

# APWU Health Plan Appeals Fact Sheet



## Overview

Members have the right to appeal a denied claim or request reconsideration of a Health Plan decision. The process and timeframe are outlined in Sections 3, 7, and 8 of your Plan brochure.

## Step-by-Step Appeal Process



### Step 1: Submit Appeal

- Submit a written appeal within 6 months of denial.
- Include why the decision was wrong and supporting documents.
- Send to:
  - APWU Health Plan, P.O. Box 8660, Elkridge, MD 21075 (High Option)
  - UnitedHealthcare Appeals, P.O. Box 740816, Atlanta, GA 30374-0816 (Consumer Driven Option)

### Step 2: Plan Review of Appeal

- Plan responds within 30 days: approve, deny, or request more information.
- If more information is needed, send it within 60 days.

### Step 3: Request Review by OPM

- If denied again, you may appeal to OPM.
- Submit within 90-120 days, depending on your situation.
- Mail to:
  - **Federal Employee Health Benefits Members**  
United States Office of Personnel Management  
Healthcare and Insurance  
Federal Employees Insurance Operation - FEHB2  
1900 E Street, NW  
Washington, DC 20415-3620
  - **Postal Service Health Benefits Members**  
United States Office of Personnel Management  
Health and Insurance  
Postal Service Insurance Operations  
1900 E Street, NW  
Washington, DC 20415

### Step 4: File in Federal Court

- Final step, if you disagree with OPM's decision.
- Deadline: December 31 of the third year after the denied service.

## Need Help?

- Call 1-800-222-2798 or write to:  
APWU Health Plan, Public Relations Department  
6514 Meadowridge Road, Suite 195  
Elkridge, MD 21075

