

AMENDATORY RIDER

This rider amends the policy or certificate to which it is attached, and takes effect and expires concurrently with such policy or certificate.

Your right to file an internal grievance and to request an independent review.

Indiana State Law provides for an internal grievance procedure and independent review process. You have the right to grieve any adverse determination of coverage or a claim denial. You must exhaust our internal grievance procedure before you can request an independent review.

As used in this Grievance Procedure summary, the terms "we," "us," or "our" shall mean the insurer.

A Grievance is any dissatisfaction expressed by you, or by someone on your behalf, regarding:

- a) a determination whether a service or proposed service is appropriate or medically necessary;
- b) a determination whether a service or proposed service is experimental or investigational;
- c) the availability of participating providers;
- d) the handling or payment of your claim for benefits; or
- e) matters regarding your contractual relationship with us or the group policyholder.

To be considered a grievance, you also must have a reasonable expectation that action will be taken to resolve or reconsider the matter that is the subject of your dissatisfaction.

We will investigate each grievance and provide you with a final determination in accordance with the outlined procedures.

INTERNAL GRIEVANCES

Internal Grievance Procedure

The internal grievance procedure is as follows:

- a) You or your authorized representative must provide us with a statement explaining the grievance. You may notify us of your grievance by any of the following means:

- 1. E-Mail the grievance to: adminservices@exllc.com
- 2. Telephone the grievance by dialing toll-free: (866) 375-0775
- 3. Mail the written grievance to the following address:

Reliance Standard Life Insurance Company
ATTN: Specialty Products Administration
505 South Lenola Road, Suite 231
Moorestown, NJ 08057

- b) Should any mental or physical disability, impairment, or language barrier prevent you from filing your grievance in any of the manners set out above, you or your personal representative may use any reasonable means designed to notify us.
- c) We will mail a confirmation that we have received the grievance within five business days after receiving it. Our confirmation will give you the name, address, and telephone number of the person to contact regarding your grievance and the date your grievance was received.

We may require a written authorization from a person acting as your representative. If so, we will request it in writing and provide you with the proper forms. We will never need authorization from any of the following representatives:

- a) any person authorized by law to act on your behalf;
- b) a spouse, family member, or treating provider if you are unable to give consent.

You have the right to provide us with any written documentation or explanation you deem helpful to resolving your grievance.

DECISION

We will resolve your grievance with a written determination within 20 business days of receipt of all the information reasonably necessary to complete our review of the grievance. However, we may extend this time period in either of the following circumstances:

- a) If information we have requested from a provider, that is not a participating provider, is necessary for an adequate review and investigation of your grievance, but is not given to us within 15 days of our receipt of your grievance.
- b) If necessary information we have requested from you is not given to us within 15 days of our receipt of your grievance.

If we extend the 20 business day time period for either reason, we will notify you in writing within 19 business days after receiving your grievance. We will also give you the reason for the extension. We will then notify you of our resolution of the grievance within 10 business days after we notified you of the extension.

EXPEDITED GRIEVANCE PROCEDURE

If adhering to the standard internal grievance procedures would seriously jeopardize your life or health, or would jeopardize your ability to regain maximum function, an internal grievance may be expedited. You may also request an expedited grievance if:

- a) A physician, with knowledge of your medical condition, determines that you are subject to severe pain that cannot be adequately managed without the care or treatment that is the subject of the grievance; or;
- b) A physician, with knowledge of your medical condition, determines that the grievance shall be treated as an expedited grievance.

The expedited internal grievance procedure is as follows:

You or your authorized representative must provide us with a statement explaining the grievance. You or your authorized representative may:

- a) E-Mail the grievance to: adminservices@exlllc.com
- b) Telephone the grievance by dialing toll-free: (866) 375-0775
- c) Mail the written grievance to the following address:

Reliance Standard Life Insurance Company
ATTN: Specialty Products Administration
505 South Lenola Road, Suite 231
Moorestown, NJ 08057

We may require a written authorization from a person acting as your representative. If so, we will request it in writing and provide you with the proper forms. We will never need authorization from any of the following representatives:

- a) any person authorized by law to act on your behalf;
- b) a spouse, family member, or treating provider if you are unable to give consent;
- c) a representative who states that you have given verbal authorization to represent you.

