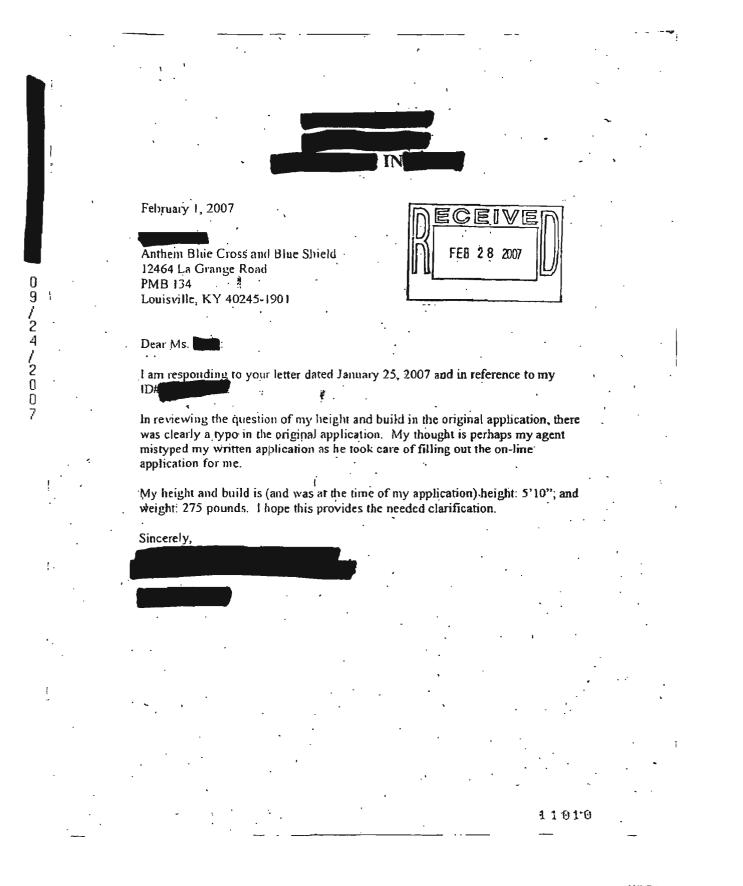
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Individual Misrep Claims >= \$2,500.00 or Drugs >= \$500.00 08/14/20 or Abuse Charges for Drugs >= \$500.00 in a 30-Day Window Subsc-Mbr ID Claim ID Svc Date Subsc-Mbr Name Charged Prod ID Group ID Orig Eff Date ley with rod insert, 00060020 05/01/2006 h/o broke in \$7,405.34 MI 00060020 \$7,405.34 APS10227 05/01/2006 Voice Sig 4/21 \$7,405.34 Misrepresentation Claims \$7,405.34 Code Description 04109 OTHER STREPTOCOCCUS \$7,405.34 /200 \$0.00 ODESITY NOS 2006 27800 1/5/07 all claims are IT's from CT+MA with 5/106 -> 5 106 duter 0 9 Medical Center-CT - Regress recid 1-1887 12 4 / 2 0 Surgical - MA 0 Cardiology -- CT 7 Hoalth Services --KY - Repress Records for not requested. Weight on records from Miditate Medical Center show deight as 310,16 1/18/07 Records for 2 whis after signature dete (+95/165). 1/19/07 Send SN per SR visto CTO - MUK also requees from Haney of same time . - Hill address changed on facets - MLM 2/6/07 - Sent no pay littles to the Best corporation 50 2/16/07 - To Srib for final decision. -min 2/21/67 - Per Uw Consultant reteind. Jo CTO for committee prep. - Pres 2/28/07 Research per Committee -Milly 3/9/07 Research per Committee -Milly 3/9/07 Spoke to agent- (He forgot to Call meback last week) - No 3/9/07 Spoke to agent- (He forgot to Call meback last week) - No written app- he took information over the phone. He is supposed to pend me an email stating this - Go 11004

WLP0007531 THESE DOCUMENTS MAY CONTAIN CONFIDENTIAL HEALTH CARE INFORMATION PROTECTED BY FEDERAL LAW UNDER HIPAA. DO NOT DISSEMINATE

Anthem Blue Cross and Blue Shield P.O. Box 37810 Louisville, KY 40233-7810

Anthem.

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	March 15, 2007
	CERTIFIED MAIL
4	
	ID#: COPY
	Dear Mr.
	As stated in our letter of January 25, 2007 it has come to our attention that your application for the Blue Access policy, offered by Anthem Insurance Company, contains incorrect and/or incomplete medical information.
	The application you completed asks the following question(s):
	Section D- your build
	The above question was answered incorrectly on your application. Had we known of your true build, coverage would have been declined.
	Therefore, your coverage is rescinded. We intend to recover full payments made on claims submitted. All claims that are currently pending will be denied. Any premium fees paid will be refunded within approximately 30 business days, minus any amount that is applied toward claim payments that have been made for this member.
	Please be advised that you will not receive a Certificate of Creditable Coverage since your policy has been rescinded.
•	You have the right to appeal this decision. To initiate the appeals process, please forward your request for an appeal along with any additional information to the following address: Anthem Blue Cross Blue Shield, Appeals Department, P. O. Box 33200, Louisville, KY, 40232-3200. If you prefer, you may fax your appeal to Constitution .

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09/24/2007

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And we have been been and the Dadt to the basis and a statement have have a statement of the Dadt to the Dath Landson have have been back have ba			
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WLP0007537 THESE DOCUMENTS MAY CONTAIN CONFIDENTIAL HEALTH CARE INFORMATION PROTECTED BY FEDERAL LAW UNDER HIPAA. DO NOT DISSEMINATE Thank you for your attention to this matter. Should you have any questions, please call me at

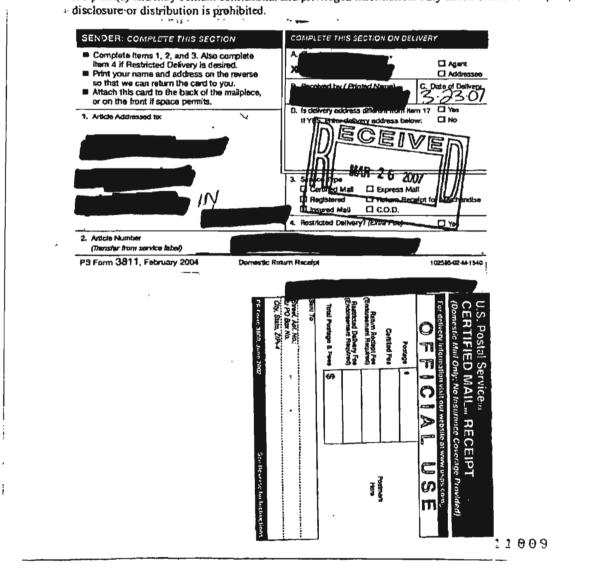
Sincerely,

Anthem Blue Cross and Blue Shield

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·			Poge 1 of 4
,			
From:			
Sent: Wedne To:	sday, April 25, 2007 12:14 PM		
Subject: RE: Sp	eak now thr		
100			
	NRC today, this member will remain rescinded.		
Thanks,			
fax	x		
	•		
From: Content	rii 24, 2007 10:51 AM		
	11 24, 2007 10.31 AN		
Subject: RE: Spea		*	
	II the file and reverse any decisions that may	have been made on this account.	
Thanks			
Underwilling Mana	ger		
KY0302-A625 Frem:			
Sent: Tuesday, Ap	ril 24, 2007 5:05 AM		
Cc: Subject: RE: Spea	k now itr		
If the agent did not His actions are not	send the app then we can't rescind. I need t	e get the agent's name so he can b	e contacted.
	il 23, 2007 7:12 AM		
To: Subject: RE: Spea	k now Itr		
broker			
Underwriting Manag	ç e r		
KY0302-A625			
04/25/2007		. 10	998

WLP0007525 HESE DOCUMENTS MAY CONTAIN CONFIDENTIAL HEALTH CARE INFORMATION PROTECTED BY FEDERAL LAW UNDER HIPAA. DO NOT DISSEMINATE

and and

Page 2 of 4

From: Friday, April 20, 2007 5:29 PM To: To: Subject: RE: Speak now Itr

Captive or broker?

From:

Sent: Friday, April 20, 2007 2:08 PM To: Subject: RE: Speak now itr

Yes you are correct

Underwriting Manager KY0302-A625

9

/2007

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-

From: Sent: Thursday, April 19, 2007 4:12 PM To: Subject: RE: Speak now Itr

So he submitted electronically with VS and never sent a copy of the application to the applicant to review? Am I understanding this correctly?

