MEDICAL EXPENSE INSURANCE

EXTERNAL REVIEW

Right to Request an External Review of Adverse Determinations

Within six (6) months after receiving notice of an Adverse Determination or Final Adverse Determination the Insured Person or an authorized representative acting on behalf of the Insured Person, has the right to request an external review in Writing from the Company, if the Insured Person has exhausted the Company's internal review process as described in NBM 5407 GP TN.

Within ten business days after receipt of the request, the Company will complete a preliminary review to determine if the request is eligible for an external review.

Within three business days after completion of the preliminary review, the Company will notify the Insured Person or authorized representative in Writing if the request is complete and eligible for external review. If the request is not complete, the Company will notify the Insured Person or authorized representative in Writing and include the reasons for ineligibility. The Insured Person or authorized representative may appeal an ineligible decision with the Tennessee Department of Commerce and Insurance at the following address:

[Department of Commerce and Insurance
Division of Insurance/Consumer Insurance Service
Davy Crockett Tower, 4th Floor
500 James Robertson Pkwy
Nashville, TN 37243-0574
Phone: (615) 741-2218 or 1-800-342-4029
E-mail: Insurance.Info@TN.Gov]

Within three business days after the determination that an external review is determined eligible, the Company will notify the Insured Person or authorized representative in Writing of the eligibility and acceptance for external review and that additional information may be submitted in Writing to the external review organization within six business days following the date of receipt of the notice.

Within three calendar days after receiving the decision from the external review organization, the Company will notify the Insured Person or authorized representative of the external review organization's decision.

Upon receipt of a notice to reverse the Adverse Determination or Final Adverse Determination, the Company will immediately approve the coverage that was the subject of the external review and if the decision involves healthcare provider compensation, the Company will make appropriate payment to the healthcare provider

within ten business days.

If the Insured Person has a medical condition where the time-frame for completion of a standard external review would seriously jeopardize the Insured Person's life or health or ability to regain maximum function, an expedited review will be completed by the external review organization and the Company will notify the Insured Person or authorized representative of the external review organization's decision within 72 hours after the date of receipt of the request that meets the reviewability requirements.

If the expedited review request is for Treatment or Service that is Experimental or Investigational, the Insured Person's treating Physician must certify in Writing that the recommended or requested Treatment or Service would be significantly less effective if not promptly initiated.

An expedited external review will not be provided for retrospective Adverse Determinations or Final Adverse Determinations.

The Company will pay the cost of the external review. An external review decision is binding on the Company, the Insured Person, and the health care provider unless there are other remedies available under applicable federal or Tennessee law.