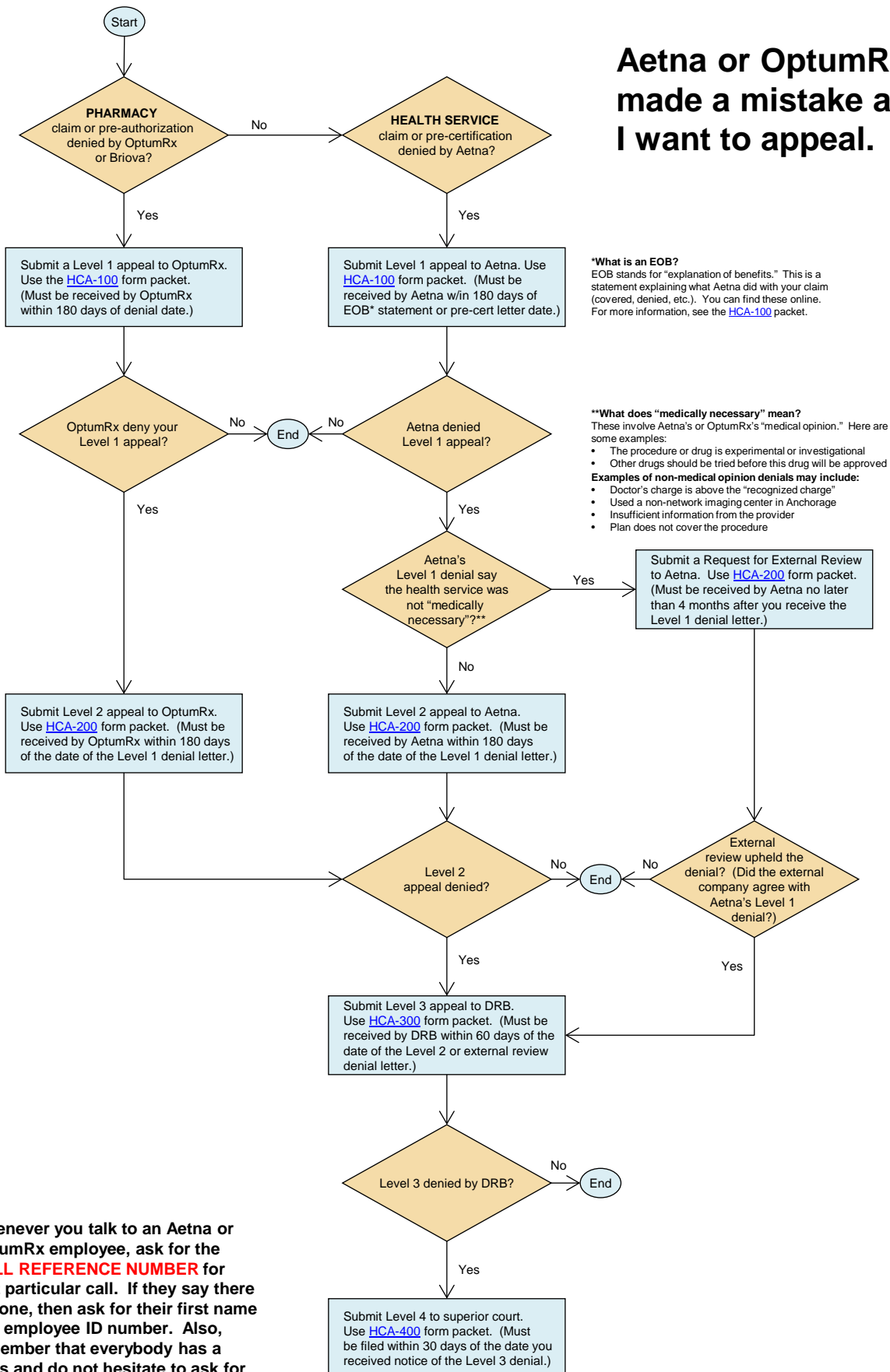


Aetna or OptumRx made a mistake and I want to appeal.



***What is an EOB?**
EOB stands for "explanation of benefits." This is a statement explaining what Aetna did with your claim (covered, denied, etc.). You can find these online. For more information, see the [HCA-100](#) packet.

****What does "medically necessary" mean?**
These involve Aetna's or OptumRx's "medical opinion." Here are some examples:
 • The procedure or drug is experimental or investigational
 • Other drugs should be tried before this drug will be approved
Examples of non-medical opinion denials may include:
 • Doctor's charge is above the "recognized charge"
 • Used a non-network imaging center in Anchorage
 • Insufficient information from the provider
 • Plan does not cover the procedure

Whenever you talk to an Aetna or OptumRx employee, ask for the **CALL REFERENCE NUMBER** for that particular call. If they say there is none, then ask for their first name and employee ID number. Also, remember that everybody has a boss and do not hesitate to ask for a supervisor if you need better help.