From:

Sent: Friday, April 06, 2007 9:06 AM To: Subject: FW: Speak now Itr

See below for further update

Underwriting Manager

KY0302-A625

From: Friday, April 05, 2007 9:03 AM To: Friday April 05, 2007 9:03 AM Subject: RE: Speak now ftr

There is a note in the file dated 3/10/07 by that says "Per the build is rescind either wayrescind per committee." The rescission was completed on 3/10/07, so should I still contact the agent? In my notes, I have that he said he since he took the application over the phone, he did not send anything to the member. I will try to get him to send me that in writing. I am sending him an email, I will copy you on it.

14

225

	9 w.P	
From: Sent: Friday, April 06, 200	7 8:58 AM	
	- Sec	
94/25/2087	1	10999
	······································	

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Page 3 of 4

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Yes, and we need to know if he mailed a copy of the application to the applicant with the letter stating if anything is incorrect to let us know.

Underwriting Manager

KY0302-A625

Frem:

0 9

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2007

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Sent: Friday, April 06, 2007 8:33 AM To: Subject: RE: Speak now Itr

The agent never sent me anything. When I contacted him and finally spoke to him, he stated he did not have a paper application, that this was taken over the phone. I asked him to send me an email stating that and have never received it. I had to call him several times to even speak with him about this. Should I try again?

Subject: FW: Speak now Itr	- Ťu	
See below. Can someone get m	ne an update?	
Underwriting Manager		
KY0302-A625		
From: Sent: Thursday, April 05, 2007 :	7:00 PM	
Subject: RE: Speak now Itr	·	
What happened with this one?		
Associate General Counsel	· · · · · · · · · · · · · · · · · · ·	
Mal Polat KY0301-A605		
ret: Caracteria de Ca Caracteria de Caracteria de	in Talan ja w	
From: Constant () Sent: Thursday, March 01, 2007	* 1-24 PM	
	3 See	
Q4/25/2007	1100: 1100:	0

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Pose 4 of 4

Subject: RE: Speak now I		
audit the paper against wh	ived a paper application they had to send us the paper hat was keyed. We need to go back to the agent and s hiy have the on-line on Ultera.	application because we had to see if they have the paper
Underwrking Manager KY0302-A625		
From:	· · · · · · · · · · · · · · · · · · ·	
Sent: Thursday, March 01 To:	1,2007 1:08 PM	
Cc: Subject: Speak now kr		
Sarah,		
the application as 215bs reply to the speak now le keyed his weight off the application was 510° 275	e meeting, a file was reviewed on AUDA AUDA on 4/ D /O6 and we have records stating his weight etter came in yesterday afternoon and he thinks the original written application. The ember states his b 5 bs. It was decided yesterday to rescind this mem m based on the information in the speak now letter	at the agent may have mis- build at the time of the ber due to build. My question is,
Thanks, .		
Individual Underwriting	the state of the second s	
confidenital and privilege	Dia attachments, is for the sole use of the intended rec ad information. Any unauthorized use, disclosure or please contact the sender by reply e-mail and des	distribution is prohibited. If
for a chor merecipient,		
	10. 4A	
	14.)	
	enter enter enter autor aller	
04/25/2007	191 NSA 27.5	11901



ISG Operations 220 Remington Blvd. Bolingbrook, IL 60440 Fax: 1-630-679-4519

April 🔵 2007

Dear



Regarding: ID Number: Group Number: Policy Effective Date: UniCare Agent:



In reviewing the claims from East Texas Radiological Consultants for services rendered December 2005, we find there were material misrepresentations and omissions on your Application for UniCare Individual Enrollment signed November 2005. A copy of this application is enclosed for your review.

The application you completed disclosed the following medical history for yourself:

Height 5 feet 4 inches and weight 160 pounds.

Based upon this history, you became enrolled effective December 2005. Subsequently, during a medical investigation, UNICARE requested and received medical records from Central Texas Digestive. Review of these records disclosed the following significant medical history for you:

 10-2005 This patient follows-up in clinic with recurrent and intermittent episodes of nausea. There was considers that this was probably related to medications and all medicines were discontinued without improvement, so she resumed her Avandia, Nexium, and Teveten. Past Medical History. Notable for diabetes and hypertension.

Had this information been disclosed in the UniCare Individual Application Health History, Section 6 pages 3 and 4, our medical underwriting guidelines would have prohibited us from offering the enrollment as requested.

Your contract with us, consisting of the policy and the application, provides that we may rescind the policy if material health information is omitted from the application or misstated. Specifically authority for this action can be found under the Conditions of Application, Section 7, item #10, which states,

"I have personally read and completed this application. Nothing has been left off regarding the past or present health of anyone listed on this application. I understand that no one listed on this application is eligible for benefits if any information on this application is false, incomplete or omitted. UniCare may void all coverage from the original effective date of the agreement for such material misstatements or omissions."

In addition, Section 1, paragraph 6 of your UniCare Individual Policy states,

"IF WITHIN TWO YEARS AFTER THE EFFECTIVE DATE OF THIS PLAN, WE DISCOVER ANY MATERIAL FACTS THAT WERE OMITTED OR THAT YOU OR YOUR INSURED FAMILY MEMBERS KNEW, BUT DID NOT DISCLOSE IN YOUR APPLICATION, WE MAY RESCIND THIS PLAN AS OF THE ORIGINAL EFFECTIVE DATE."

Because the medical history omitted from your application would have precluded us from issuing the policy as applied for, your current UniCare Policy will be retroactively canceled to the original effective date. All suspended claims will be denied. All claims paid in error will be adjusted. A check representing a full refund of all premium submitted, less the amount of any claims paid by UniCare will be processed and sent to you under separate cover within thirty (30) working days of the date you receive this letter.

Should you feel the information upon which our decision was based is erroneous or if you have any questions regarding UniCare's decision to rescind your policy, please submit your written concerns and all supporting documentation to my attention at the address noted above.

Sincerely,

Underwriting Services UniCare Life and Health Insurance Company

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Membership Information:Active	Referral Source: Claims Date of Ref	erral: 7/26/06
Application Signature Date: 11	5 Effective Date of the Policy: 1205	Plan:
HCID Number:	MC Number	
Member Name:		
90 Day Date: 4/15/07		Retro Waiver
State: Texas	UNICARE.	Rescind

Medication Listed on Reviewpoint: Prochlorperazine

Application/Health Statement:

Height 5 feet 4 inches and weight 160 pounds

Underwriting History: Approved Preferred

Relevant Medical History Prior to Effective Date:

Provider; Central Texas Digestive

• 10 2005 This patient follows-up in clinic with recurrent and intermittent episodes of nausea. There was considers that this was probably related to medications and all medicines were discontinued without improvement, so she resumed her Avandia, Nexium, and Teveten. Past Medical History: Notable for diabetes and hypertension

Relevant History Post Effective Date:

Medical records/information received from the second indicate the following history:

• "I specifically asked the agent who signed me up for your insurance policy how to check the boxes of health questions, he stated if you are not on medication for any of the problems to check "NO." In 2005 I was not on medication for blood sugar or hypertension. I also check my blood sugar once or twice a month to make sure mine was not out of the normal range. Diet, exercise and awareness was controlling my blood sugar and blood pressure with out taking medication for either of these. I have never had nor has it been ordered to take a Glucose Tolerance Test which is the specific test needed for diabetics. In 2005 I also monitor my blood pressure checks. Diet and exercise was all that was needed to keep it in the normal range."

Medical Underwriting Guidelines:

Diabetes and hypertension would have been decline per Complications Requiring Declination per MUG 250
 Recommend no retroaction. Unable to prove intent of member. No response from agent to verify if this information was told to her.

Other Medical History: None

Health Questions Answered "NO" should be Yes: Sect 6 questions 3 and 13

Reviewing Underwriter:

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diagnosed with was non- Hodgekins September 13 1.n 2004 have In nhoma by an individual POLICY been covered nsurance policy # 50553480-m 411+6 tis I NO. 2003, ance LAUST through chemo have herape repared for necho and m WITHIN weeks Fransplant ein Loy medica Cen 1. a 0 10 doctor my he Na On nhone Dany that told (À SURA and 2000 AT.P.(MY ca NWU them and her me; a v ·e φ letter. 6 xhib17 om CP. 14 have I Ci J +60 stones a' O. na id area stone nced Jought any freat ment - 5 10m medi stone ever gall Ò clots. fue stem cel. have matt a 9,0 O receive Urgency that mu weeks, ha ha Ő 4 oreli n vrgent matt an I have help 0 Can ease me sched 1.9 naut 7 ns life. reat m elav ð COV permission to discus sister, leggy M. Raddatz Atta S. Raddat 4-1 discuss his give my matter with 20156.2005 11:42 PAGE 89

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April 15, 2005



Mr Otto Raddatz

n

Re: Policy / Certificate Number

Dear Mr Raddatz:

Through a series of medical questions on your July 8, 2003 application / enrollment form, we asked that your family's health history be completely and accurately disclosed for the purpose of determining insurability.

