

**YOUR INTERNAL APPEAL, EXTERNAL REVIEW AND GRIEVANCE RIGHTS**

**[Short-Term Medical Insurance]**

Insurance Benefit System Administrators\* ("IBSA") is the claims administrator for your short-term medical ("STM") insurance, pursuant to a contract with the underwriting carrier ("STM Carrier"). This important notice ("STM Appeal Notice") explains your right to contest any claims determination that may adversely impact your benefits or coverage under the STM insurance ("Adverse Determination"). Please carefully review the information and follow all instructions to fully exercise your internal appeal, external review and grievance rights. The STM Carrier may, at any time, elect to terminate the appeal process, by reversing the Adverse Determination.

**Note:** IBSA and the STM insurance do not pre-certify, pre-approve, pre-authorize or otherwise determine benefits or coverage in advance. Instead, all benefit and coverage determinations occur only after a claim is incurred and filed with IBSA ("Post-Claim Determinations"). Therefore, *the scope of this STM Appeal Notice is limited to appeal rights for Post-Claim Determinations.*

**INTERNAL APPEALS**

***If you disagree with an Adverse Determination***, you have the right to appeal to the STM Carrier ("*Internal Appeal*"). IBSA will process and respond to the *Internal Appeal* on behalf of the STM Carrier. *Internal Appeal* must be requested within **180 CALENDAR DAYS** [six (6) months] of your receipt of the Adverse Determination.

To request *Internal Appeal*, please follow these instructions:

- A. The *Internal Appeal* must be submitted in writing:
  1. State your full name, date of birth and certificate or policy number, identify the claim in question, clearly explain why you disagree with the Adverse Determination, and enclose any documents, records or other information supporting the *Internal Appeal*.
  2. Sign, date and address your *Internal Appeal* (see IBSA's contact information below).
  3. Be sure to mail your *Internal Appeal* to IBSA **within the above 180-day deadline**.
- B. Upon request and at no charge, you may have reasonable access (including copies) to the claim file for the Adverse Determination, including all related documents, records and information.
- C. You, your doctor or your authorized representative may request the *Internal Appeal* and you may be represented by a relative, friend, lawyer or other authorized representative.
- D. A hearing, panel review or other formal in-person proceeding will not be conducted. All evidence and testimony must be received in writing (including copies of documents, records and information relating to the Adverse Determination).

IBSA will respond to your *Internal Appeal* as follows:

- A. IBSA will acknowledge your *Internal Appeal* within 5 business days of receipt.
- B. IBSA will ignore the Adverse Determination, so that its review of the claim in question will be a "fresh" look.
- C. IBSA's review of your *Internal Appeal* will be conducted by a person: not involved in the Adverse Determination; not currently supervised by someone involved in that determination; and whose terms of employment are not based on the likelihood of upholding that determination.
- D. IBSA's review will include any relevant comments, documents, records or other information not considered at the time of the Adverse Determination.
- E. If the Adverse Determination is based, in whole or part, on a Medical Judgment Determination (defined below), IBSA's review of your *Internal Appeal* will include consultation with a health care professional: trained and experienced in the medical field relevant to the Medical Judgment Determination; not involved in that determination; not currently supervised by someone involved in that determination; and whose terms of employment are not based on the likelihood of upholding that determination.
- F. IBSA will inform you of the results of your *Internal Appeal* within 30 calendar days of receipt.
- G. IBSA's response will include copies, free of charge, of any clinical rationale, medical review criteria, or comments, documents, records or other information not considered at the time of the Adverse Determination, to the extent considered or relied upon by IBSA during its review of your *Internal Appeal*.

Important:

- Only one (1) *Internal Appeal* is allowed per claim, unless you elect an optional "*Second Internal Appeal*" (see below).
- Completion of an *Internal Appeal* exhausts all of your rights of appeal, unless the Adverse Determination qualifies for "*External Review*" (see below).

**"SECOND" INTERNAL APPEALS (Optional)**

***If you disagree with IBSA's response to your Internal Appeal***, you may: 1. Request an optional "*Second Internal Appeal*"; **OR** 2. Go directly to "*External Review*" (if qualified, see below).

