

## NOTICE OF VERMONT APPEAL RIGHTS

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This notice summarizes *your additional rights* when we have not resolved your first level grievance to your satisfaction. To make an informed decision about whether to pursue your additional rights, please review the following information carefully.

### VOLUNTARY SECOND LEVEL GRIEVANCE

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If we have not resolved your grievance to your satisfaction, in whole or in part, you or someone you name to act for you (your “authorized representative”) may request a voluntary second level grievance, at no cost to you. If you decide to ask for a voluntary second level grievance, it will have no effect on your rights to any other benefits.

Requests for a second level grievance may be submitted to us verbally or in writing. If you have a disability or English is not your primary language, we will provide other ways for you to file a grievance and take part in the grievance process, if you request. If you decide to seek a second level grievance, contact us at:

*Appeals Coordinator [Insert Name and/or Other Title]  
[Insert Managed Care Organization or Insurer Name]  
Street Address  
City, State, ZIP  
Toll-free Telephone Number  
Fax number*

If you have information or written comments that you would like us to consider, please send it with your grievance request. Send or fax your information to the address or fax number shown above or call the toll free number above *[MCOs can add additional contact information, if any, here]*. Be sure to include your contact information (including a phone number if you have one).

In addition, you and/or your authorized representative have the opportunity to participate in a telephone meeting or an in-person meeting with the reviewer(s) for your second level grievance, if you wish. If you are unable to take part in the meeting in the way that has been offered, we will offer the other way to you. If the scheduled meeting date does not work for you, you may request that the meeting be postponed and rescheduled.

Assuming you have provided all information necessary to decide your grievance, it will be decided within 60 days of receipt.

### ADDITIONAL ASSISTANCE

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If you are not satisfied with how we resolved your grievance, you have the right to call or send a written complaint to:

**Consumer Services – Division of Insurance  
Department of Financial Regulation  
89 Main Street  
Montpelier, VT 05620-3101  
Telephone: 1-800-964-1784 (toll-free)**

The Office of Health Care Advocate’s telephone hotline service can also provide help to Vermonters who have problems or questions about health care and health insurance. You may contact them at:

**Office of Health Care Advocate  
264 North Winooski Avenue  
Burlington, VT 05402  
Telephone: 800-917-7787 (toll-free) or 802-863-2316  
TTY: 888-884-1955 (toll-free) or 802-863-2473**