During the course of our consideration of your claim for benefits, we received information regarding Otto Raddatz's health history, which was reported to us by Dupage Medical Group. The information we received pertained to one or more medical conditions that were not disclosed on the application / enrollment form including, without limitation the following: abnormal abdominal CT scan showing atherosclerotic abdominal aorta with infrarenal aneurysm and cholelisthiasis (gall stones). Specifically, we have discovered medical records dated from February 9, 2000 to March 13, 2000 that revealed this health history.

Unfortunately, this history came to our attention after a claim was submitted. Under the circumstances, we must reform coverage. Had our Underwriting Department been aware of this medical history at the time of application / enrollment form was approved, eligibility for insurance coverage would have bee affected. Therefore, we will be removing Otto Raddatz from coverage based on the material misrepresentation with respect to one or more questions on the application / enrollment form, including without limitation the following: 18b 18c 24. Please refer to the copy of the application / enrollment form included with your policy / certificate.

We are enclosing an Amendment of Application that excludes coverage for Otto Raddatz from the effective date of the coverage. If you choose to accept the above Amendment of Application, please sign, date and return it to Fortis. The policy/certificate will remain in force for all other previously covered family members. If you choose not to accept and sign the Amendment of Application, you will leave us no alternative except to rescind the entire policy back to the effective date of August 7, 2004. In either outcome, Fortis will arrange for any appropriate refund of premium.

Forthe insurance Company / Fortis Banefils insurance Company / John Alden Life insurance Company

Fortis Health

501 West Michigan P.O. Box 3050 Milwaukee, Wi 53201-3050 Telephone 1 800 800 1212

We require receipt of the signed Amendment of Application within 30 calendur days from the date of this letter. The signed Amendment of Application should be faxed to my attention at 1-414-299-1266.

If you have any new information that may impact this decision, please submit this information in writing. However, if the amendment of application is not received within the specified time frame, we will proceed with the rescission of coverage regardless of the receipt of appeal information.

The above information was reviewed in accordance with Fortis Insurance Company's underwriting guidelines, practices and procedures. All of the Company's rights and defenses, whether or not specifically mentioned herein, are reserved.

Yours sincerely,

Enclosures

Senior Individual Medical Underwriter

1-800-800-1212 Extension



OFFICE OF THE ATTORNEY GENERAL STATE OF ILLINOIS

Lisa Madigan

May 3, 2005

Fortis Health

501 West Michigan P. O. Box 3050 Milwaukee, WI 53201-3050 Peggy Raddatz RE: Otto Raddatz

We are in receipt of your formal response dated April 29, 2005 regarding Mr. Otto Raddatz. I have also had discussion with an altoiney for Assurant Health named Linds b. According to Ms. Quoartaro, Mr. Raddatz's insurance is being resembled ased on the fact that he did not state on his application of July 8, 2003 the presence of an aortic aneurysm. After reviewing the records again and speaking to the doctor caring for Mr. Raddatz at the time the CT scan was done; it is clear that Mr. Raddatz had no knowledge of the aneurysm, which was found incidentally on a CT scan done in February of 2000 by Mr. Raddatz's physician, Dr.

I served of an aortic aneurysm-or indicate that Mr. Raddatz was in need of follow-up care related to an aneurysm. Notations made by D served if an aneurysm of February 11, 2000 state: "Have kidney stones come in tomorrow". Desting I, who is now retired from practice, informed me that he does not recall telling Mr. Raddatz of the aneurysm. The fact that it is not written in the medical records that further attention related to an aneurysm is needed is further evidence suggesting Mr. Raddatz was not told he had an aneurysm.

Our office believes that it is highly likely that Mr. Raddatz was not informed of his aortic aneurysm until he received notification from Fortis that his policy was being terminated. Mr. Raddatz saw a physician, I have the advected De Forcel, for the first time in four years in August 2004. As reflected in the notes of that visit, neutrer he nor the physician mentioned an aneurysm. Next, when he saw a hematologist, Die Marpon, after the CT scan of September 2004, Mr. Raddatz does not indicate in his initial history the presence of an aneurysm nor does I mention an aneurysm in his report to I mentioned are Again, this would again indicate that Mr. Raddatz was not told of an aortic aneurysm.

Furthermore, the fact that Mr. Ratidatz never sought medical attention after his visits of February and March 2000, until he became symptomatic from his current illness, can be viewed

500 South Second Street, Springfield, Illinois 62706. • (217) 782-1090. • TTY: (217) 783-2771. • Fax: (217) 782-7046
 100 West Randolph Street, Chicago, Illinois 60601. • (312) 814-3000. • TTY: (312) 814-3374. • Fax: (312) 814-3806
 1001 East Main, Carbondale, Illinois 62901. • (618) 529-6400. • TTY: (618) 529-6403. • Fax: (618) 529-6416

as further evidence suggesting Mr. Raddatz did not make any fraudulent statements or material misrepresentations on his enrollment form. As stated several times on the complaint forms filed with our office, Mr. Raddatz was unaware of the presence of the aneurysm. Clearly, he did not know that he had an aneurysm until recently, when his policy with Fortis insurance was terminated as the result of post-medical underwriting following chemotherapy treatment.

During this recent underwriting process. Forths asserts that questions 18b, 18c, and 24 on the enrollment for were answered incorrectly. However, each of these questions is ambiguous, and they do not sufficiently elicit the level of detail you are purportedly seeking. These are also the kind of questions that are difficult for a lay person to answer, particularly with the degree of specificity and completeness that you are now saying was required of Mr. Raddatz. Indeed, Mr. Raddatz was clearly making no effort to withhold the fact that he had undergone a CT scan since he disclosed the fact that he had seen a Dradon for kidney stones. Therefore, if the application is read as a whole, the information known to Mr. Raddatz was provided on his application.

We are stating that Mr. Raddatz's health insurance policy should not have been rescinded. Mr. Raddatz has been undergoing treatment under the reasonable assumption that he has medical coverage. He suddenly faces not only life-threatening illness but now the inability to afford the only treatment that may help him. The timing of rescinding Mr. Raddatz's insurance is such that he cannot possibly make other arrangements for coverage before it is too late. Clearly, Mr. Raddatz will die very soon without receiving the medical care that he needs. Our office is making every effort to assist this consumer, and we believe we have satisfied the guidelines as set forth by his policy by providing the above-mentioned information. In addition, we agree that each insured must be treated equally and fairly according to the guidelines set forth by their health insurance policy. However, many situations are not clear and in these situations, in the interest of human fairness, decisions should be made to best protect the consumer.

We greatly appreciate your continued review of this matter. We hope you will agree that we have adequately demonstrated that Mr. Raddatz did not know that he suffered from an aortic aneurysm. If our argument fails to meet the standard needed to reinstate his insurance policy, please provide our office with details of additional information that will be needed to reinstate his health insurance policy. We greatly appreciate your prompt and continued attention to this matter and would like a response by Friday, May 5. Thank you very much.

> Dr. Babs Waldman, M.D. Health Care Bureau Medical Director Office of the Illinois Attorney General 100 W. Randolph Street, 12th Floor Chicago, Illinois, 60601

Babs Waldman, M.D. Medical Director

Fax:

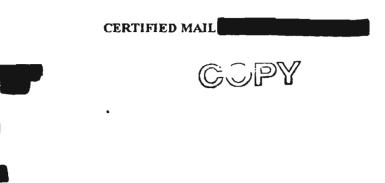
Anthem Blue Cross and Blue Shield P.O. Box 37810 Louisville, KY 40233-7810

Anthem.

January 5, 2007

ID#

De



As stated in our letter of December 8, 2006 it has come to our attention that your application for the Blue Access policy, offered by Anthem Insurance Company, contains incorrect and/or incomplete medical information. We have received and reviewed your December 18, 2006 letter of explanation and appreciate you allowing us the time to respond.