To request a Second Internal Appeal, please: complete and submit your request using the above instructions for

(This information is not part of your Policy or Certificate of Insurance)

Internal Appeals; clearly explain why you disagree with IBSA's response (to your first Internal Appeal); enclose any new documents, records or other information supporting your Second Internal Appeal; and submit to our office within **180 CALENDAR DAYS** [six (6) months] of the date you received IBSA's response (to your first Internal Appeal). IBSA will inform you of the results of your Second Internal Appeal within 30 calendar days of receipt.

Important:

- A Second Internal Appeal is completely voluntary.
- A Second Internal Appeal is not required to exhaust your rights of appeal under the STM insurance.
- Only one (1) Second Internal Appeal is allowed per claim.

### **EXTERNAL REVIEWS**

***If you disagree with IBSA's response to your Internal Appeal (or Second Internal Appeal, if elected) AND the Adverse Determination qualifies as a Medical Judgment Determination (defined below), you have the right to request "External Review". External Review must be requested within 120 CALENDAR DAYS [four (4) months] of the date you received IBSA's response to your Internal Appeal (or Second Internal Appeal, if elected).***

A "Medical Judgment Determination" includes, but is not limited to, these types of Adverse Determinations:

- Denied as not medically necessary (treatment, service or provider).
- Denied as experimental treatment.
- Denied as pre-existing, based on timing of diagnosis, treatment or symptoms.
- Coverage rescinded, based on timing of diagnosis, treatment or symptoms.
- Denied under a condition or treatment specific exclusion, based on identification of the type of condition.
- Denied under a condition or treatment specific exclusion, based on classification of the treatment as "non-emergency".

To request External Review, please follow these instructions:

- A. If state specific forms/instructions are attached, your External Review will be processed by the Department of Insurance (or comparable agency) ("DOI") for your state of residence. Complete the forms as instructed and **mail to the DOI within the 120-day deadline stated above.**
- B. If state specific forms/instructions are **not** attached:
  1. Submit your External Review request **in writing** to IBSA, as follows:
    - a. State your full name, date of birth and certificate or policy number, identify the claim in question, clearly explain why you disagree with IBSA's response to your Internal Appeal (or Second Internal Appeal, if elected) and enclose any supporting documents, records or other information.
    - b. Sign, date and address your External Review (see IBSA's contact information below).
    - c. Be sure to mail your External Review to IBSA **within the 120-day deadline stated above.**
  2. You, your doctor or your authorized representative may request External Review and you may be represented by a relative, friend, lawyer or other authorized representative.
  3. IBSA will acknowledge your External Review within 5 business days of receipt.
  4. IBSA will refer your External Review to an independent review organization ("IRO") for a written opinion.
  5. The IRO will consider any relevant comments, documents, records or other information not considered for the Adverse Determination or IBSA's response (to your Internal Appeal, or Second Internal Appeal, if elected).
  6. The IRO review will be conducted by a health care professional trained and experienced in the medical field relevant to the Medical Judgment Determination.
  7. Within 30 calendar days of receiving your External Review, IBSA will inform you of the results and provide a redacted copy of the IRO written opinion.

Important:

- Some states may charge you a small processing fee for conducting External Review.
- External Reviews processed by IBSA are provided at no charge to you.
- Only one (1) External Review is allowed per claim.
- If the Adverse Determination qualifies as a Medical Judgment Determination, completion of External Review exhausts all of your rights of appeal.

### **GRIEVANCES**

***If you have a complaint or concern regarding the processing of your STM claims, you have the right to submit a written grievance ("Grievance"):***

- To the STM Carrier: Submit your written Grievance to IBSA (see IBSA's contact information below). IBSA will conduct a thorough review of your Grievance, then respond on behalf of the STM Carrier within 30 calendar days.
- To the Department of Insurance (or comparable agency) ("DOI") for your state of residence: See the DOI contact information below.

(This information is not part of your Policy or Certificate of Insurance)

### **OTHER ASSISTANCE**

*If you have any other questions regarding the processing of your STM claims, you have the right to seek assistance:*

- From the STM Carrier: Go to IBSA's website at [www.ibsadmin.com](http://www.ibsadmin.com); Call IBSA's Customer Service Dept. at 1-844-215-3756; or write to Insurance Benefit System Administrators, P.O. Box 2917, Shawnee Mission, KS 66201.
- From the Department of Insurance (or comparable agency) ("DOI") for your state of residence: See the DOI contact information below.

