AMERICAN NATIONAL

AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS
Herein referred to as "We, Our, Us, or the Company"
HOME OFFICE: ONE MOODY PLAZA
GALVESTON, TEXAS 77550

INDIANA INTERNAL GRIEVANCE AND EXTERNAL GRIEVANCE PROCEDURES

CAREFULLY READ THE INFORMATION IN THIS SECTION AND KEEP IT FOR FUTURE REFERENCE. IT HAS IMPORTANT INFORMATION ABOUT HOW TO APPEAL DECISIONS WE MAKE ABOUT YOUR HEALTH BENEFITS.

NOTICE: The Indiana Department of Insurance can assist You with any questions regarding filing a complaint at:

Indiana Department of Insurance
Consumer Service Division
311 W. Washington Street, Suite 300
Indianapolis, Indiana 46204-2787

Consumer Hotline: (800) 622-4461
Indianapolis area: (317) 232-2395
Fax: 317-234-2103

www.in.gov/idoi
Email: consumerservices@idoi.in.gov

NOTICE: Go to the Indiana Department of Insurance's website at [http://www.in.gov/idoi/3008.htm] for information concerning the process that a consumer should follow in filing an internal grievance or an external grievance, as well as a telephone number for the Department where consumers may call to obtain additional information.

Definitions

ADVERSE DETERMINATION means We deny, reduce, terminate or fail to provide or make a payment, in whole or in part, for a benefit because:

1. The requested benefit does not meet Our requirements for medical necessity, appropriateness, health care setting, level of care or effectiveness.
2. The requested benefit is experimental or investigational in nature.
3. You do not meet the plan's eligibility requirements.

Adverse Determination also means a rescission of coverage. A "rescission of coverage" means that We cancel or discontinue coverage and the cancellation or discontinuance has a retroactive effect. A Cancellation or discontinuance of coverage that has only a prospective effect is not a rescission. A cancellation or discontinuance of coverage for a failure to pay required premiums is not a rescission.

EXTERNAL GRIEVANCE means a review of the Company's Resolution of Appeal determination by an Independent Review Organization.

GRIEVANCE means any dissatisfaction expressed by You or by someone authorized on Your behalf regarding:

1. A determination that a service or proposed service is not appropriate or medically necessary;
2. A determination that a service or proposed service is experimental or investigational;
3. The availability of participating providers;
4. The handling or payment of claims for health care services;
5. Matters pertaining to the contractual relationship between You and the Company or a group policyholder and the Company; or
6. Our decision to rescind an accident and sickness insurance policy.

You must have a reasonable expectation that action will be taken to resolve or reconsider the matter that is the subject of dissatisfaction.

INDEPENDENT REVIEW ORGANIZATION (IRO) means an entity that conducts an independent External Grievance of the Company's Resolution of Appeal determination.

URGENT CARE means medical care or treatment with respect to which the application of time periods for making non-urgent care decisions could seriously jeopardize the life or health of the Covered Person or the ability of the Covered Person to regain maximum function; or, in the opinion of a Doctor with knowledge of the Covered Person's medical condition, would subject the Covered Person to severe pain that cannot be adequately managed without the care or treatment.

YOU means the Policyholder/Covered Person, or authorized representative, who is filing a Grievance, an appeal of a Grievance or requesting an External Grievance.

Step One: Internal Grievance

All Grievances must be sent to:

Health Claim Compliance Department
American National Life Insurance Company of Texas
One Moody Plaza
Galveston, Texas 77550

Phone: 1-800-899-6520
Fax: 281-535-4669

The Internal Grievance is the first step when You have a Grievance to file with Us. If the Grievance is resolved to Your satisfaction, there are no more steps in the Grievance Procedure. However, if the Grievance is not resolved to Your satisfaction, You may move on to the Resolution of Appeal, which is also covered in this document.

Things to know about the Internal Grievance

- You must file Your Grievance within one hundred and twenty (120) days of the date of the incident giving rise to the Grievance.
- You may file a Grievance orally or in writing. The Grievance is considered filed on the date received, either by telephone or in writing.

