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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.

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 60 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.

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