### **DEPARTMENT OF INSURANCE ("DOI") CONTACT INFORMATION**

**AL:** DOI, Consumer Services Division, PO Box 303351, Montgomery, AL 36130-3351, 334-241-4141.

[<https://www.aldoi.gov/Consumers/FileComplaint.aspx>]

**AZ:** DOI, Consumer Affairs Division, 2910 N. 44th St., S. 210, Phoenix, AZ 85018, 602-364-2499, 800-325-2548.

[<https://insurance.az.gov/complaint>]

**AR:** DOI, Consumer Services Division, 1200 W. Third St., Little Rock, AR 72201-1904, 800-852-5494, 501-371-2640.

[<https://insurance.arkansas.gov/pages/consumer-services/consumer-services/file-a-complaint/>]

**CA:** DOI, CSMC Branch, Consumer Services Division, 300 S. Spring St., S. Tower, Los Angeles, CA 90013, 800-927-4357.

[<http://www.insurance.ca.gov/01-consumers/101-help/>]

**CO:** CDRA, DOI, 1560 Broadway, Suite 850, Denver, CO 80202, 303-894-7490, 800-930-3745,

[<https://www.colorado.gov/pacific/dora/consumer-complaint-portal>]

**CT:** DOI, Consumer Affairs Division, PO Box 816, Hartford, CT 06142-0816, 860-297-3900, 800-203-3447

[<https://portal.ct.gov/CID/Consumer-Affairs/File-a-Complaint-or-Ask-a-Question>]

**DE:** DOI, Consumer Services Division, 1351 W. N. St., S. 101, Dover, DE 19904, 800-282-8611, 302-674-7310

[<https://insurance.delaware.gov/services/filecomplaint/>]

**DC:** DOI, 1050 First St., NE, Suite 801, Washington, DC 20002, 202-727-8000 [<https://disb.dc.gov/node/319472>]

**FL:** Dept. of Financial Services, Consumer Services Division, 200 E. Gaines St., Tallahassee, FL 32399-0322, 877-693-5236, 850-413-3089 [<https://apps.fldfs.com/eservice/Newrequest.aspx>]

**GA:** DOI, Consumer Services Division, 2 Martin Luther King Jr. Drive, S. 716 W. Tower, Atlanta, GA 30334, 404-656-2056, 404-656-2070, 800-656-2298 [<https://www.oci.ga.gov/ConsumerService/Home.aspx>]

**ID:** DOI, Consumer Affairs Section, 700 W. State St., 3rd Floor, PO Box 83720, Boise, ID 83720-0043, 208-334-4319, 800-721-3272

[<https://doi.idaho.gov/consumer/complaint>]

**IL:** DOI, Consumer Affairs Section, 320 W. Washington, Springfield, IL 62767, 217-782-4515, 866-445-5364

[<https://mc.insurance.illinois.gov/messagecenter.nsf>]

**IN:** DOI, Consumer Services Division, 311 W. Washington St., S. 300, Indianapolis IN 46204-2787, 317-232-2385, 800-

622-4461 [<https://www.in.gov/idoi/2547.htm>]

**IA:** Insurance Division, Two Ruan Center, 601 Locust St., 4th Floor, Des Moines, IA 50309, 515-281-5705, 515-281-6348,

877-955-1212 [<https://iid.iowa.gov/insurance-consumer-complaint>]

**KS:** DOI, 420 SW 9th St., Topeka, KS 66612-1678, 785-296-7829, 800-432-2484

[<https://www.ksinsurance.org/department/complaint.php>]

**KY:** DOI, Division of Consumer Protection, 215 W. Main St, Frankfort, KY 40601, 800-595-6053, 502-564-6034

[[http://insurance.ky.gov/ppc/static\\_info.aspx?static\\_id=1](http://insurance.ky.gov/ppc/static_info.aspx?static_id=1)]

**LA:** DOI, PO Box 94214, Baton Rouge, LA 70804-9214, 800-259-5300, 225-342-5900

[<https://www.lda.la.gov/onlineservices/ConsumerComplaintForm>]

**ME:** Bureau of Insurance, 34 State House Station, Augusta, ME 04333, 207-624-8475, 800-300-5000

[<https://www.maine.gov/pfr/insurance/complaint.html>]

