



Department of Consumer & Business Services
Insurance Division — 2
 P.O. Box 14480
 Salem, Oregon 97309-0405
 Phone: (503) 947-7269
 Fax: (503) 378-4351
 350 Winter St. NE, Rm. 440, Salem, Oregon
 www.oregoninsurance.org

**Grievance
Annual Report**

Annual grievance report for 2004.

Due on June 30 for previous calendar year.

All insurers offering health benefit plans are required to submit annual reports of grievances and appeals.
 ORS 743.804, OAR 836-053-1070

Company name: John Alden Life Insurance Company Date: Resubmitted May 2006
 Contact person: Megan M. O'Halloran Title: Paralegal
 Phone: 414.299.8963 E-mail: megan.o'halloran@assurant.com

| Category of grievance | Number of grievances closed (A) | Initial decision upheld | | Initial decision reversed | |
|---|---------------------------------|-------------------------|------------------|---------------------------|------------------|
| | | Number (B) | Percentage (B/A) | Number (C) | Percentage (C/A) |
| (D) Access problems | 0 | 0 | 0 | 0 | 0 |
| (E) Referral issues | 0 | 0 | 0 | 0 | 0 |
| (F) Medical necessity | 1 | 1 | 100 | 0 | 0 |
| (G) Other coverage/not covered | 8 | 5 | 63 | 3 | 37 |
| (H) Eligibility | 1 | 1 | 100 | 0 | 0 |
| (I) Quality of care | 0 | 0 | 0 | 0 | 0 |
| (J) Quality of plan services | 0 | 0 | 0 | 0 | 0 |
| (K) Emergency services | 0 | 0 | 0 | 0 | 0 |
| (L) Administrative issues | 39 | 31 | 80 | 8 | 20 |
| (M) Total number of grievances closed: | 49 | Percentage: | 75 | Percentage: | 25 |

| | Number | Percentage |
|---|--------|------------|
| (N) Closed at initial grievance | 0 | (N/M) 0 |
| (O) Closed at first level of appeal | 48 | (O/M) 98 |
| (P) Closed at second level of appeal | 1 | (P/M) 2 |
| (Q) Average time between filing of grievance and closure: <u>14</u> days | | |

