Garner Health Reimbursement Arrangement (HRA)

Notice of Adverse Benefit Determination

Garner Health, as the administrator of your HRA, has declined to provide benefits in connection with a requested treatment or service. Information about the denial and the reason for the denial is included in your Garner Health app or in the separate document.

If you think this determination was made in error, see the remainder of this document for information about your appeal rights.

This document contains important information that you should retain for your records. This document, together with notifications or documents you have received in the Garner Health app, on the Garner Health website, or from Garner Health directly, serves as your notice of an adverse benefit determination.

Important Information About Your Appeal Rights

Please refer to your Summary Plan Description for important features of your Garner Health HRA such as a summary of the benefits provided under the HRA and the substantiation requirements and deadlines for claim submission. Please utilize those documents for reference upon review of your claim denial. Plan design features are determined by your employer and cannot be appealed but if you do not agree with the decision regarding a specific benefit request, the Plan provides a review process for reconsideration of claims.

You must file a written request for a review of the claims decision within one hundred-eighty (180) days of the date of your Notice of Adverse Benefit Determination. If you do not file a written request for review within that time, your request for review will be denied.

What if I need help understanding this denial?
Contact Garner Health using the Garner Health app or website, or by calling 866-761-9586 or emailing concierge@getgarner.com if you need assistance understanding this notice or the decision to deny your requested reimbursement.

What if I don't agree with this decision?
You have a right to appeal any decision not to reimburse an item or service (in whole or in part).

How do I file an appeal?
Complete form attached to this document, make a copy, and send this document to Garner Health via the Concierge or by emailing it to concierge@getgarner.com within one-hundred eighty (180) days of the date of this notice. See also the "Other resources to help you" section of this document for assistance filing a request for an appeal.

Who may file an appeal?
You or someone you name to act for you (your authorized representative) may file an appeal. If needed, you may designate your authorized representative on the appeal form.

Can I provide additional information about my claim?
Yes, you may supply additional information. Please use the attached claim appeal form to provide additional information, including additional documentation.

Can I request copies of information relevant to my claim?
Yes, you may request copies (free of charge). You can request copies of this information by contacting our Concierge team using the Garner Health app or website, or by calling 866-761-9586 or emailing concierge@getgarner.com.

What happens next?
If you appeal, we will review our decision and provide you with a written determination within sixty (60) days following the receipt of your request for review or the date that all the information required of you is provided to Garner Health, whichever is later. If special circumstances require an extension of time, a written notice of the extension will be sent to you. If you still disagree with the decision, you may file a second appeal within sixty (60) days after receiving the first level appeal notice from Garner Health. If you do not file the request within sixty (60) days, your appeal will not be considered and the decision will become final. If you submit your second appeal within the sixty (60) days, you will generally receive a final determination within thirty (30) days from the date the Plan receives your request. You have the right to bring a civil action under Section 502 of ERISA (or other applicable law for non-ERISA plans) following an adverse benefit determination on second appeal. Please be aware that all civil actions require that they be brought within specific timeframes.

Other resources to help you:
For questions about your rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

Para obtener asistencia en Español, llame al 866-761-9586.

Garner HRA Appeal Filing Form

To appeal your Garner HRA claim denial, please complete this form and submit it with any additional information needed for your claim. Please include any documents you submitted with your original, denied claim.

Employer Name:	
Employee Name:	
Employee SSN or Alternate ID:	
Patient Name (person who received care):	
Claim Date of Service:	
Claim Amount:	
Approved Provider Name:	
Reimbursement Amount Requested:	
Person Filing Appeal (Check One):	☐ Covered Employee ☐ Patient ☐ Authorized Representative of the Patient
If the person filing the appeal is an Authorized Representative of the Patient, please provide name and relationship. (You must fill out the attached "Authorization To Release Protected Health Information To Authorized Representative" form as well.)	Name of Authorized Representative: Relationship:
Contact information for person filing appeal:	Address: City, State, Zip: Phone Number: Email Address:

Would you like to correspond about this appeal by email?	☐ Yes. I understand the risks of unencrypted email as described in the attached "Email Communication Of Health Information Fact Sheet," and do hereby give permission to Garner Health Technology to send me and my Authorized Representative (if any) personal health information via unencrypted email. ☐ No. I do not wish to receive personal health information related to this appeal via email. If you check this box, then we will send you updates on your claim via standard mail.
Briefly describe why you disagree with this decision (you may attach additional information, such as a physician's letter, bills, medical records, or other documents to support your claim)**:**	
Additional notes:	
Patient Signature:	
Date:	

Please complete this form and send it, along with any supporting documentation to your Garner Concierge via the app or web. Or, if you have agreed to correspond about this claim by email, you may submit the form and supporting documentation to concierge@getgarner.com.

Be certain to keep copies of this form, your denial notice, and all documents and correspondence related to this claim.

Para obtener asistencia en Español, llame al 866-761-9586.

Authorization To Release Protected Health Information to Authorized Representative

If the person filing an appeal is an Authorized Representative of the Patient, please fill out this form.

The purpose of this authorization is to permit the Authorized Representative specified on the Appeal Filing Form to interact with GARNER HEALTH TECHNOLOGY, INC. for management and administration of my health care, payment for my health care, and health care benefit coverage. The Protected Health Information to be Used or Disclosed includes all protected health information related to my health care and payment for my health care, including insurance coverage for my health care.

I understand that:

1. I may refuse to sign the authorization and that it is strictly voluntary.
2. If I do not sign this form, my health care and the payment for my health care will not be affected.
3. I may revoke this authorization at any time in writing by contacting concierge@getgarner.com or calling 866-761-9586. A revocation of this authorization will not have any effect on any actions taken prior to receiving the revocation.
4. Information disclosed pursuant to this authorization may be re-disclosed by the recipient and may no longer be protected by federal privacy regulations.
5. I may see/obtain a copy of the information described on this form, for a reasonable copy fee, if I ask for it.
6. I will receive a copy of this form after I sign it.

This authorization will expire when the Authorized Representative no longer requires access to the HRA for management and administrative functions on behalf of the Patient named below.

I have read the above and authorize the disclosure of the protected health information as stated.

Signature of Patient:	**Date:**
Print Name of Patient:	
Print Name of Authorized Representative:	

Email Communication of Health Information Fact Sheet

- HIPAA stands for the Health Insurance Portability and Accountability Act. HIPAA was passed by the U.S. government in 1996 in order to establish privacy and security protections for health information.
- Most popular email services (ex. Gmail, Hotmail and Yahoo) do not utilize encrypted email.
- When we send you an email, or you send us an email, the information that is sent is not encrypted. This means a third party may be able to access the information and read it since it is transmitted over the Internet. In addition, once the email is received by you, someone may be able to access your email account and read it.
- Email is a very popular and convenient way to communicate for a lot of people, so in their latest modification to the HIPAA, the federal government provided guidance on email and HIPAA. The information is available on the U.S. Department of Health and Human Services website at https://www.hhs.gov/hipaa/for-professionals/faq/570/does-hipaa-permit-health-care-providersto-use-email-to-discuss-health-issues-with-patients/index.html.
- The guidelines state that if a patient has been made aware of the risks of unencrypted email, and that same patient provides consent to receive health information via email, then a health entity may send that patient personal medical information via unencrypted email.