Texas Annual Conference of The United Methodist Church
Center for Clergy Excellence
Group Health Benefits

Policy 227

Appeal Process

The Group Health Benefits Office (GHB) is to give all participants the opportunity to present to the GHB committee a **denied claim (also referred to as Adverse Benefit Determination)** that the member feels should be given additional consideration. See plan document (section **CLAIMS PROCEDURES** FOR HEALTH CARE COVERAGE) for additional information on appeals.

All appeals must be submitted by the employee in writing within 180 days from the date the claim was denied. If after the first review by Boon Chapman the claimant (participant) is of the opinion the denied claim is an eligible expense under the plan, the participant can request to appear before the committee by submitting such request in writing to Group Health Benefits, Benefits Administrator.

Presentation of the denied claim to the GHB committee must be by the employee. The committee will allow no more than fifteen minutes for the presentation and will notify the claimant in writing of their decision.

- ***In the event there is a contradiction between the GHB policy and the plan document, the Plan Document shall prevail.***
- ***The above policy is to comply with the overall GHB Committee decisions and is periodically reviewed by the committee.***

*Ref: 2000 Conference Journal, Pg.j-67
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