

EXHIBIT OF GRIEVANCES AND UTILIZATION REVIEW APPEALS ACCIDENT & HEALTH INSURANCE CONTRACTS: NEW YORK STATE BUSINESS - PART TWO

	MANAGED CARE CONTRACTS(a)			NONMANAGED CARE CONTRACTS					EXTERNAL APPEALS
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Number of Grievances, Utilization Review Appeals, and External Appeals (excluding those pertaining to HMO contracts)	Number of Grievances per Section 4802(b)	Number of Utilization Review Determinations per Section 4903(b)	Number of Utilization Review Appeals per Section 4904(b)	Number of Grievances per Section 4802 as required by Section 3217-d for contracts included in Part 1, line 1.3(c)	Number of Utilization Review Determinations per Section 4903 for contracts included in Part 1, line 1.1	Number of Utilization Review Appeals per Section 4904 for contracts included in Part 1, line 1.1	Number of Utilization Review Determinations per Section 4903 for contracts included in Part 1, line 2	Number of Utilization Review Appeals per Section 4904 for contracts included in Part 1, line 2	Per Section 4910 of the NYS Insurance Law(d)
1. Number Pending on December 31, Prior Year	662	2,221	458	0	0	0	0	0	29
2. Number Filed in Current Year.....	10,044	806,429	10,318						237
3.1 Number Closed in Current Year, Resulting in Reversal (in whole or part) of Insurer's Original Determination	2,349	XXX	5,807		XXX		XXX		104
3.2 Number of Approvals Closed in Current Year	XXX	687,166	XXX	XXX		XXX		XXX	XXX
4.1 Number Closed in Current Year in which the Insurer's Original Determination was Upheld	7,724	XXX	4,517		XXX		XXX		134
4.2 Number of Denials Closed in Current Year	XXX	118,084	XXX	XXX		XXX		XXX	XXX
5. Total Number Closed in Current Year (line 3.1 or 3.2 + line 4.1 or 4.2)	10,073	805,250	10,324	0	0	0	0	0	238
6. External Appeals Closed in Current Year by Agreement of Insurer and Member, Prior to Decision of External Review Agent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Number Pending on December 31, Current Year (lines 1+ 2 - 5 - 6)	633	3,400	452	0	0	0	0	0	28

(a) As defined in Section 4801(c) of the New York Insurance Law

(b) Sections 4802, 4903 and 4904 of the New York Insurance Law were effective April 1, 1997 and apply to all contracts issued, renewed, modified, altered, or amended on or after that date.

(c) Section 3217-d of the New York Insurance Law was effective January 1, 2011, and applies to a corporation that issues a comprehensive contract that utilizes a network of providers and is not a managed care health insurance contract as defined in Section 4801(c).

(d) Section 4910 of the New York Insurance Law was effective July, 1, 1999.

Note: Section 4802 of the New York Insurance Law provides for two levels of internal review of grievances, an initial (first level) grievance review and an appeal of that initial determination. A first level grievance should be considered closed, for purposes of Part Two, if the subscriber does not appeal the grievance determination within the calendar year in which the first level grievance determination was rendered. If the subscriber appeals the first level grievance determination in the subsequent calendar year, in a timely manner, the disposition of that appeal should be reported in Part Three. For example, a first level grievance closed in 2017 and appealed in a timely manner in 2018 would be reported in this Supplement in Part Three. If a subscriber files a grievance appeal within the same calendar year as the initial first level grievance determination is made, and the appeal is pending when the calendar year ends, the grievance should be reported as pending in Part Two.

Article 49 of the New York Insurance Law provides for expedited and non-expedited utilization review appeals. A non-expedited utilization review appeal should be considered closed when the utilization review agent notifies a subscriber of the appeal determination. An expedited utilization review appeal should be considered closed, for purposes of Part Two, when the utilization review agent notifies the subscriber of the expedited appeal determination and the subscriber does not further appeal the determination within the calendar year in which the expedited appeal determination was rendered. If the subscriber appealed the expedited appeal in the subsequent calendar year, in a timely manner, the disposition of the appeal should be reported in Part Three. For example, expedited utilization review appeals closed in 2017 and appealed in a timely manner in 2018 would be reported in this Supplement in Part Three. If a subscriber files a utilization review appeal, and the appeal is pending when the calendar year ends, the utilization review appeal should be reported as pending in Part Two.