The Prudential Insurance Company of America
Individual Health Insurance
Grievance Review Procedures – Indiana Policyholders
Updated: June 2016

At Prudential we welcome the opinions and suggestions that we receive from our policyholders, and we are always concerned when questions arise regarding the processing of claims. Most questions concern simple misunderstandings that can be resolved through open and frank discussions among the parties involved. For this reason, many questions are answered by contacting a claims representative, and we encourage you or your authorized representative to call to discuss any concern that you may have. Immediate and active assistance will be provided to resolve the problem or refer your concern to the appropriate area for resolution. However, the following information describes the procedures that the Company will use to evaluate grievances submitted to the Company by policyholders.

The Company does not conduct prospective or concurrent claim review or engage in precertification of claims for the individual health insurance policies; only retrospective claim review, *i.e.*, the review of services and supplies after such services and supplies have been provided to a covered person and that person submits a claim for reimbursement, is conducted. In addition, the Company does not utilize a network of participating providers.

For the purpose of this document, a "grievance" is any dissatisfaction that you or your representative express regarding:

- A decision by the Company that a service or supply that has been provided to you was not medically necessary or appropriate;
- A decision by the Company that a service or supply that has been provided to you was experimental or investigational;
- The Company's handling or payment of claims for health care services or supplies; and
- Matters pertaining to the contractual relationship between you and the Company.

The above are, however, considered to be a grievance only if you have a reasonable expectation that action will be taken to resolve the matter that is the subject of your dissatisfaction.

The Company may employ a third-party administrator or utilization review organization to perform some of the services described below in connection with reviewing claims. Where the terms "Company" or "we" appears in this document, it may include any third-party administrator or utilization review organization acting on behalf of Prudential depending on the context.

The Indiana Department of Insurance's web site includes information concerning the process for filing an internal grievance or an external grievance, and a telephone number for the Department where you may call to obtain additional information. You can find that information at: http://www.in.gov/idoi/.

(1) Grievance Review Procedures

Filing of Grievances: You may file a grievance with the Company either orally or in writing. You or your representative must file a grievance within forty-five (45) days after you learn of the decision that forms the basis for your grievance. A grievance is considered "filed" on the first day the Company receives notice of your grievance. To file a grievance, please contact the Company at:

Operations Manager
The Prudential Insurance Company of America as
Administered by Concentrix Insurance Administration Solutions Corporation
2000 Wade Hampton Boulevard
Greenville, South Carolina 29615
Tel: (800) 828-0153

The Company will help you to file a grievance if you so request. If you request such assistance, we will help you to fill out any required forms, help you to comply with the grievance review procedures, and notify you about the information that you must submit to enable the Company to properly review your grievance. You may also designate a representative to file a grievance on your behalf, and to represent you during the grievance review process.

Within five (5) business days after the Company receives your grievance, the Company will notify you in writing that we have received your grievance, and provide you with the name, address, and telephone number that you may contact concerning your grievance.

Grievance Reviewer(s): The Company will appoint at least one individual to resolve your grievance. This individual will have sufficient experience, knowledge, and training to appropriately resolve your grievance. If your grievance involves a clinical issue (i.e., whether services provided to you were medically necessary), the Company may consult with a qualified utilization review agent to assist in the grievance review.

Timing of Grievance Decisions: The Company will make a decision concerning your grievance within twenty (20) business days after it receives the information that it requires to review your grievance. The Company will render its decision in less time if the clinical urgency of your situation so requires. If the Company is unable to make a decision within the required time period due to circumstances beyond the Company's control, the Company will, before the twentieth (20^{th}) business day, notify you in writing of the reason for the delay and issue a written decision regarding your grievance within an additional ten (10) business days.

Notice of Grievance Decisions: The Company will notify you of the grievance decision and your right to appeal the decision within five (5) business days after the Company makes the

decision. This notice will include: (a) a statement of the Company's understanding of the grievance; (b) a statement of the decision; (c) a statement of the reasons, policies, and procedures that form the basis of the decision; (d) notice of your right to appeal the decision; (e) information about how, when, and where to appeal the decision; (f) the department, address, and telephone number through which you may contact a qualified representative of the Company to obtain additional information about the decision and your right to appeal the decision; and (g) the right to further remedies allowed by law, in the case of an appeal of a grievance decision.

(2) Appeals of Grievance Decisions

Filing of Grievance Appeals: Within forty-five (45) days after you receive the Company's grievance decision, you may appeal the decision to the Company in writing. To file a grievance appeal, please contact the Company at:

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The Company will acknowledge receipt of your grievance appeal within five (5) business days after it receives your appeal.

Grievance Appeal Reviewer(s): The Company will appoint one or more qualified individuals to review your grievance appeal. If your grievance appeal involves a clinical issue, the reviewers will include one or more individuals who: (a) have knowledge in the medical condition, procedure, or treatment at issue; (b) are licensed in the same profession and have a similar specialty as the provider who delivered the health care procedure, treatment, or service; (c) were not involved in the matter giving rise to your appeal or in the initial investigation of your grievance; and (d) do not have a direct business relationship with you or your health care provider.