Our responsibilities regarding an Internal Grievance:

- We will acknowledge the Grievance within five (5) business days after receipt;
- We will document the substance of the Grievance and any actions taken;
- We will complete an investigation of the substance of the Grievance, including any aspects involving clinical care;
- We will notify You of the disposition of the Grievance and include notice of Your right to appeal Our determination;
- We will adhere to the timelines in this document regarding Our response to Grievances and Our notice regarding dispositions and right to appeal;
- We will provide a full and fair review of Your Grievance and will appoint at least one (1) individual to resolve the Grievance. Such individual will not have been involved in making the initial decision that gave rise to the Grievance.

Additional Information

You may provide Us with additional information that relates to Your Grievance and You may request copies of information that We have that pertains to Your claims.

We will provide You with any new or additional evidence considered, relied upon, or generated by Us in connection with the Grievance. This information will be provided free of charge and as soon as possible and sufficiently in advance of the date on which the notice of any final Grievance determination is provided to give You reasonable opportunity to respond prior to that date.

Special Information Pertaining to Grievances regarding Medical Necessity or Experimental or Investigational Treatment-

If a Grievance involves medical necessity or experimental or investigational treatment, the Company will appoint a panel that consists of one (1) or more qualified individuals to resolve the Grievance. The individual(s) on the panel will:

1. Have knowledge of the medical condition, procedure, or treatment at issue;
2. Be licensed in the same profession and have a similar specialty as the provider who proposed or delivered the procedures, treatment or service;

3. Not have been involved in the matter giving rise to the Grievance; and
4. Not have a direct business relationship with the Covered Person or the health care provider who previously recommended the procedure, treatment, or service giving rise to the Grievance.

Company's Grievance Resolution

The Company will make its determination regarding the Grievance as expeditiously as possible, but no later than twenty (20) business days after We receive all information reasonably necessary to complete the review. If We are unable to make a determination within the twenty (20) day period, We will:

1. Notify You in writing, before the twentieth $(20)^{th}$ business day, of the reason for the delay; and
2. Issue a written decision regarding the Grievance within an additional ten (10) business days.

We will notify You in writing of Our determination within five (5) business days after completing Our review. The determination notice will include:

1. A statement of Our determination;
2. A statement of the reasons, policies and procedures that are the basis of the determination;
3. Notice of Your right to appeal the determination; and
4. The department, address and telephone number through which You may contact a qualified representative to obtain additional information about the determination or Your right to appeal.

If Your Grievance involves Urgent Care, We will make Our determination and notify You of Our determination as expeditiously as possible, but no later than seventy-two (72) hours after Our receipt of the Grievance. If Our determination is communicated to You orally, We will send a written confirmation of the determination within forty-eight (48) hours of the oral communication.

Notice: You may request the diagnosis and treatment codes (and their meanings) for a Grievance decision. The Company will not consider a request for such diagnosis or treatment information, in itself, to be a request for an appeal or External Grievance.

Step Two: Resolution of Appeal

All Appeals must be sent to:

Health Claim Compliance Department
American National Life Insurance Company of Texas
One Moody Plaza
Galveston, Texas 77550

Phone: 1-800-899-6520
Fax: 281-535-4669

The Resolution of Appeal is the second step for resolving a Grievance. This step applies when You have already filed a Grievance with Us under Step One, Internal Grievance, but We have not resolved the Grievance to Your satisfaction.

Things to know about the Resolution of Appeal:

- You must file Your appeal within one hundred and twenty (120) days of the date of the date of Grievance determination.

- You may file an appeal orally or in writing. The appeal is considered filed on the date received, either by telephone or in writing.

Our responsibilities regarding the Resolution of Appeal:

- We will acknowledge the appeal within five (5) business days after receipt;
- We will document the substance of the appeal and any actions taken;
- We will complete an investigation of the substance of the appeal, including any aspects involving clinical care;
- We will notify You of the disposition of the appeal and include notice of Your right to initiate an External Grievance, including the accommodation of the clinical urgency of the situation;
- We will adhere to the timelines in this document regarding Our response to appeals and Our notice regarding dispositions and the right to an External Grievance.

Special Information Pertaining to Appeals regarding Medical Necessity or Experimental or Investigational Treatment:

If the appeal is for a Grievance decision regarding medical necessity or experimental or investigational treatment, We will appoint a panel of one (1) or more qualified individuals to resolve the appeal who:

1. Have knowledge of the medical condition, procedure or treatment at issue;
2. Are licensed in the same profession and have a similar specialty as the provider who proposed or delivered the health care procedure, treatment or service.
3. Are not involved in the matter giving rise to the appeal or in the initial investigation of the Grievance; and
4. Do not have a direct business relationship with You or the provider who previously recommended the health care procedure, treatment or service giving rise to the Grievance.

