

**Insurance and Benefits Trust
of the
Peace Officers Research Association of California**

Eligibility Policy for Health Plan – CalPERS Anthem Blue Cross

If a written claim for eligibility is made by you (or your beneficiary) under the health plan with Anthem Blue Cross and CalPERS, the Insurance and Benefits Trust of the Peace Officers Research Association of California (Trust) must notify you of any decision, whether favorable or unfavorable, within 90 days of submission of your claim. Occasionally, special circumstances require additional time for processing the claim. In that event, you will be notified within this 90-day period of the need for the additional time and information. The extension notice shall indicate the special circumstances requiring an extension of time and the date by which the Trust expects to make the eligibility determination.

The Trust will notify you of its eligibility determination within a reasonable period of time but not later than 180 days after receipt of your claim by the Trust.

If your eligibility claim is denied, you will be notified in writing. This written notice will explain to you why your claim has been denied, reference the Trust provisions on which the determination is based, and tell you if there is any information or other material that might help your claim be reconsidered, describe the Trust's review procedure and the time limit for such review, and state that you have the right to bring a civil action under ERISA after exhausting your appeals procedure.

You have the right to appeal any denial or other action for any reason. Your appeal must be in writing and must be submitted within 60 days after you received your written notice of the denial of your claim. You may submit additional materials and review relevant Trust documents.

Your appeal will be reviewed at the next meeting of the Board of Trustees, unless the Trust receives your appeal within 30 days of that meeting. In such case, the appeal will be heard at the next scheduled meeting. If special circumstances require a further extension, the Board will make the decision no later than the third meeting.

The Trustees will either approve your appeal, request additional information and additional time to consider your appeal, or deny your appeal. You will be notified within five (5) days of Trust's decision.

If your eligibility appeal is denied, the written notice will explain why it was denied, reference the Trust provisions on which the determination is based, indicate that you have access to Trust records that were used in the decision, and state that you have the right to bring a civil action under ERISA. The decision of the Trust is final.

The Trustees shall have sole and exclusive discretion and authority to administer, apply, and interpret the Trust and all other documents that describe its Plan and the Trust. Trustees have

discretionary authority and power to decide all matters arising in connection with eligibility, including but not limited to: making factual findings, fixing omissions, resolving ambiguities, construing the terms of the Trust, making eligibility determinations, and resolving eligibility disputes under the Trust. All determinations made by the Trustees with respect to any matter arising with regard to eligibility will be final and binding on all concerned. Any judicial review of any Trustee decision concerning eligibility must be done in deference to the Trustees' decision.