



COMPANION LIFE INSURANCE COMPANY
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(803) 735-1251

Companion Life Insurance Company Network Access Plan DenteMax Network

Companion Life Insurance Company (Companion Life) uses a leased managed dental provider network arrangement with DenteMax, LLC (DenteMax). Providers in the Companion Life Insurance Company network contract through DenteMax. Providers participating in the DenteMax Network agree to provide dental services and materials according to DenteMax, state and federal requirements. The Colorado Department of Insurance requires us to provide you this Network Access Plan. The Network Access Plan describes your dental plan's provider network and related topics.

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NETWORK COMPOSITION, IDENTIFICATION OF PROVIDER CRITERIA

DenteMax is a preferred provider network of independent dentists who have accepted a set fee schedule when receiving payment for dental services.

In addition to ensuring compliance with state and federal regulations, DenteMax maintains several processes to ensure ongoing maintenance of provider data. These efforts are essential to our business and to providing excellent service to Companion Life's members.

All dentists in the DenteMax network are credentialed using standards that comply with the various state laws and the standards mandated by URAC, NCQA and CMS if applicable.

Providers are subject to re-credentialing no less than every 36 months. The date for re-credentialing is based on the month of the last approval by the DenteMax Credentialing Committee. Any provider that exceeds 36 months from the time of last credentialing is subject to termination.

NETWORK STANDARDS AND ADEQUACY

To the extent possible, DenteMax maintains sufficient numbers and types of providers to ensure a reasonable proximity of participating providers to the residence or workplace of covered persons, including those dental providers that serve predominantly low-income and medically underserved individuals, to assure that dental services are accessible without unreasonable delay.

Companion Life downloads the DenteMax provider data monthly, or more frequently if necessary, to monitor network access according to state standards. With the DenteMax provider data in hand, Companion Life may determine network access based on our additional network arrangements, membership and other factors specific to our business. The following may be considered by Companion Life when determining access.

- Availability of a type of provider in a geographic area
- Provider/covered person ratios by specialty
- Geographic accessibility of providers
- Geographic variation and population dispersion
- Waiting times for an appointment with participating providers
- Providers accepting new patients
- Hours of operation

When the Network is Insufficient

If, based on the sufficiency analysis conducted by Companion Life, the network is determined to be insufficient:

- Companion Life may request a provider recruitment plan in a geographic area by contacting their DenteMax Account Manager. Companion Life is aware that there are factors that influence the success of the recruitment effort. For example:
 - Dental Shortage Areas – CMS has designated certain geographic areas as shortage areas, and there may be no providers in the area to recruit into the network.
 - Discount Refusal – Some providers have no incentive to join a discounted fee-for-service network, regardless of the fees.

NETWORK MONITORING AND CORRECTIVE ACTION PROCESSES

DenteMax has an internal committee to monitor network recruitment activities to provide access for identified areas of deficiency by its clients. Through DenteMax GeoAccess® reporting, DenteMax is able to determine if the network is compliant with the network access standards below.

Upon request, DenteMax may generate reports to demonstrate member access based on Companion Life’s membership file to identify network provider adequacy using the following general guidelines:

1. State/federal standards, where they exist;
2. In the absence of a state/federal standard, the default DenteMax standard below (which mirrors those of CMS). Ninety percent (90%) of enrollees will have access as follows:

	Large County	Metro County	Micro County	Rural County	Counties with Extreme Access Considerations
Minutes	30	45	80	90	125
Miles	15	30	60	75	110

Availability

Companion Life ensures that a covered person obtains a covered benefit at in-network benefit levels, including in-network cost sharing, from a non-participating provider or makes other acceptable arrangements when the covered person has a condition that requires treatment from a specialist that is not available within a reasonable time/travel distance.

Telemedicine

Companion Life and the DenteMax network do not offer telehealth for dental services at this time.

REFERRAL PROCESS

Companion Life’s members may select any provider or specialist in the DenteMax network for services and are not required to notify either Companion Life or the DenteMax network if they change their primary or specialty provider.

COMMUNICATIONS

Dental claim forms can be accessed through Companion Life’s website: <https://www.companionlife.com> under the Insureds tab.

If you need help with a dental claim or wish to check on a dental claim status, please call our claims department at 877-676-5789.

Members may contact Companion Life using the contact information below for help answering questions, clarifying coverage and processing claims. The status of a dental claim is available for extended hours each day, seven days a week through our voice response unit. Customer service representatives are available during Companion Life’s normal business hours of Monday through Friday, 8:30 a.m. to 5 p.m. EST.

Companion Life may be contacted by mail, fax or online through the “Contact Us” page.

Mailing address: Companion Life Insurance Company
P.O. Box 100102
Columbia, SC 29202-3102

Fax: 1-803-735-0736

Telephone: 800-753-0404

Dental Claims: 877-676-5789

PATIENTS WITH SPECIAL NEEDS & NOTICE OF NON-DISCRIMINATION

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, or sexual orientation or health status in our health plans, when we enroll or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD:711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed in the Non-Discrimination Statement and Foreign Language Access notice. The Non-Discrimination Statement and Foreign Language Access notice can be accessed through Companion Life's website: <https://www.companionlife.com> under the Insureds tab in the Networks section.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing contact@hrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD)

DenteMax supports Companion Life's efforts by offering language services to covered persons that contact DenteMax with a network related inquiry or are seeking to find a local in-network provider. Interpretation and translation services are provided free of charge for diverse cultural and ethnic backgrounds. Companion Life members can email DenteMax at customerservices@dentemax.com, complete a service request online with DenteMax at <https://www.dentemax.com/contact> or call the DenteMax Network Service Team at 800-752-1547 for language services and network related inquiries.