Presentation of Grievance Appeals: You may appear before the appeal reviewer(s) to present your grievance appeal. The Company will notify you not less than seventy-two (72) hours prior to the meeting of the panel, unless you waive this notice requirement. If you are unable to appear in person, the Company will provide you with the opportunity to communicate with the appeal reviewer(s) to present your grievance appeal.

Timing of Grievance Appeal Decisions: The Company will resolve your grievance appeal within forty-five (45) days after it receives your grievance appeal. The Company will resolve your grievance appeal in a shorter period of time if the clinical urgency of your situation so requires.

Notification of Grievance Appeal Decisions: The Company will notify you in writing of its grievance appeal decision within five (5) business days after it completes the grievance appeal review. The decision will include: (a) a statement of the decision; (b) a statement of the reasons,

policies, and procedures that form the basis of the decision; (c) notice that you may have the right to further remedies allowed by law, including the right to external grievance review by an independent review organization; and (d) the department, address, and telephone number through which you may contact a qualified Company representative to obtain further information about the grievance appeal decision or the right to external grievance review.

(3) External Grievance Review

Eligibility for External Grievance Review: Your grievance is eligible for external grievance review if:

- The Company denied your claim on the ground that a service or supply provided to you (i) was not appropriately provided; (ii) was not medically necessary; or (iii) was experimental or investigational;
- You have completed the Company's grievance and grievance appeal procedures detailed above; and
- You have not previously requested external grievance review concerning the grievance in question.

Filing of External Grievance Review Requests: Within one hundred twenty (120) days after the Company notifies you of its internal grievance appeal decision, you or your representative may file a written request for external grievance review. To file a request for external grievance review, please contact the Company at:

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If you choose to seek external review of your grievance, you must provide to the independent review organization any medical information that it requests, including authorizing the release of relevant medical information to the external grievance reviewer.

Selection of External Grievance Reviewer: After the Company receives your request for external grievance review, the Company will select an independent review organization to review your request from a list of independent review organizations certified by the Department of Insurance. The Company will rotate the choice of independent review organizations sequentially through the list of all certified independent review organizations maintained by the Department of Insurance on its website before repeating a selection.

The independent review organization will assign a medical review professional who is board certified in the applicable specialty to resolve your external grievance. The independent review organization and medical review professional may not have a material professional, familial, financial, or other affiliation with (a) you; (b) the Company; (c) any officer, director, or

management employee of the Company; (d) your health care provider or your provider's medical group; (e) the facility at which the service was performed; or (f) the development or manufacture of the principal drug, device, procedure, or other therapy that has been provided to you and is at issue during the external grievance review. The medical review professional may have an affiliation under which the medical review professional provides health care services to policyholders of the Company and may have an affiliation that is limited to staff privileges at the health facility, if the affiliation is disclosed to both you and the Company before commencing the review and neither you nor the Company object.

Costs: The Company will pay all costs associated with the services of the independent review organization.

Assistance: You may be assisted by other individuals throughout the external grievance review process, including health care providers, attorneys, friends, and family members.

Reconsideration of Grievance Appeal Decision: While the independent review organization is considering your external grievance, you may submit additional information to the Company relating to the service or supply in question. The Company may reconsider its grievance appeal decision based on this new information. If the Company reconsiders its grievance appeal decision based on this information, the independent review organization will cease the external review process until the Company completes its reconsideration. The Company will make a reconsideration decision based on the newly submitted information and notify you of the Company's decision within fifteen (15) days after you submit the new information to the Company. If the reconsideration decision is adverse to you, you may ask the independent review organization to resume the external review process. If the Company chooses not to reconsider its grievance appeal decision based on this newly submitted information, the Company will forward the newly submitted information to the independent review organization within two business days after the Company receives the information.

Notification of External Grievance Review Decision: The independent review organization will make a determination to uphold or reverse the Company's decision on your grievance within fifteen (15) business days after your external grievance review request is filed. The independent review organization will notify you and the Company of the determination within seventy-two (72) hours after making the determination.

Effect of External Grievance Review Decision: The decision of the independent review organization is binding on the Company.

(4) Expedited External Grievance Review

If you have grievance related to an illness, a disease, a condition, an injury, or a disability and the time frame for a standard review would seriously jeopardize your (a) life or health; or (b) ability to reach and maintain maximum function, you may file a request for expedited external grievance review, subject to the procedures for standard reviews described above, if applicable. The independent review organization will make a determination to uphold or reverse the Company's decision on your grievance, and notify you and the Company of that decision, within seventy-two (72) hours after your external grievance review request is filed.

The Prudential Insurance Company of America

By

Secretary