NAME: **SS#:**

Warehouse Employees Union Local No. 730 Health & Welfare Trust Fund

EMPLOYER:	Giant Food Warehouse	**LOCAL:**	730
PLAN:	E	**STATUS:**	Full Time

ISSUE: Medical – Emergency Room Services #M21/123-7984

FUND RULES:

"**COMPREHENSIVE MEDICAL BENEFITS**

Class E

Outpatient Illness – Hospital expenses incurred at a hospital emergency room or ambulatory care center *are NOT payable for a non-emergency illness*. See section on Doctors' Visits and Outpatient Diagnostic X-ray & Lab Benefits for further details." (Warehouse Employees Union Local No. 730 Health & Welfare Trust Fund SPD, Pages 52-54) (emphasis added)

"DEFINITION OF TERMS

Emergency Illness – Sudden, unexpected illness which, from a physician's point of view, presents an immediate threat to life or vital bodily functions." (Warehouse Employees Union Local No. 730 Health & Welfare Trust Fund SPD, Page 84)

SUMMARY:

Date(s) of Service:	October 15, 2021
Claim(s) Received:	October 27, 2021 through November 9, 2021
Claim(s) Denied:	November 2, 2021 through November 18, 2021
Appeal Received:	November 12, 2021

The **participant** is appealing for payment of claims for emergency room services on October 15, 2021 that were denied. The participant states in summary that he never received any Plan information in order to make decisions about his care, and that this is not a financial issue; he is appealing on the principle that benefit information wasn't made available to him.

Fund records indicate University of Maryland Capital Region Medical Center submitted a claim for emergency room facility charges with the diagnosis "Unspecified sexually transmitted disease." Upper Chesapeake Emergency Medicine Physicians, LLC submitted a claim for emergency room physician's charges with the diagnosis "Encounter for screening for infections with a predominantly sexual mode of transmission." The claims were denied because the services were not considered emergency treatment within the extent of the Plan based on the diagnoses submitted.

After the appeal was received, letters were mailed to the participant on November 15, 2021 and December 2, 2021, requesting complete medical records for this date of service in order to verify the nature of the treatment. Medical records, received on December 8, 2021, indicated that the participant was seen in the emergency room on Friday, October 15, 2021 at 7:26 AM with a chief complaint of "burning," and that he had unprotected sex about a month prior. The participant was evaluated, multiple tests were performed, and the participant was subsequently discharged with a prescription for Doxycycline (antibiotic). After review, the charges remained denied because the visit was not considered emergency treatment within the extent of the Plan.

Fund records indicate the participant was mailed an enrollment form April 13, 2021. The participant did not return the enrollment form.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

Associated Administrators, LLC.
911 Ridgebrook Road
Sparks, MD 21152-9451

Return Service Requested

Explanation of Benefits - This is NOT a Bill
Please retain for Tax Purposes

004222
0101

WAREHOUSE EMPLOYEES H&W

If you have any questions, please call (800) 730-2241

[redacted] 27

RECEIVED
NOV 12 2021
AA, LLC

Claim #: BNHD27
Statement Date: 11/03/21
Employee Name: [redacted]
Employee #: U79646420
Patient's Name: [redacted]
Patient Acct#: [redacted]
Provider: CHESAPEAKE EMERGENCY UPPER

Line	Dates of Service	Service Description	Amount Charged	Not Covered	Remark Codes	Allowed Amount	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
	10/15/21-10/15/21	PHYS. EMGY CARE	1,033.00	1,033.00	A1 A2	0.00	0.00		0	0.00	0.00	1,033.00
	10/15/21-10/15/21	MEDICAL SERVICE	30.00	30.00	A1 A2	0.00	0.00		0	0.00	0.00	30.00
		TOTALS	1,063.00	1,063.00		0.00	0.00				0.00	1,063.00

TYPE	DESCRIPTION
B	Basic Benefit
M	Major Medical Benefit

Total Plan Benefit:	0.00
Less COB Adjustment:	0.00
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	0.00

Payment To	Amount	Check #	Paid Date
UPPER CHESAPEAKE EMERGENCY	0.00	NC	11/03/21

Line#	Code	Messages
01	A1	Data iSight. DiS rate 877.489.5984
01	A2	EMERGENCY ROOM TREATMENT MUST MEET CRITERIA SET FORTH IN SPD IN ORDERTO BE COVERED. SEE PAGE 54 & 87 OF THE SPD.

Appeal Rights

If your claim has been wholly or partially denied (as shown in the **Messages** section on the front of this Explanation of Benefits or "EOB"), you have the right to appeal this decision within 180 days of your receipt of the EOB. You may submit written comments, documents and other information relating to your claim. You have the right to designate, in writing, a representative to act on your behalf. You must provide the Fund with the representative's name, address and telephone number. The Fund will direct all future communications to the representative.

If the Fund relied upon an internal rule, guideline or protocol in making the decision, it will be available upon request, free of charge. If the Fund based its determination upon medical necessity, experimental treatment or similar exclusion or limit, such explanation is available upon request and free of charge. If the Fund obtained any advice from a medical expert on the claim (even if the advice was not relied upon) the Fund will identify, upon request, the firm providing the medical expert's advice.

The Board of Trustees will review your appeal at its next scheduled meeting unless the appeal is filed within 30 days of that meeting, in which case it will be reviewed at the following meeting. If circumstances require more time for a decision, you will be notified in writing. The notice will describe the reason for the delay and the approximate date a decision will be made. The decision will be made no later than the third Board of Trustees meeting following the date the Fund receives your appeal. The review will take into account all information you submit relating to your claim. The Fund will notify you in writing of the Board of Trustees' decision within five days after the decision is made. In the event your appeal is denied, you have the right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act (ERISA).

If your situation meets the definition of urgent under law, your review will be conducted within the urgent time frames established by law. An appeal of an Urgent Care Claim denial may be oral or in writing. You or your doctor should supply all information for an Urgent Care Claim appeal by hand delivery to the Fund Office or by telephone to **1-410-683-6500, toll free 1-800-638-2972 or by fax to 1-877-227-3536.**

If your claim is denied, in whole or in part, you are not required to appeal the decision. Further, you have the right to file suit in federal or state court under Section 502(a) of ERISA on your claim for benefits. However you must exhaust your administrative remedies by appealing the denial to the Board of Trustees before you have the right to file suit in state or federal court. Failure to exhaust these administrative remedies will result in the loss of your right to file suit, as described in the ERISA Rights statement in your Summary Plan Description.

Should you have any questions about your appeal rights, please contact Participant Services at the number shown in your SPD or mail your appeal to "**Associated Administrators, LLC, 911 Ridgebrook Road, Sparks, Maryland 21152-9451, Attn: Appeals Coordinator**". You may also contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

Si usted necesita ayuda en español para entender este documento, puede solicitarla gratis llamando al número de servicio al cliente que aparece en su tarjeta de indentificación o en el resúmen descriptivo del plan.