Companion Life's DenteMax network dentists are listed online at <https://www.dentemax.com/> and include language capability for individuals desiring to see a non- English-speaking provider.

APPEALS AND GRIEVANCE

Internal Appeals Process for Adverse Benefit Determination

1. The member or the member's authorized representative has 180 days from receipt of an adverse benefit determination to file an appeal. An appeal must meet the following requirements:
 - (a) An appeal must be in writing; and,
 - (b) An appeal must be sent (via U.S. mail) to Companion Life Insurance Company at P.O. Box 100102, Columbia, South Carolina 29202-3102. Please call 1-800-753-0404 with any questions on filing an appeal.
 - (c) The appeal request must state that a formal appeal is being requested and include all pertinent information regarding the claim in question; and,

- (d) An appeal must include the member's name, address, social security number and any other information, documentation or materials that support the member's appeal.
2. The member or the member's authorized representative will have the opportunity to submit written comments, documents, or other information in support of the appeal, and will have access to all documents relevant to the claim. A person other than the person who made the initial decision will conduct the appeal. No deference will be afforded to the initial determination.
 3. A dentist may evaluate the appeal, and the reviewing dentist will consult with an appropriate clinical peer or peers. The physician, dentist, or clinical peer(s) will not have been involved in the initial adverse determination.
 4. Companion Life will make a final decision on the appeal within the time periods specified below:
 - (a) Pre-Service Claim: Companion Life will decide the appeal within a reasonable period of time, taking into account the medical circumstances, but no later than 30 calendar days after receipt of the appeal. If the member disagrees with Companion Life's decision, the member or the member's authorized representative can submit a second appeal within 60 calendar days after receipt of the final decision of the first appeal. Companion Life will decide the second appeal within a reasonable period of time, taking into account the medical circumstances, but no later than 15 days after receipt of the second appeal.
 - (b) Urgent Care Claim: The member or the member's authorized representative may request an expedited appeal of an Urgent Care Claim. This expedited appeal request may be made orally, and Companion Life will communicate with the member or the member's authorized representative by telephone or facsimile at the numbers listed in the **COMMUNICATIONS** section. Companion Life will decide the appeal within a reasonable period of time, taking into account the medical circumstances, but no later than 72 hours after receipt of the request for an expedited appeal.
 - (c) Post-Service Claim: Companion Life will decide the appeal within a reasonable period of time, but no later than 60 calendar days after receipt of the appeal. If the member disagrees with Companion Life's decision, the member or the member's authorized representative can submit a second appeal within 60 calendar days after receipt of the final decision of the first appeal. Companion Life will decide the second appeal within a reasonable period of time, but no later than 30 days after receipt of the second appeal.
 5. Notice of Appeals Determination:

If a member's appeal is denied in whole or in part, the member or the member's authorized representative will receive notice of a final adverse benefit determination that will include:

 - i. The name, title and qualifying credentials of the persons participating in the appeal.
 - ii. A statement of the reviewers' understanding of the grievance.
 - iii. The decision stated in clear terms, and the contract basis or medical rationale supporting the decision, a reference to the evidence or documentation used as a basis for the decision
 - iv. A description of our appeal procedures, any time limits applicable to such procedures, and any appeals rights.

- v. A description of any additional material or information necessary and an explanation of why such material or information is necessary for any further review;
- vi. Disclose any internal rule, guideline, or protocol relied on in making the adverse benefit determination (or state that such information will be provided free of charge upon request);
- vii. If the reason for an adverse benefit determination is based on a medical necessity, or experimental services or other limitation or exclusion, an explanation of the scientific or clinical judgment for the determination (or state that such information will be provided free of charge upon request); and
- viii. For first level reviews, a description of the process to obtain a second level grievance review and the time frame for review.
- ix. Following a second level review, a description of the process to request an independent external review
- x. Notice of the member's right to contact the Colorado Division of Insurance.

COORDINATION AND CONTINUITY OF CARE

This section describes your rights and Companion Life's responsibilities in the event of contract termination between a dental provider and DenteMax.

DenteMax leases its PPO network to Companion Life. Companion Life's covered persons may select any provider or specialist in the network for services and are not required to notify either Companion Life or the network if they change their primary or specialty provider.

The DenteMax Preferred Dentist Reference Guide states, "*In the event of termination of your Provider Service Agreement with DenteMax, you are obligated to continue to provide and complete treatment begun prior to the effective date of your termination at the fees detailed in your DenteMax fee schedule.*" This obligation is reiterated in the termination letter that is sent to the provider.

DenteMax communicates these requirements through its provider agreement, newsletters and the secured provider portal located on the DenteMax website at <https://www.dentemax.com/>.