The application you completed asks the following question(s):

- Has any person applying for coverage in the past 5 years had any diagnosis, consultation, treatment, testing or taken any medication or received follow up treatment or examination for:
 - a. Allergies, asthma, emphysema, bronchitis, chronic obstructive pulmonary disease, sleep apnea or other disease or disorder of the lungs or respiratory system?

The above question was answered "no" on your application. Had we known of your history of chronic obstructive pulmonary disease, coverage would have been declined.

Therefore, your coverage is rescinded. We intend to recover full payments made on claims submitted. All claims that are currently pending will be denied. Any premium fees paid will be refunded within approximately 30 business days, minus any amount that is applied toward claim - payments that have been made for this member.

Please be advised that you will not receive a Certificate of Credible Coverage since your policy has been rescinded.

You have the right to appeal this decision. To initiate the appeals process, please forward your request for an appeal along with any additional information to the following address: Anthem Blue Cross Blue Shield, Appeals Department, P. O. Box 33200, Louisville, KY, 40232-3200. If you prefer, you may fax your appeal to (502) 889-3034.

1KY-5 Rev.10/03

ferman Bas Cana and Dar Saint un yn hynn ynn y Artun Hantr Pare i'r hynau y a fer anlegantael Hannar y'r He Bas Cana ang Bas Smith Aranipan I

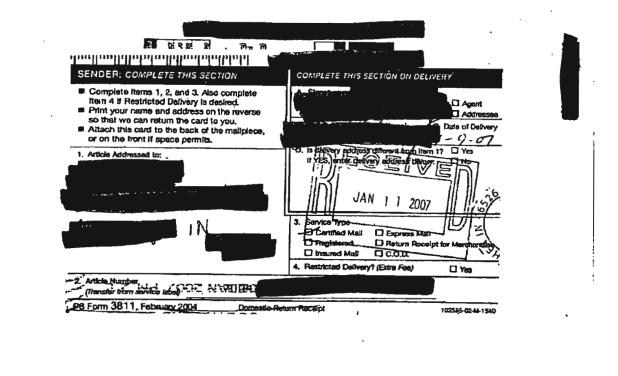
WLP0010346 THESE DOCUMENTS MAY CONTAIN CONFIDENTIAL HEALTH CARE INFORMATION PROTECTED BY FEDERAL LAW UNDER HIPAA. DO NOT DISSEMINATE You and/or your dependents may be eligible for health insurance coverage under The Indiana Comprehensive Health Insurance Association (ICHIA), which has been created by Indiana Law for residents who, for health reasons, have difficulty obtaining standard health insurance coverage. It is supported by all Indiana health insurance companies, and is overseen by the state government. If you are interested in obtaining more information about this program, please contact Indiana Comprehensive Health Insurance Association toll-free at

Thank you for your attention to this matter. Should you have any questions, please call me at

Sincerely,

Anthem Blue Cross and Blue Shield

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	01/24/2007 13:03 MJ LAW OFFICE
••	
	Attorney at Law
	Personal Injury & Estate Planning included in preas of practice
	ANTHEM BLUE CROSS & BLUE SHIELD
	P.O. Box 37810
	Louisville, KY 40233-7810
	IN RE:
	Dear Ms.
	On January 5, 2007, you wrote and the indivising him that Anthem Blue Contract
	Blue Shield had rescinded his health insurance coverage because of his response to a particular
	question on his health insurance application as to whether he had any diagnosis, consultation,
	treatment or testing specifically for chronic obstructive pulmonary disease. He answered as
	because his physician, Dr. and Dr. and Dr. and Dr. and Dr. and Dr. and Dr. because his practitioner never used the to
	COPD or chronic obstructive pulmonary disease when discussing his history of cigarette smoking
	and the chronic problems that arise from tohacco usage in an appointment which preceded his
	application for health insurance
	I have enclosed a copy of a letter from Dr. Constitution dated January 9, 2007 wherein he
	specifically indicates that he did not explain to that he was describing COPD while discussion
	the chronic problems of tobacco usage with him. Neither Dr. The problem or his nurse practicions
	had any recollection that they ever actually sat down and talked with the state bout the sur-
	diagnosis of COPD and that may well be correct that it was mid year 2005 before that

For these reasons, we ask that Anthem reinstate his health insurance coverage travelage retroactive to the date of rescission. I am also faxing a copy of this letter to the Antheir B^{*} of Cross and Blue Shield Appeals Department seeking the above requested relief

weeks. If he suffers any harm, whether financially or physically, from this denial of insufance coverage, he will most certainly seek the appropriate remedies in court

Thank you for your consideration to this letter. If you would, please contact me upon receipt to discuss Anthem's response

Very Truly Yours,

Enclosure

١

diagnosis was ever given to him

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				Committee Decision:
				Rescind 🛛
	W	ellPoin	JIC	No Retroaction Pending more info
Committee Review Date:	HCID#, NAME, Mem	ber Code, Plan:	Application	Effective Date of Policy:
May 2007	Individual KeyCare Prefe		Signature Date: December 2000	
Date Referral Received:	Individual ReyCale Field	neu	December	
April 2007				
Claim/Notification eliciting in	vestigation:			
Claim for dx 311 (depression)	was flagged on the port	ability query.		
Application/Health Statemen				
Clean application; weight of 17	0 and height 5'3"			
UNDERWRITING HISTORY Approved Level 1				
RELEVANT MEDICAL HISTO	RY PRIOR TO EFFEC	TIVE DATE:		
RELEVANT MEDICAL HISTO Documented weight of 213 por			(See page 5 of the	medical records)
			(·····,
MEDICAL UNDERWRITING O				
Maximum weight for her heig	ght is 193 pounds			
	(
Health questions answered ' Weight portion of the application	ation was incorrect	<u>-</u>		
Reviewing Underwriter:				
Comments: <u>We did not recei</u>	ve a response from w	<u>rs.</u>		
		<u> </u>	_	
RVP Individual Underwriting East Region	g R	VP, Medical Direc	tor Direc	tor, Medical Management

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Artheni blue Cross and Blue Shield Post Office Box 13647 Ruanoke, Virginia: 24630-3047

Anthem.

IMPORTANT INFORMATION ABOUT YOUR POLICY

April , 2007

	VA
RE: ID No.	
Dear Mrs.	

I am writing to request your help in resolving a matter concerning your application for the Individual KcyCare Preferred program, your current health care coverage. The application includes questions about the medical history of the individual applying for coverage. Answers to these questions are evaluated along with any information obtained during the claims review process. Through this process, we learned that your history of psoriasis and hemorrhoids was not noted on your application. We also learned that you have a documented weight of 213 pounds on January 2007 which would indicate that the weight on your application is inaccurate. For your reference, I have enclosed a copy of your application.

Please clarify in writing why these conditions and lifestyle information were not included on your application, then send your letter to my attention by April 2007. Your written response is required for us to determine the future status of your contract with Anthem Blue Cross and Blue Shield. This review of your policy must be completed before any outstanding claims can be considered for payment. As explained in your policy, omitting important information from an application may result in cancellation of your coverage.

IMPORTANT NOTICE

If we do not receive a written response for our review by April 2007, your Individual KeyCare Preferred coverage will be cancelled retroactive to its original effective date.



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THESE DOCUMENTS MAY CONTAIN CONFIDENTIAL HEALTH CARE INFORMATION PROTECTED BY FEDERAL LAW UNDER HIPAA. DO NOT DISSEMINATE.

Anthem.

Ms. In appreciate your help as we work to resolve this matter. If you have any questions, our Member Liaison will be glad to assist you at a second s

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Sincerely,

Underwriting Auditor

Enclosure

cc: File

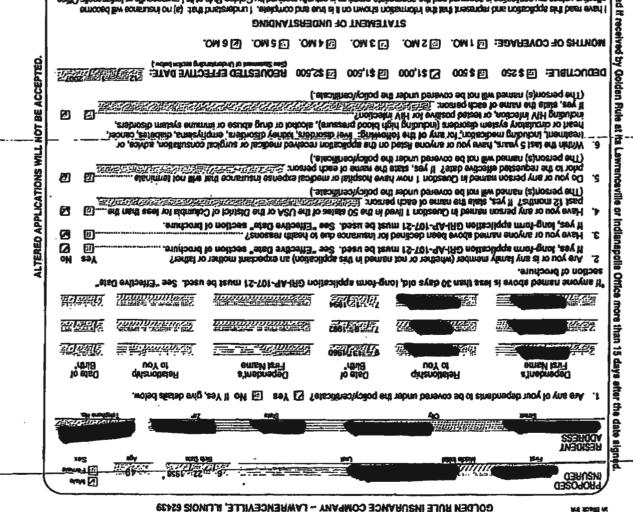
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THESE DOCUMENTS MAY CONTAIN CONFIDENTIAL HEALTH CARE INFORMATION PROTECTED BY FEDERAL LAW UNDER HIPAA. DO NOT DISSEMINATE.

