

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.
- Mail 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)
- Submit online:
 - Visit www.apwuhp.com; click on Claims and Appeals, located in the website footer, to access the online forms, or simply click on the following link:
[What are my rights to appeal APWU Health Plan's decision about a claim? | APWU Health Plan](#)

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

