2027 Blue Cross and Blue Shield Service Benefit Plan
FEP Blue Standard and FEP Blue Basic
Section 8(a). Medicare PDP EGWP Disputed Claims Process

When a claim is denied in whole or in part, you may appeal the denial. To learn more about your rights and how to file a dispute, please follow the instructions found at www.fepblue.org/medicarerx/resources.

Our Plan follows the Medicare Part D appeals process for Part D drugs covered under the Plan's Medicare Part D Employer Group Waiver Plan (PDP EGWP).

If the denied drug is excluded by Medicare Part D but is covered under the PSHB Plan's non-Part D supplemental benefit, the denial must be appealed using the PSHB disputed claims process described in Section 8, not the Medicare Part D appeals process. Section 8 does not govern Medicare Part D appeals for the PDP EGWP.

The denial notice will tell you which appeals process applies.

Request for Reconsideration of Medicare Prescription Drug Denial

Because your Medicare drug plan has upheld its initial decision to deny coverage of, or payment for, a prescription drug you requested, or upheld its decision regarding an at-risk determination made under its drug management program, you have the right to ask for an independent review of the plan's decision. You need the form to request an independent review of your drug plan's decision. You have 65 days from the date of the plan's Redetermination Notice to ask for an independent review. Please complete the form and mail or fax it as instructed. They will review your request and provide you with a decision and further instructions on next steps if you still disagree with the outcome. For additional assistance, please call us at 888-338-7737, TTY: 711.