- 2 -

Committee Review Date: 3/22/07	1	Committee Decision	
State: Texas	UniCare.	Rescind No Retroaction	
90 Day Date: 4/15/07		Retro Waiver	
	I	Retro Rate Up	
Member Name:	•		
HCID Number:	MC Number: MC40		
Application Signature Date:4/16/06	Effective Date of the Policy: 5/1/06 P	lan: HSA 3 \$5000/\$10000	
Membership Information: Active	Referral Source: MRU Date of Referr	al: 1/2/07	
Date claim received that was sent for	or review: 11/23/06 Diagnoses on Claim: Lu	ump or Mass in Breast	1
Medication Listed on Intelliscript: 7 Medication Listed on Reviewpoint:			
Application/Health Statement:		:	
 Height 5 feet 4 inches and w 01 2002 Ovarian. Lapros 			
Underwriting History:			
Approved Preferred			
Relevant Medical History Prior to]	Effective Date:		
 Provider: 03-2005 Bone density-Os 	steopenia. Start Actonel.		
03-2006 Meds: Actonel		<u>v</u>)	
Relevant History Post Effective Da An offer letter for waiver 73U was se	le: nt on 2/16/07 with no response		
Medical Underwriting Guidelines: • Osteopenia requires prescrib	ed oral medications waiver 73U for 10 years w	ould have been applied per MUG	
733	to no response to offer sent on February 16, 200		
Other Medical History:			
None			
Health Questions Answered "NO" Sect 6 question 27	should be Yes:		
Reviewing Underwriter:			
Director Ind/Sm Grp Underwriting	VP Medical Director	VP & GM Ind /Sm Grp Unicare	
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	I have read this application and represent that the information shown on it is true and complete. I understand that (a) no insurance will become effective unbest my application is approved and appropriate premium is extually received by Colden Rule at its Lawenceville of the approximation is approximate at the second of th	
	MONTHS OF COVERAGE: DI 1 MO. 2 2 MO. 2 4 MO. 2 5 MO. 2 6 MO.	received by
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RE ACCEPTED		y Golden Rule
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	hear or circuistory system disorders (including high blood pressure), stoppol or any abuse or immune system disorders,	



APPLICATION FOR SHORT TERM MEDICAL INSURANCE - Asec. Fights Frink

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FACT MEMBERS	HIP ENROLLMENT FO	RM			
I hereby enrolt for I this enrollment for change from time t apply for association	full Associate membership m and payment of initial d o time; (c) my membership	o in the FEDERATION OF / ues (\$3 monthly), I under o will become effective or 1) authorize the release of	itand that: (a) I will be e I the day this enrollment	S AND TRAVELERS (FACT) nbitled to FACT's benefits; form is dated and signed listed on the Golden Rule	(b) these benefit: (d) I am eligible
x				₩ x 11/26/2007	
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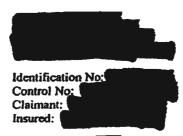
A United Healthcare Company



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April 18, 2008

Dear



When reviewing claims, we sometimes obtain medical records to help us resolve claim issues. As part of this routine process, we obtained medical information for you from the source of the source of

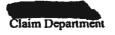
During our review of your information, we learned there was prior medical history that may have impacted our decision to provide you with health coverage. Therefore, we are sending your information to our Underwriting Department for review, and we will keep you informed as our review progresses.

You should continue to pay your premiums. However, these premiums will be conditional and may be returned to you if we determine that material misstatements were made in the application for insurance.

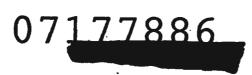
Golden Rule expressly reserves its rights under the policy, including, but not limited to, those under the Time Limit on Certain Defenses provision, the Preexisting Conditions provision, and the Incontestability provision.

After our review is complete, we will let you know if your coverage will be affected in any way.

Sincerely,



Golden Rule Insurance Company 712 Eleventh Streat Lawrenceville, Illinols 62439 www.golden.rule.com



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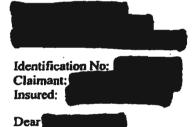
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Confidential Proprietary Business Information UnitedHealth Group Produced Pursuant to House Confidentiality Rules

A United Healthcare Company



-May-2,-2008



Your request for benefits has been reviewed very carefully. We want to let you know the result of our review.

The Application for Coverage:

Before we can issue health insurance coverage, a customer fills out an application. We use the application to determine if we can offer coverage and rely on this information when we agree to provide coverage for a customer.

If the application is approved, a copy of it is attached and made part of the certificate. We do this so the customer can check the answers and let us know if any information is missing or incorrect. On the front of the certificate, it says "Check the attached application. If it is not complete or has an error, please let us know. An incorrect or incomplete application may cause your certificate to be voided and claims to be reduced or denied."

New Information From Our Review:

During our review, we requested and received medical records from



Your application. This information would have changed the original decision to issue coverage.

According to the information we received, the answer to Question(s) 6 should have been "Yes" with respect to your medical history. The application should have also contained additional information in response to the question. A copy of the application is enclosed for your review.

Golden Rule Insurance Company 712 Eleventh Street Lawrenceville, Illinois 62439 www.goldenrule.com



-Identification-No: Claimant:

Page 2 May 2, 2008

The records we received noted that you were seen at the second second with a history of and treatment for alcohol abuse since at least November 28, 2006, up until at least January 19, 2007.

From November 28, 2006, up until at least August 16, 2007, it is noted by of a history and treatment for hypertension.

How the New Information Affects Your Coverage:

If this information had been shown correctly on your application, our underwriters would have been unable to issue your coverage.

Now that we are aware of this information, we need to take the same action we would have . taken if we had been aware of this information when you applied for insurance.

Your coverage has been voided. This means it is as though it had never been approved or issued. This also means:

- We will return all premium paid;
- We will not collect any more premium;
- We will not provide coverage or pay any claims; and
- We have no liability for any current or future claims.

There may be additional information that was missing or incorrect on your application. Golden Rule reserves the right to assert any other material misstatements as reason to void your coverage. By taking this action, we are not waiving any rights under the provisions of the certificate, including, but not limited to, the preexisting conditions provision.

Premium Refund:

Enclosed is a draft for payment of \$922.82 to refund all premiums paid for your coverage. This draft also includes membership fees for Federation of American Consumers and Travelers (FACT). Any premiums you may have paid recently will be refunded to you as soon as we receive and identify them. Please note that there is a release on the back of the premium draft. By cashing the premium refund draft, you are accepting our decision to void your certificate.

Confidential Proprietary Business Information UnitedHealth Group Produced Pursuant to House Confidentiality Rules

UHG23904

Page 3 May 2, 2008 Identification No: Claimant:

Please note that if the premium refund draft is not endorsed by the payee or if the release on the back is altered, Golden Rule will not pay the draft, you will not receive the funds, and your bank may charge you penalties or fees.

Your FACT Membership:

We will not continue to collect your FACT membership dues. As we explained above, your premium refund draft includes the membership fees we collected on behalf of FACT. We have not recovered this amount from FACT. You are still a member. If you wish to remain a member, you should arrange to send your membership fee directly to FACT. Their toll free number is 1-800-USA-FACT (1-800-872-3228), or you may write to them at:

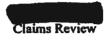
> FACT Membership Service Office P.O. Box 104 Edwardsville, IL 62025

Summary:

Since there is no coverage, for the reasons explained above, no present or future claims will be paid.

If you have additional information you believe would change our decision, please send it to us. We will review the information and reply to you promptly.