Company's Appeal Resolution:

We will make Our determination regarding the appeal as expeditiously as possible, reflecting the clinical urgency of the situation, but no later than forty-five (45) days after the appeal is filed. We will notify You in writing of the determination within five (5) business days after completing the investigation. For appeals involving Urgent Care, We will make Our determination and notify You of the determination no later than seventy-two (72) hours after the appeal is filed.

The written appeal determination notice will include:

1. A statement of Our determination;
2. A statement of the reasons, policies and procedures that are the basis of the determination;
3. Notice of Your right to further remedies allowed by law, including Your right to an External Grievance by an IRO.
4. The department, address and telephone number through which You may contact a qualified representative to obtain more information about the determination or the right to an External Grievance, including accommodation for the clinical urgency of the situation.

Step Three: External Grievance

All External Grievances must be sent to:

Health Claim Compliance Department
American National Life Insurance Company of Texas
One Moody Plaza
Galveston, Texas 77550

Phone: 1-800-899-6520
Fax: 281-535-4669

The External Grievance is the third and final step for resolving a Grievance. If You have already filed an appeal of a Grievance under Step Two, Resolution of Appeal, and We have not resolved the appeal to Your satisfaction, You may file a request for an External Grievance.

Things to Know about the External Grievance:

- You may file a written request with Us for an External Grievance of Our appeal decision.
- You must have exhausted Step One, Internal Grievance, and Step Two, Resolution of Appeal, before requesting an External Grievance. However, if We fail to strictly adhere to Step One or Two, You are deemed to have exhausted these two steps, and may file an External Grievance before completing Steps One and Two.
- You must submit Your request for an External Grievance within one hundred and twenty (120) days after receipt of Our appeal determination.
- We will forward Your request, along with all necessary information, to an IRO certified by the Indiana Department of Insurance.
- We will submit any situation that involves Urgent Care as an expedited External Grievance.
- We will pay all costs of the review; You are not responsible for any cost of the External Grievance.

Your Rights and Responsibilities:

You have certain rights under the External Grievance. You:

- Will not be subject to retaliation for exercising Your right to an External Grievance;
- Will be permitted to utilize the assistance of other individuals, including health care providers, attorneys, friends and family members throughout the External Grievance process;
- Will be permitted to submit additional information relating to the proposed service throughout the External Grievance process;
- Will be expected to cooperate with the IRO by providing any requested medical information or authorizing the release of necessary medical information.

We will cooperate with the IRO by promptly providing any information requested by the IRO.

Duties of the IRO:

The IRO will make its determination to uphold or reverse Our appeal resolution within fifteen (15) business days after a standard External Grievance is filed and will notify You and the Company of the determination within seventy-two (72) hours after making the determination.

The IRO will make its determination to uphold or reverse Our appeal resolution within seventy-two (72) hours after an expedited External Grievance regarding Urgent Care is filed and will notify You and the Company of the determination within seventy-two (72) hours after the expedited External Grievance is filed.

The IRO makes it determination based on information gathered from You, the Company, the treating health care provider and any additional information that it considers necessary and appropriate.

When making its determination, the IRO applies standards of decision making that are based on objective clinical evidence and the terms of Your accident and insurance coverage.

Required Information IRO must provide to You:

After You have been notified that the IRO has made a determination regarding Your External Grievance, the IRO will provide, upon Your request, all information reasonably necessary to enable You to understand the effect of the determination and the manner in which We may be expected to respond to the determination.

Determination Binding on the Company:

The IRO's determination is binding on Us.

Reconsideration of Our Appeal Resolution Based on New Information:

If, at any time during the External Grievance, You submit information that is relevant to Our appeal decision and that was not considered by Us during the appeal, We may reconsider Our appeal resolution.

If We choose to reconsider, the IRO will cease the External Grievance until Our reconsideration is completed:

- Within seventy-two (72) hours after the information is submitted for cases involving Urgent Care; or
- Within fifteen (15) days after the information is submitted for cases not involving Urgent Care.

If Our decision is adverse, You may request that the IRO resume the External Grievance.

If We choose not to reconsider, We will forward Your submitted information to the IRO not more than two (2) business days after Our receipt of the additional information.

Signed on behalf of the Company:

Secretary