GRIEVANCE PROCEDURES

UTILIZATION REVIEW

Utilization Review – We may perform a retrospective review of Your claim to determine that the services, supplies, and treatments or services received by the Covered Person were medically necessary, appropriate effective and/or efficient. We do not perform pretreatment certification or prospective or concurrent reviews.

Utilization Review means a set of formal techniques designed to monitor the use of, or evaluate the clinical necessity, appropriateness, efficacy, or efficiency of, health care services, procedures, or settings. Techniques may include ambulatory review, prospective review, second opinion, certification, concurrent review, case management, discharge planning, or retrospective review.

NOTICE OF APPEAL RIGHTS

You have a right to appeal any decision we make that denies payment on your claim or your request for coverage of a health care service or treatment.

You may request more explanation when your claim or request for coverage of a health care service or treatment is denied or the health care service or treatment you received was not fully covered. Contact Transamerica Life Insurance Company, Administrative Office: AMA Insurance Agency, Inc. 330 N. Wabash Ave. Suite 39300, Chicago, IL 60611-5885, Attention: Grievance Coordinator, 800-458-5736 when you:

• Do not understand the reason for the denial;

• Do not understand why the health care service or treatment was not fully covered;

• Do not understand why a request for coverage of a health care service or treatment was denied;

• Cannot find the applicable provision in your Benefit Plan Document;

• Want a copy (free of charge) of the guideline, criteria or clinical rationale that we used to make our decision; or

• Disagree with the denial or the amount not covered and you want to appeal.

If your claim was denied due to missing or incomplete information, you or your health care provider may resubmit the claim to us with the necessary information to complete the claim.

Appeals: All appeals for claim denials (or any decision that does not cover expenses you believe should have been covered) must be sent to Transamerica Life Insurance Company, Administrative Office: AMA Insurance Agency, Inc. 330 N. Wabash Ave. Suite 39300, Chicago, IL 60611-5885, Attention: Grievance Coordinator, 800-458-5736 within **180 days** of the date you receive our denial. We will provide a full and fair review of your claim by individualsassociated with us, but who were not involved in making the initial denial of your claim. You may provideus with additional information that relates to your claim and you may request copies of information that wehave that pertains to your claims. We will notify you of our decision in writing within **60 days** of receivingyour appeal. If you do not receive our decision within **60 days** of receiving your appeal, you may be entitled to file a request for external review.

External Review: If we have denied your request for the provision of or payment for a health care service or course of treatment, you may have a right to have our decision reviewed by independent health care professionals who have no association with us if our decision involved making a judgment as to the medical necessity, appropriateness, health care setting, level of care or effectiveness of the health care

service or treatment you requested by submitting a request for external review within **4 months** after receipt of the final claim denial to the

Consumer Affairs Division
Arizona Department of Insurance
2910 N. 44th Street, Ste. 210
Phoenix, AZ 85018-7269

Telephone: (800) 325-2548.

For external review, a decision will be made within **45 days** of receiving your request. If our denial to provide or pay for health care service or course of treatment is based on a determination that the service or treatment is experimental or investigation, you also may be entitled to file a request for external review of our denial. For details, please review your Benefit Plan Document, contact us or contact your state insurance department.