Sincerely,



Enclosure

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Confidential Proprietary Business Information UnitedHealth Group Produced Pursuant to House Confidentiality Rules

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m. mantal, emotional, or behavioral deorder?	÷	K. 1004097	. 0		,	"Medical History Details" fore dirk equals 12 oz of beer;
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by in the last 5 years, and give full details.			ſ		-	doctors or other health care professionals that
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	Violation? If yos, provide details in "Medical History Details ECRETAC CODE ONS			peeri knokied in an accident or received a moving	
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23.	in the last 10 years, has any applicant had any indication, show, symptoms, diagnosis, or invalment of: a. Nigh blood pressure? b. chest psin?		•	In the last 10 years, has any applicant had any indication, eignst, symptoms, claphosis, or treatment of any other classes, claordar, injury, or acherses finding, or had any adverse or abnormal test reader?	
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				List in "Medical History Details" any additional doctors or other health care professionals that any applicant has consulted with or been tweled by in the leat 5 years, and give full details.	ļ
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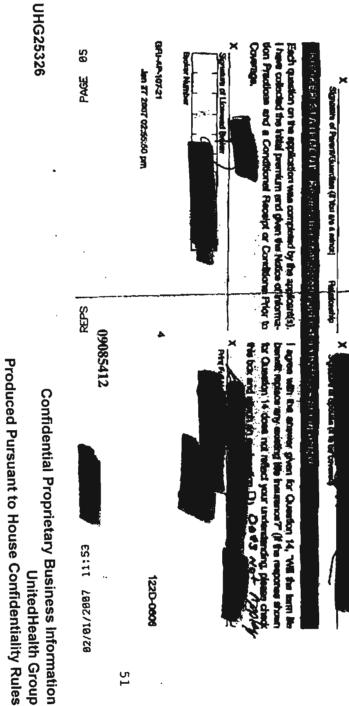
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Each question on the application was completed by the applicant(s). I have collected the initial premium and given the Notice of Informa-I agree with the energies given for Question 14, "Will the term lite burnels replace any existing lite transmon?" (If the response shown for Question 14 does not reflect your understanding, place chec the box and another for the content of the box and another for the content of tion Practices and a Conditional Receipt or Conditions Prior to Coverage. X Point Pa BRI-AP-107-21 1220-0606 Jan 27 2007 02:55:50 pm 09085412 FG:TT /007/10/70 **S433** 50 PAGE ------

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Confidential Proprietary Business Information UnitedHealth Group **Produced Pursuant to House Confidentiality Rules**

	PT U PLY P & C AUTHORIZATION - OLL CE PAYE	PREY MORTELS, P.A.C.
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	 This insummon accurrage le not devigned nor meriated as employed provided insummon accurrage le not devigned nor meriated as employed provided insummon laws. Therefore this plan cannot be used, how nor at some future data, by you or a employed to provide insurance for employees. I partly that: """" (a) I am not employed by an employer with 2-50 employees; or (b) i am not employed by an employer with 2-50 employees; or (c) i am employed by an employer with 2-50 employees; or ever, no portion of the premium is paid, eitner deedly of indirectly, by my employer. If you cannot certify to either (a) or (b) above, you are not eligible for acting below, I certify that I understand that I am applying for period of the premium is used as employee-provide insurance. acting below, I certify that I understand that I am applying for period of the premium is used as employee-provide insurance. acting below, I certify that I understand that I am applying for period of the premium is used as employee-provide insurance. acting below, I certify that I understand that I am applying for period of the premium is used as employee-provide insurance. acting below, I certify that I understand that I am applying for period by any employee the used as employee-provide insurance. acting below, I certify that I understand that I am applying for period by any employee the used as employee-provide insurance. acting below, I certify that I understand that I am applying for period by any employee the used as employee-provide insurance. Acting the period of the premium is paid, either any playee provide insurance. 	 Melicit-Intomation Bureau (MIB) having rangedical information about we learnly or me is authorized to give it to Golden Pulsis Insur- ance Administration and Claims Departments. Golden Falle may also relieve the information about my femily or me to the MIB or any mendus company for the purposes described in Golden Pulsis Notice of Information Practices. I (we) have received Golden Pulsis Notice of Information Practices. I (we) understand the following: A photocopy of this sufficient the date below. I (we) understand the following: A photocopy of this sufficient to date below. I (we) understand the following: A photocopy of this sufficient participant. I (we) understand the following: A photocopy of this sufficient participant. I (we) understand the following: A photocopy of this sufficient participant. I (we) understand the following: A photocopy of this sufficient participant. I (we) understand the following: A photocopy of this sufficient participant. I (we) understand the following: A photocopy of this sufficient participant. I (we) understand the following: A photocopy of the sufficient participant. I (we) understand the following: A photocopy of this sufficient participant. I (we) understand the following in the sufficient participant. I (we) may request revocation of the sufficient photo of Information (Fractices, Golden Pulse may condition Rules Hotos of Information (Fractices), as departed on Golden and the sufficient in the basit plan or of glightly for benefitte on my (our) reveals to sign this sufficient, her sufficient participant is used or disclosed in accordance with his participation that is used or disclosed by the receiving-only and may no

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- Golden Rule may condition envolvent in its health plan or eligibility for benefits on my (our) teluetil to sign (ris sulhorization;
- The information that is used or disclosed in accordance with this authorization may be redisclosed by the receiving entity and may no longer be protected by federal or shale privacy laws regulating heath insurers.

I have retained a copy of this sufficiation.

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(no) have received Golden Rule's Natice of Information Practices. The authorization shall remain valid for 50 months from the date below. I (we)-understand the tellowing.

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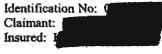
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Terms of this Agreement will be binding on me unless (jobme my eccount within 30 days. This document will be eent to the when my	other information that will allow us to identify you. We may also ask to
account is opened, along with Exartin Bank's Privacy Policy and	ase your driver's license or other identifying documents.
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application for insurance.	There is no coveringe until approved in writing by Golden Rule.
Note:	 P.O. Bonus are not accepted as a Prinary Resident
· If you were proviously induced by UnitedPresidencese, yournust sta	Addirton,
fully complete the application accurately. Our underwriters do no have access to United Healthcare underwrting and claims Res.	Applications received by Golden Rule more than 15 days after the algred date will not be accepted.
Broker must be licensed with Golden Rule in state where	Mail the Application and Aplated Forms Peciet to the
application to algred AND state where applicant resides;	address befor.
Coverage is not evaluable it:	Be are to include the following:
- any family member is currently pregnant; or	 Health Insurance quote.
- the applicant has not resided in the U.S. for the last 12, consocutive months.	Initial payment check made payeble to "FACT."
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HG25331	Confidential Proprietary Business Information
	UnitedHealth Grou
	Produced Pursuant to House Confidentiality Rule





August 21, 2007





Dear Martin

Your request for benefits has been reviewed very carefully. We want to let you know the result of our review.

The Application for Coverage:

Before we can issue health insurance coverage, a customer fills out an application. We use the application to determine if we can offer coverage and rely on this information when we agree to provide coverage for a customer.

If the application is approved, a copy of it is attached and made part of the certificate. We do this so the customer can check the answers and let us know if any information is missing or incorrect. On the front of the certificate, it says "Check the attached application. If it is not complete or has an error, please let us know. An incorrect or incomplete application may cause your certificate to be voided and claims to be reduced or denied."

New Information From Our Review:

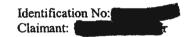
During our review, we requested and received medical records from the semetical records indicate that information was incorrect or missing from your application. This information would have changed the original decision to issue coverage.

According to the information we received, the answer to Question(s) 21, 23g, 23l, 25a, 25e, 28, and 32 should have been "Yes" with respect to your medical history. The application should have also contained additional medical history in response to Instruction number 33. Medical history for you should have been reported under the section of the application called "Medical History Details -- For All Applicants." A copy of the application is enclosed for your review.

The records we received indicate that the second provided by the sec

Golden Rule Insurance Company 712 Eleventh Street Lawrenceville, Illinois 62439 www.goldenrule.com

Page 2 August 21, 2007



your complete blood count was abnormal revealing an elevated red blood cell count, hemoglobin, and hematocrit. On October 25, 2006, and the pulmonary function tests as well as a wheezing. You were advised to stop smoking and to have pulmonary function tests as well as a computerized tomography scan of the lungs. On November 30, 2006, you were started on Chantix to help you stop smoking.

How the New Information Affects Your Coverage:

If this information had been shown correctly on your application, our underwriters would have been unable to issue your coverage.

Now that we are aware of this information, we need to take the same action we would have taken if we had been aware of this information when you applied for insurance.

Your coverage has been voided. This means it is as though it had never been approved or issued. This also means:

- We will return all premium paid;
- We will not collect any more premium;
- We will not provide coverage or pay any claims; and -
- We have no liability for any current or future claims.

There may be additional information that was missing or incorrect on your application. Golden Rule reserves the right to assert any other material misstatements as reason to void your coverage. By taking this action, we are not waiving any rights under the provisions of the certificate, including, but not limited to, the preexisting conditions provision.

Premium Refund:

Enclosed is a draft for payment of \$3148.56 to refund all premiums paid for your coverage. This draft also includes membership fees for Federation of American Consumers and Travelers (FACT). Any premiums you may have paid recently will be refunded to you as soon as we receive and identify them. Please note that there is a release on the back of the premium draft. By cashing the premium refund draft, you are accepting our decision to void your certificate.

