

NOTICE OF VERMONT APPEAL RIGHTS

This notice summarizes your appeal rights when we have denied coverage for health care services **after a first level grievance**. Vermont law allows for independent external review of health care decisions. To make an informed decision about whether to pursue this option, please review the following information carefully.

INDEPENDENT EXTERNAL REVIEW

You may have the right to have a denial reviewed by an independent external review organization. These organizations are not connected with us. The independent external review program is administered by the Vermont Department of Financial Regulation.

An independent external review must be requested no later than 4 months or 120 days (whichever is longer) after you receive our first level or voluntary second level denial notice. However, if you wish to extend coverage for ongoing treatment for urgent care services (“urgent concurrent” services) without interruption beyond what we have approved, you must request the review within 24 hours after you receive our first level or voluntary second level denial notice. You also have the right to simultaneously file for an expedited first and an expedited external review.

Independent external reviews are referred to Independent Review Organizations (IRO). If you are denied a service or treatment or payment of a service or treatment and have filed a grievance with us which was denied, you may appeal our decision. To make a request, contact the Vermont Department of Financial Regulation during business hours (Monday through Friday, 7:45 a.m. to 4:30 p.m., EST) at:

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

If your request is urgent or an emergency, you may call 24 hours a day, 7 days a week, including holidays. A recording will tell you how to reach the person on call. If your request is not urgent, the Department will provide you with a form to submit your request.

RIGHT TO BRING LEGAL ACTION

If your health insurance plan is subject to a federal law called ERISA, you may have the right to bring legal action under section 502(a) of ERISA. Ask your employer’s benefit administrator if this applies to you. You do not have to pursue independent external review prior to bringing legal action under section 502(a) of ERISA.

ADDITIONAL ASSISTANCE

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

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

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For questions about your rights or for assistance, you can also contact the Employee Benefits Security Administration at **1-866-444-3272**.

If you are not satisfied with how we resolved a complaint, you may send a complaint about our service review activities to the:

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