**MD:** Insurance Administration, Consumer Complaint Investigation, 200 St. Paul Place, S. 2700, Baltimore, MD 21202, 410-

468-2000, 800-492-6116 [<https://insurance.maryland.gov/Consumer/Pages/FileAComplaint.aspx>]

**MA:** Division of Insurance, Consumer Services, 1000 Washington St., S. 810, Boston, MA 02118, 617-521-7794, 877-563-

4467 [<https://www.mass.gov/how-to/filing-an-insurance-complaint>]

**MI:** DOI, Office of Consumer Services, PO Box 30220 Lansing, MI 48909-7720, 617-521-7794, 877-999-6442

[[https://www.michigan.gov/difs/0,5269,7-303-12902\\_12907---,00.html](https://www.michigan.gov/difs/0,5269,7-303-12902_12907---,00.html)]

**MN:** Dept. of Commerce, Consumer Services Center, 85 7th Place East, S. 280, St. Paul, MN 55101, 651-539-1600, 800-

657-3602 [<https://mn.gov/commerce/consumers/file-a-complaint/>]

**MS:** DOI, Consumer Services Division, PO Box 79, Jackson, MS 39205, 800-562-2957, 601-359-2453

[<http://www.mid.ms.gov/consumers/file-company-complaint.aspx>]

**MO:** DOI, Division of Consumer Affairs, PO Box 690, Jefferson City, MO 65102, 800-726-7390, 573-751-2640

[<https://insurance.mo.gov/consumers/complaints/index.php>]

**MT:** Commissioner of Insurance, 840 Helena Ave., Helena, MT 59601, 800-332-6148, 406-444-2040

[<https://csimt.gov/insurance/complaints/>]

**NE:** DOI, Consumer Affairs Division, PO Box 82089, Lincoln, NE 68501, 877-564-7323, 402-471-0888

[<https://doi.nebraska.gov/consumer/consumer-assistance>]

**NV:** Division of Insurance, Consumer Services Section, 3300 W. Sahara Ave., S. 275, Las Vegas, NV 89102, 888-872-3234,

702-486-4009 [<http://doi.nv.gov/Consumers/File-A-Complaint/>]

**NH:** Insurance Dept., Consumer Services Division, 21 S. Fruit St., S. 14, Concord, NH 03301-2430, 800-852-3416,

603-271-2261 [<https://www.nh.gov/insurance/complaints/index.htm>]

**NJ:** DOI, Consumer Inquiry and Response Center, PO Box 471, Trenton, NJ 08625-0471, 800-446-7467, 609-292-7272

[<https://www.state.nj.us/dobi/consumer.htm#insurance>]

