FIDELITY SECURITY LIFE INSURANCE COMPANY®

{2600 Grand Blvd., Suite 900
Kansas City, Missouri 64108-4626
Phone 800-648-8624}
A STOCK COMPANY
(Herein Called "the Company")

# CONSUMER NOTICE

**Consumer Complaint**

If you have a complaint related to quality of care, choice and accessibility of providers, or network adequacy, you may contact:

{ABC Company}
{P.O. Box xxxx}
{Anycity, VA xxxxx-xxxx}
or you may call:
{1-800-xxx-xxxx}

If you feel that your complaint has not been satisfactorily resolved, you may also contact:

Office of Licensure and Certification (OLC)
Virginia Department of Health
9960 Mayland Drive, Suite 401
Henrico, Virginia 23233
Phone Number: 1-804-367-2104 (Ask for MCHIP)
Fax Number: 1-804-527-4503
E-mail: mchip@vdh.virginia.gov

or

Office of the Managed Care Ombudsman
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218
Or you may call: 1-877-310-6560
In the Richmond metropolitan area, call: 804-371-9032
Fax Number: 804-371-9944
E-mail: ombudsman@scc.virginia.gov

**Referral and Authorization Requirements**

Any services which cannot be obtained by a Preferred Provider within the PPO Service Area because: 1) due to their specialized nature, there is no Preferred Provider located within the PPO Service Area; 2) are provided by a Provider not in the PPO Service Area; and 3) are specifically authorized in advance by the Covered Person's Provider and approved by the Company shall be paid in accordance with the Schedule of Benefits, without further deductions, subject to all Policy maximums, limitations, conditions and exclusions{, if applicable}. {To obtain authorization please contact {ABC Company} at:}

{ABC Company}
{P.O. Box xxxx}
{Anycity, VA xxxxx-xxxx}
or you may call:
{1-800-xxx-xxxx}

**Questions**

If you have any questions regarding a complaint concerning the services that you have been provided which have not been satisfactorily addressed by your plan, you may contact the Office of the Managed Care Ombudsman for assistance at:

Office of the Managed Care Ombudsman
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218
or you may call: 1-877-310-6560
In the Richmond Metropolitan Area call: 804-371-9032
Fax Number: 804-371-9944

E-mail: ombudsman@scc.virginia.gov

**Provider Directories**

You may review an up to date provider list at any time by city, county, state or a certain mile radius from your location (distance at your choice) by visiting the {ABC Network} website at {www.ABCnetwork.com} or by contacting the {ABC Network} customer care center at {1-800-xxx-xxxx}. You may also request a hard copy of the provider directory through the contacts provided above.

**Provider Compensation**

If you have questions regarding how your eye care provider is compensated, please contact {the} {Claims Administrator,} {Provider Relations} {ABC Company}, at:

{ABC Company}
{P.O. Box xxxx}
{Anycity, VA xxxxx-xxxx}
or you may call:
{1-800-xxx-xxxx}

This plan is subject to regulation by both the State Corporation Commission Bureau of Insurance pursuant to Title 38.2 and the Virginia Department of Health pursuant to Title 32.1.

**Emergency Services**

Your plan covers Vision Examinations and/or Vision Materials. If you have an after-hours emergency for a Covered Benefit, please contact your {ABC Company} eye care provider the next day. If you have an eye-related emergency, please contact your medical care provider or go to the nearest medical facility.