Please note that if the premium refund draft is not endorsed by the payee or if the release on the back is altered, Golden Rule will not pay the draft, you will not receive the funds, and your bank may charge you penalties or fees.

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Confidential Proprietary Business Information UnitedHealth Group Produced Pursuant to House Confidentiality Rules

Identificat	io <u>n No:</u>	1	
Claimant:	K		

Page 3 August 21, 2007

Your FACT Membership:

We will not continue to collect your FACT membership dues. As we explained above, your premium refund draft includes the membership fees we collected on behalf of FACT. We have not recovered this amount from FACT. You are still a member. If you wish to remain a member, you should arrange to send your membership fee directly to FACT. Their toll free number is 1-800-USA-FACT (1-800-872-3228), or you may write to them at:

FACT Membership Service Office P.O. Box 104 Edwardsville, IL 62025

Summary:

Since there is no coverage, for the reasons explained above, no present or future claims will be paid.

If you have additional information you believe would change our decision, please send it to us. We will review the information and reply to you promptly.

Sincerely,



Enclosure

09/05/29 * PHONE CALL RECORDS - DATA REQUEST * GRP: ID: PLN:FHCA35 NAME: EFF:02/02/07 PD:02/02/07 STATUS:RES ISS/RES: CLMT: DOB: / / EFF: / / STA: RIDERS: BEN RDRS: PPO025 MDBNMI PPCVRX WALPLN NETAMD STDF10 DX: PROC: IP: OP: DOS: NO GUAR: PREM: 4770.81 UR VEND: PRE X: CONTEST: MED NEC: R & C: FUND: TPA:* COLA:Y FAM:Y QUAL:N NT ACCT#: COINS1: COINS2: DED: MET: то TO RELATE: INSURED/APPLCNT/OWNE CALLER: RSN:EV PHONE: PLAN NAME: AGY:V1 TAKEN DATE TIME:20070829 08:41 CH:153 TAKEN BY:29CJC RETRN BY:44088 RETRN DATE TIME:20070831 13:59 CH:L49 WANTS TO KNOW WHEN HIGH BLOOD COUNT WAS. WHY WE DROPPED WHOLE FAMILY INSTEAD OF HUSBAND. VER PHONE 8/30/07 9:27 24887/180 - THIS REQUEST GOES TO ADJ THAT SENT LETTER PER HCOO TO 44KTM F/RESPONSE TO CALLER - THX 8/30/07 ROUTED TO WRONG AREA-CLAIMS. ROUTE TO THE CORRECT AREA. 004 SORRY - TO 28058 F/RESPONSE TO CALLER PLS / THX LEFT MESSAGE -8/31/07-1:09 ********************** INSURED CALLED BACK IN WANTING TO KNOW WHY THIS WAS REC FOR THE WHOLE FAMILY..... ADVISED THAT SOME WILL BE CALLING HER BACK..THNX 24776 CALLED HER BACK TOLD HER COVERAGE WAS VOIDED TO MEDICAL HISTORY NOT ON APP--SHE SAID ELEVATED RED BLOOD COUNT--I TOLD HER THAT WAS ONLY ONE REASON SHE ASKED ME TO READ ALL OF THEM TO HER -- TOLD HER I COULD NOT DO THAT DUE TO HIPPA LAWS=-I TOLD HER OUR REASONS WERE DETAILED IN OUR 8/21/07 LETTER **VOIDING THE COVERAGE--**SHE ASKED ME TO NOT THAT SHE WILL ACCEPT DECISION BUT FEELS LIKE WE SHOULD H HAVE GIVEN THEM A 30 DAY NOTICE PRIOR TO VOIDING PLAN. TOLD HER I WOULD NOT E THAT.

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Confidential Proprietary Business Information UnitedHealth Group Produced Pursuant to House Confidentiality Rules

	2003	Strategic Perf Pa	rt 1A	Tanageneur	WELLPOINT	-
	For period of:	01/01/03	to:	12/31/03		
	Name:					
	Job Title:	Director, Group	p Underwrii	ing	l	
	Salary Grade:	41				
	Prepared by:					
Prep	ared by Job Title:	General Manag	ger, Individu	al Services		
	Date:	2/26/2004			·	

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nsuring (eviews E alculates (se the fr	Objectives: List Business Objectives an total weight for all objectives equals 1009 business Objectives & Performance Asses is the Overall Weighted Rating for Busine pstructions below to calculate column t	%. At the end of the per ssment, determines ration as Objectives. After en	formance period, gs for each object tering Ratings a	Rater tive, and then nd Weights,	5=Exceptional Performance 4-Exceeds Performance Require 3=Meets Performance Require 2=Needs Dovelopment 1=Umatisfactory Performance {Uso this scale for objectives	exts
No.	Objective	Metric	Weight (Number One to Hundred)	F	tesults Achieved	Rating (Number { One to Five}
a) b) gu wc ma c) pro	eet financial and enrollment largets Maintain flat pmpm Evaluate and review underwriting idelines, policies and procedures and orkflows to meet operational metrics and aintain financial stability. Evaluate and refine underwriting audit occss to improve quality and financial ability.		20	while meeting/e has str workflows and improve service as evidenced by 14,000 to 3,000 10 days to 24 h 101 to 90 result reduced medica 28%, instituted of medical reco from 15 days to \$1,400,000. Enhanced proce claims and MR to review 6039	mental pmpm from .7871 to .7480 exceeding unit metrics. reamlined the Underwriting processes to maximize production, elevels, while improving accuracy ra reduction in inventory from a improved turn around times from ours, decreased FTE count from ing in a savings of \$900,000; I records requests from 42% to electronic submission and retrieval rds which improved service levels o 8 days, while reducing costs by ess workflows, partnering with U, enabling the IQRT department claims that resulted in a Pre-Ex 66,503 and a Retro savings of	5

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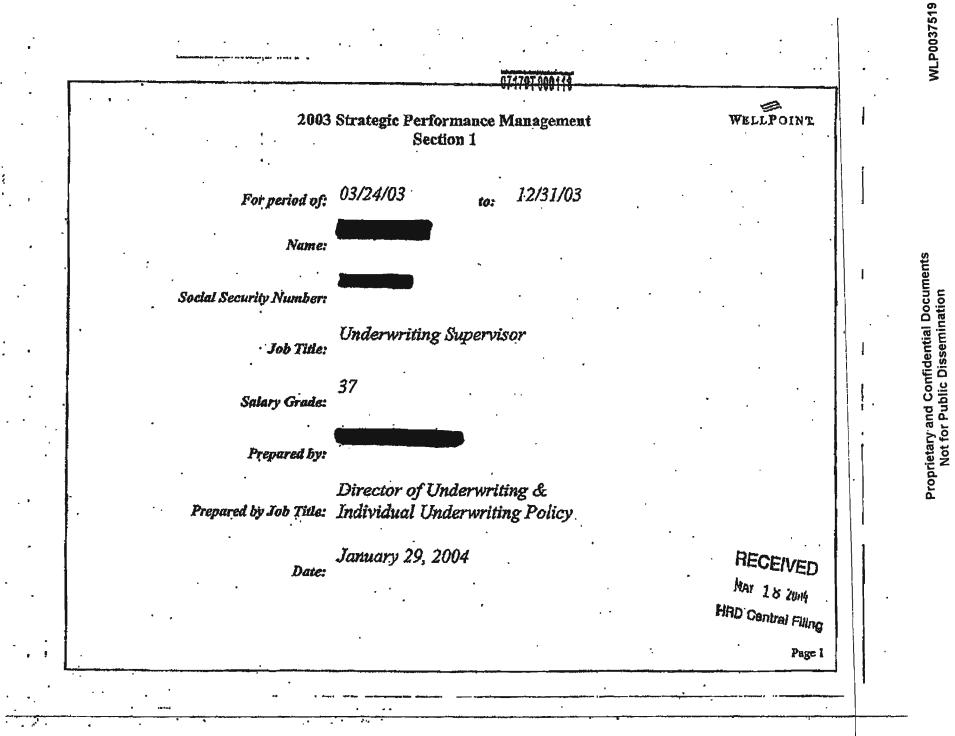
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•	2003 Ob	jectives & Performance Assessmen Section 2	it		
each c period object Busin	ess/Behavioral Objectives: List Business/Beha bjective ensuring total weight for all objectives of , manager reviews 2003 Objectives & Performan- ive, calculates the weight for each objective, the ess/Behavioral Objectives. Space is provided for) using the directions at the bottom of this page	equals 100%. At the end of the performance acc Assessment, determines ratings for each in calculates the Overall Weighted Rating for or up to 15 objectives. Delete any unused	4-Exceeds Per 3-Meets Per 2-Needs Dev 1-Unsatisfac	el Performance erformance Require formance Require elopment tory Performant e for objectives	guirements frements
No.	Objectives	Results Achieved	Rating (Number One to Five)	Weight (Number One to Hundred)	Weighted Rating (Press "F9" key to calculate or recalculate if chaages are made)
4.	Develop associate personnel to achieve desired levels of performance and leadership and increase member satisfaction.	 effectively handles all the differing viewpoints within her IQRT department. She has proven to be skillful in working flavough unreasonable demands. She has since developed a structure and department that is now her own. This team has achieved a high level of performance as evidenced by: Pro-ex claims savings of \$1,366,503 Retro savings of \$9,835,564 Reduction of claims inventory of 1200 down to 500. 	3	20	60.00
5.	Achieve budget goals regarding associate utilization and administrative costs.	has achieved budget goals by monitoring and reducing her FTE's, OT FTE's and office supplies.	3	5	15.00
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Proprietary and Confidential Documents Not for Public Dissemination

