materials or information necessary for you to perfect your claim and an explanation of why such material or information is necessary;
- The notice of any internal guidelines or protocols used in making the decision, if applicable, and your right to receive a copy;
- A notice of your right to a written explanation of any exclusion which affects your claim; and
- A description of any appeals rights that you may have available.