We will provide you with our final written determination as expeditiously as possible, but no later than 72 hours of receipt of your grievance.

INTERNAL APPEAL PROCESS

You have the right to appeal our determination of your grievance. To file an appeal, you must notify us by mail at the same address listed above for the filing your original grievance within 30 days after you receive notice of our determination. We will send a written acknowledgement within five business days of receiving your appeal.

You may submit any comments, documents, records or other information without regard to whether those materials were considered in the initial grievance review.

Your appeal will be reviewed by an appeal panel composed of health care professionals who have appropriate expertise. The appeal member(s) will not have been involved in the initial grievance review. We will have a meeting and make a decision on your appeal within 45 business days after your appeal was filed. You will be notified in writing of the resolution of your appeal within five business days after the resolution.

INDEPENDENT REVIEW

Once you have exhausted our standard internal grievance and appeal procedure, you or your authorized representative have the right to request an independent review. You may proceed directly to an independent review if:

- a) You or your representative request, and we agree, to proceed directly to an independent review, or;
- b) The independent review organization determines that an expedited independent review is appropriate upon receiving a request from you or your representative that was simultaneously sent to us.

In accordance with 45 CFR 147.136 (c)(2)(vii) and Indiana Bulletin 193, external reviews are to be assigned from the list of Independent Review Organization's maintained on the Department's website. The selections should be made sequentially from the list before repeating a selection.

INDEPENDENT REVIEW PROCEDURE

Within 120 days after you receive the result of your internal grievance appeal, you or your representative must provide us with written notice of the request for independent review.

Mail your request to the following address:

Reliance Standard Life Insurance Company
ATTN: Specialty Products Administration
505 South Lenola Road, Suite 231
Moorestown, NJ 08057

The independent review organization may request additional information from you. You must provide the information or an explanation as to why it is not being submitted within five business days of receipt of the request. No appearances will be allowed by any witnesses, you, your representative, or us.

A decision will be made within 15 business days after your request for independent review was received.

You will be provided with the decision in writing within 72 hours of receipt of your grievance and the decision is binding on us.

EXPEDITED INDEPENDENT REVIEW PROCEDURE

If adhering to the standard independent review procedure will seriously jeopardize your life or health, or would jeopardize your ability to regain maximum function, you may request your independent review to be expedited.

The expedited independent review procedure is as follows:

Within 120 days after you receive the result of your internal grievance you, or your representative, must provide us with written notice of the request for expedited independent review.

Mail your request to the following address:

Reliance Standard Life Insurance Company
ATTN: Specialty Products Administration
505 South Lenola Road, Suite 231
Moorestown, NJ 08057

The independent review organization may request additional information from you, which will have to be provided or an explanation of why the information is not being submitted within two business days of receipt of the request. No appearances will be allowed by you, your representative, or us.

A decision will be made within three business days after your request for independent review was received.

You will be provided with the decision in writing within 72 hours of receipt of your grievance, and the decision is binding on us.

RECONSIDERATION OF OUR DECISION

If, at any time during the independent review process, you or your representative submit information to us relevant to our resolution of the appeal of your grievance and which we had not originally considered, we may reconsider our decision. If we choose to reconsider, the independent review organization will stop its process until our reconsideration is complete. In such case, we will notify you of our decision within 15 days of receiving the new information.

If adhering to our standard reconsideration procedure would seriously jeopardize your life or health, or would jeopardize your ability to regain maximum function, our reconsideration will be expedited, and we will notify you of our decision within 72 hours after your new information is received.

If we decide not to reconsider our decision upon review of the new information you submit to us, we will forward that new information to the independent review organization not more than two business days after we receive it.

If you still disagree with any final decision after your appeal, you have the right to file a civil action under applicable state or federal law.

FOR ADDITIONAL INFORMATION PLEASE CALL TOLL FREE (866) 375-0775.