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Assurant Affordable Health Access

Your Health Insurance Reference Guide



Authorization might be required

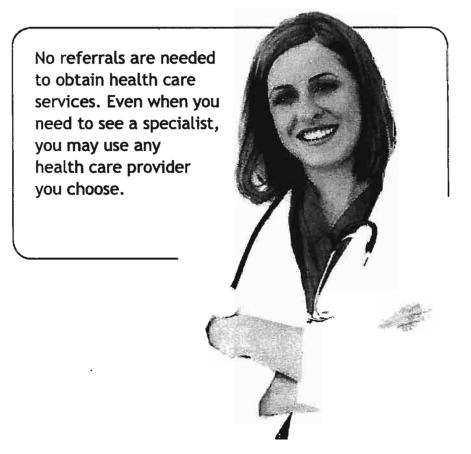
Authorization — advanced review of planned treatment — is required before inpatient treatment, as well as outpatient surgery and other types of invasive outpatient treatment, which are listed under Utilization Review in your insurance contract.

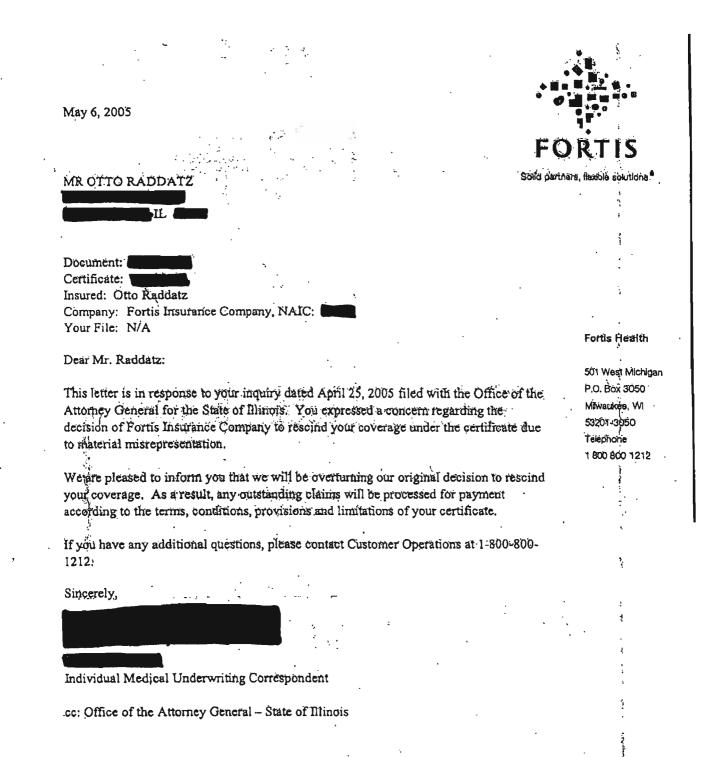
When authorization is required, ask your health care provider to initiate the process as soon as possible prior to the beginning of treatment.

The contact number for authorization is on the back of your insurance card.



Emergency surgery or hospital admission should never be delayed for authorization. However, your health care provider should call the authorization contact number as soon as possible during/following such emergency care.







OFFICE OF THE ATTORNEY GENERAL STATE OF ILLINOIS

Lisa Madigan

April 26, 2005

Chief Executive Officer Fortis Health P.O. Box# 3050 Milwaukee, WI 53201-3050

Re: Otto Raddatz



Dear Mr

As Medical Director of the Office of the Illinois Attorney General, I have been asked to review the case of Mr. Otto Raddatz. Mr. Raddatz, who had been covered by State Farm for a number of years, completed an insurance application for Fortis in August 2003. On the application he indicated he had had nephrolithiasis and smoked, and he listed his physician from whom records could be obtained. His policy with Fortis began in August of 2003. In September of 2004, Mr. Raddatz unfortunately was diagnosed with non-Hodgkin's lymphoma, for which he has been undergoing treatment and is in his first partial remission. His prognosis is a matter of months if he does not go on to receive consolidation therapy. He has just finished an intense course of chemotherapy as part of that consolidation therapy that must be followed by an autologous hematopoetic cell transplantation (AHCT) within the next couple of weeks. The stem cell transplantation is necessary – indeed, life saving – as his bone marrow has intentionally been destroyed by the very aggressive chemotherapy given to treat his lymphoma. Mr. Raddatz will soon be completely pancytopenic if he does not receive a stem cell transplantation and receiving the autograft is his best chance of long term survival.

In the midst of this treatment, Mr. Raddatz received a call and a letter dated April 15, 2005 from Fortis stating his insurance is going to be rescinded as of August 2004 i.e. just prior to his diagnosis of Lymphoma. The reversal of Mr. Raddatz's insurance is being based on the fact that he did not include in his application of August 2003, the presence of two conditions that were incidentally found on a CT scan done in February of 2000 because of kidney stones: asymptomatic gallstones and a 3.5 cm abdominal aortic

500 South Second Street, Springfield, Illinois 62706 • (217) 782-1090 • TTY: (217) 785-2771 • Fax: (217) 782-7046
 100 West Randolph Street, Chicago, Illinois 60601 • (312) 814-3000 • TTY: (312) 814-3374 • Fax: (312) 814-3806
 1001 East Main, Carbondale, Illinois 62901 • (618) 529-6400 • TTY: (618) 529-6403 • Fax: (618) 529-6416

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aneurysm. Neither of these conditions require treatment. To a lay person, neither of these asymptomatic conditions may rise to a level of awareness when filling out, or completing, an insurance application with very general questions. Mr. Raddatz should not be expected to view these two issues as significant, nor should he be expected to even remember their presence. He is asymptomatic from these and he has never had treatment for them. Basing retroactive denial of coverage based on this type of information is stretching the interpretation of insurance code beyond its intended boundary.

I find the behavior on the part of Fortis Health to be extremely troubling if not unethical. Clearly, there is no justification for rescinding this gentleman's insurance beyond avoiding the cost of his future treatment. The findings for which Fortis is rescinding/terminating Mr. Raddatz's coverage have absolutely nothing to do with his compelling diagnosis. To do rescind/terminate his policy at this point is not only devastating but probably fatal for Mr. Raddatz. In effect, by rescinding/terminating his coverage you are telling a dying patient that he cannot have the only treatment that can potentially save his life. Indeed, now that he is without insurance, the treating hospital will not proceed with the transplant unless Mr. Raddatz pays upfront.

Unfortunately, this is not the only complaint of this nature we have received. There seems to be a very distinct pattern in which Fortis rescinds insurance policies once claims have been made. The reasons for terminating insurance, such as Mr. Raddatz's, are not reasonably related to the diagnosis for which the claims are made. Often the conditions do not impact the consumer's health, nor might be expected to be thought of as significant by the consumer. Many conditions could have been dealt with by use of riders or exclusions. In the case of Mr. Raddatz there is life-threatening urgency. It is our hope that you will reinstate Mr. Raddatz's coverage and allow him to receive this life-saving treatment.

We expect a reversal of this most disturbing decision and need to hear ASAP as Mr. Raddatz needs to have this treatment within the next two to three weeks.

> Dr. Babs H. Waldman, M.D. Medical Director Health Care Bureau Office of the Illinois Attorney General 100 W. Randolph Street, 12th Floor Chicago, IL 60601

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Babs Waldman, M.D. Medical Director Health Care Bureau

Cc. Otto Raddatz

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