

GEORGIA
IMPORTANT INFORMATION TO INSUREDS

We are here to serve you . . .

You have the right to receive appropriate care in a timely and convenient manner and to be an active participant in any decision making regarding treatment, care and services provided to you or one of your family members who are covered under this plan.

In order to provide you the best possible service, it is important that you provide any necessary information to your provider that will facilitate effective care and that you cooperate with your provider(s) by keeping appointments and following recommended treatment.

Please review your certificate of coverage carefully so that you fully understand the benefits provided. If you have a question about your policy or if you need assistance with a problem, you should first contact us at the address shown below.

If you have a grievance or complaint regarding:

- (a) the availability, delivery, or quality of dental, vision or hearing care plan services;
- (b) benefits or claims payment, handling, or reimbursement for dental, vision or hearing care services

You may document your concerns in writing and forward your written documentation to the following:

Name: Quality Control
Address: P.O. Box 82657
 Lincoln, NE 68501-2657
Phone: 877-897-4328
Fax: 402-309-2579

Please also refer to your Explanation of Benefits and your Certificate Booklet for appeals rights related to claims.

If after a careful review of your appeal, we determine that the benefit should have been denied, we will send you a written notice of that decision. You will also receive a notice of your right to appeal the decision to the Georgia Insurance Department.

If we agree that a benefit is available, we will issue a new predetermination of benefits or pay the claim in question.

You always have the right to contact the Department of Insurance:

**Consumer Services Division
2 Martin Luther King, Jr. Drive
West Tower, Suite 716
Atlanta, Georgia 30334**

**Telephone: 404-656-2070
Toll Free: 800-656-2298
Between 8:00 AM and 6:00 PM**