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- NM:** Superintendent of Insurance, Consumer Assistance Bureau, 1120 Paseo de Peralta, S. 428, Santa Fe, NM 87501, 505-827-4601, 855-427-5674 [<https://www.osi.state.nm.us/index.php/consumers/consumer-assistance/>]
- NC:** DOI, Consumer Services Division, 1201 Mail Service Center, Raleigh, NC 27699-1201, 855-408-1212 [[http://www.ncdoi.com/Consumer/Requesting\\_Assistance.aspx](http://www.ncdoi.com/Consumer/Requesting_Assistance.aspx)]
- ND:** Insurance Dept., Consumer Services Division, 600 E. Boulevard Ave., Bismarck, ND 58505-0320, 701-328-2440, 800-247-0560 [<https://www.nd.gov/ndins/consumers/complaints>]
- OH:** DOI, Consumer Services Division, 50 W. Town St., Third Floor, S. 300, Columbus, OH 43215, 614-644-2658, 800-686-1526 [<http://www.insurance.ohio.gov/Consumer/OCS/Pages/ConsCompl.aspx>]
- OK:** DOI, Consumer Assistance Division, Five Corporate Plaza, 3625 NW 56th, S. 100, Oklahoma City, OK 73112, 405-521-2991, 800-522-0071 [[https://www.ok.gov/oid/Consumers/Consumer\\_Assistance/File\\_a\\_Complaint.html](https://www.ok.gov/oid/Consumers/Consumer_Assistance/File_a_Complaint.html)]
- OR:** Division of Financial Regulation, 350 Winter St. NE, Rm. 410, PO Box 14480, Salem, OR 97309, 503-378-4140, 888-877-4894 [<https://dfr.oregon.gov/help/complaints-licenses/Pages/file-complaint.aspx>]
- PA:** DOI, Bureau of Consumer Services, 1209 Strawberry Square, Harrisburg, PA 17120, 717-783-2153, 877-881-6388 [<https://www.insurance.pa.gov/Consumers/File%20a%20Complaint/Pages/default.aspx#Vi5bR0ZnG08>]
- RI:** Dept. of Business Regulation, Ins. Division, 1511 Pontiac Ave., Bldg 69-2, Cranston, RI 02902, 401-462-9520, 855-747-3224 [<https://sbs.naic.org/solar-web/pages/public/onlineComplaintForm/onlineComplaintForm.jsf?state=RI&dswid=-4616>]
- SC:** DOI, Office of Consumer Services, 1201 Main St., S. 1000, Columbia, SC 29201, 803-737-6180, 800-768-3467 [<https://doi.sc.gov/8/Consumers>]
- SD:** Division of Ins., 124 S. Euclid Ave., 2nd Floor, Pierre, SD 57501, 605-773-3563 [[https://dlr.sd.gov/insurance/doi\\_complaint.aspx](https://dlr.sd.gov/insurance/doi_complaint.aspx)]
- TN:** DOI, Consumer Insurance Services, 500 James Robertson Parkway, 6th Floor, Nashville, TN 37243-0574, 615-741-2241, 800-342-4029 [<https://www.tn.gov/commerce/insurance/consumer-resources/file-a-complaint.html>]
- TX:** DOI, Consumer Protection, MC 111-1A, PO Box 149091, Austin, TX 78714-9091, 800-578-4677, 800-252-3439 [<https://www.tdi.texas.gov/consumer/health-complaints.html>]
- UT:** DOI, 350 N. State St., State Office Building, Rm. 3110, Salt Lake City, UT 84114, 801-538-3800, 800-439-3805 [<https://insurance.utah.gov/complaint>]
- VT:** Department of Financial Regulation, Insurance Consumer Services, 89 Main St., Montpelier, VT 05620-3101, 802-828-3301, 800-964-1784 [<https://dfr.vermont.gov/consumers/file-complaint/insurance>]
- VA:** State Corporation Commission, Virginia Bureau of Insurance, 1300 E. Main St., Richmond, VA 23219, 804-371-9691, 877-310-6560 [<http://www.scc.virginia.gov/boi/complaint.aspx>]
- WA:** State Office of the Insurance Commissioner, PO Box 40255, Olympia, WA 98504-0255, 360-725-7080, 800-562-6900 [<https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>]
- WV:** Offices of the Insurance Commissioner, Consumer Service Division, PO Box 50540, Charleston, WV 25305-0540, 888-879-9842 [<https://www.wvinsurance.gov/consumerservices/>]
- WI:** Office of the Commissioner of Insurance, PO Box 7873, Madison, WI 53707-7873, 608-266-0103, 800-236-8517 [<https://ociaccess.oci.wi.gov/complaints/public/>]
- WY:** DOI, 106 E. 6th Ave., Cheyenne, WY 82002, 307-777-7402, 800-438-5768 [<https://sites.google.com/a/wyo.gov/doi/consumers/consumer-request-for-assistance/file-a-complaint>]

### **JUDICIAL REVIEW**

If you exhaust all administrative rights of appeal under the STM insurance (as indicated above), you may have the right to bring a civil action under state law. The time limitations stated in your certificate or policy (for bringing legal actions or proceedings) apply to any such civil action. Please consult an attorney for more information.

### **CONFIDENTIALITY**

The confidentiality of your personal health information, including but not limited to medical records, insurance records, IRO opinions and DOI files, will be maintained throughout the appeal process, pursuant to applicable federal and state privacy laws.

\* "Insurance Benefit System Administrators" ("IBSA") is a dba ("doing business as") of Allied National, Inc. ("Allied"). Allied is a licensed third-party administrator and may be contacted at 4551 W 107th St. #100, Overland Park, KS 66207-4037, Ph: 913-945-4100, Fax: 913-945-4390 or website: [www.alliednational.com](http://www.alliednational.com).