

Benefits Appeals Process

Atrium Health provides a robust suite of benefits offerings for teammates that support the Atrium Health total rewards philosophy of caring for the physical, financial and personal health and well-being of teammates. A complete list of benefits may be found at [Teammates.AtriumHealth.org](https://teammates.atriumhealth.org).

[Summaries of plan documents](#) include what the benefit covers, eligibility and specific rules associated with each benefit.

At times, a teammate may ask for an exception to a benefits plan or policy (a separate appeals process applies to Health Benefits¹). Examples of appeals may include situations like enrollment outside of open enrollment or in absence of a qualifying life event such as out of country travel or a significant health condition. In certain situations, a process exists for filing a formal appeal. The process is as follows:

- Carefully review the [Summary Plan Document](#) for the benefit in question.
- If an exception is warranted, submit a written appeal within 10 business days after the receipt of the original determination to the address listed below.
- Teammates may appeal decisions up to 2 times with valid support for an exception being made.

Level One Appeal

Denial of benefit (s) is eligible for internal appeal and review. The request for review should be written in the form of a letter or email, and should include:

- the teammate's name and teammate identification number
- the basis for the request
- any supporting documentation, such as information, questions, or comments the teammate thinks are appropriate. If additional information is required by the teammate to assist in making the decision a representative from the appeals committee will contact the teammate. Additional information will need to be submitted within 48 hours of the request.

The request for review and copies of any relevant documentation should be sent to Atrium Health Benefits (see address below).

The appeal will be reviewed, and the decision made by a committee who were not involved in the initial determination. The review shall not refer to the initial determination, and it shall take into account all comments, documents, records and other information submitted by the teammate without regard to whether such information was previously submitted or considered in the initial determination.

The appeals committee will notify the teammate of the determination of an appeal within 10 business days from receipt of the appeal.

Level Two Appeal

If a teammate challenges the decision of the Level 1 Appeals process, they may submit a second appeal within 10 business days of the receipt of the denial, using the same process as outlined above.

Atrium Health Benefits
4435 Golf Acres Drive, Building P
Charlotte, NC 28208
Contact the Benefits Service Center at (704) 631-1500, option 1

¹ The LiveWELL Health Plans have a separate appeal process through MedCost. Please see the LiveWELL Health Plans Summary Plan Description (SPD) for details on how to submit a request for appeal.

Appeal Review

