



COMPANION LIFE INSURANCE COMPANY
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(803) 735-1251

Companion Life Insurance Company Network Access Plan Zelis Network

Companion Life Insurance Company (Companion Life) uses a leased managed dental provider network arrangement with Zelis Network Solutions, LLC (Zelis). Providers in the Companion Life Insurance Company network contract through Zelis. Providers participating in the Zelis Network agree to provide dental services and materials according to Zelis, state and federal requirements. The Massachusetts Division of Insurance requires us to provide you a 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

Companion Life's Zelis dental network is a national network of general and specialty dentists who have agreed to accept a discount from their usual fees in return for the potential of attracting and maintaining patients. All dentists in the network have their credentials verified on a regular basis. Zelis providers include solo, small group and large group practices.

Provider Participation Criteria

The Zelis Credentialing Committee does not discriminate against any provider seeking qualification as a participating provider.

To be approved for participation, a practitioner must demonstrate the following qualifications:

- A current, valid state professional license
- A current, valid Drug Enforcement Agency (DEA) certificate and/or Controlled Dangerous Substance (CDS) certificate, if applicable in the practicing state
- Completion of the appropriate credentialing application for the applicant's state, as required, or the Zelis application and release form if no state specific applications are required
- Completion of the appropriate education and training for applied specialty
- Acceptable professional liability claims history
- Professional liability insurance
- Confirmation of eligibility to participate in all federal, state, and local health care programs, including the Medicare and Medicaid Programs
- Current clinical privileges in good standing at a participating facility, if applicable to specialty
- Appropriate history of employment and clinical practice
- Lack of physical or mental impairment, including impairments due to chemical dependency that may impair the practitioner's ability to practice or may pose a risk of harm to patients
- Documentation of satisfaction of any consent orders from the Board of Medicine

The factors considered by the Credentialing Committee are available to the provider in writing upon request. All required information necessary to be submitted with the provider application, as well as the provider application, are made available to providers in writing upon request to join the network.

NETWORK STANDARDS AND ADEQUACY

Companion Life's Zelis network maintains open networks and will accept and credential all providers who meet the required criteria and pass the credentialing process. Zelis works with Companion Life to evaluate and/or recruit providers based on state requirements, our additional network arrangements, membership and other factors specific to our business.

The Companion Life Zelis dental network participating dentists are contractually obligated to treat Companion Life members in the same professional manner when scheduling as they would any other insured or uninsured patient. Network members seeking routine or specialist services should be offered the first available appointment time within six to eight weeks, on the same basis that routine appointments are available to all other commercial or private pay patients.

Average waiting time for urgent, routine, and specialist appointments must be within the accepted standard for dental care in the appropriate geographic area and/or other state established guidelines as applicable.

NETWORK MONITORING AND CORRECTIVE ACTION PROCESSES

Companion Life's Zelis network maintains a Credentialing Continuous Quality Improvement Program for the purposes of:

1. Maintaining and providing the most accurate credentialing and re-credentialing activities
2. Re-credentialing providers in a timely manner
3. Assuring providers in the Zelis network are monitored for contract compliance and network management.

To ensure practitioners' continuous compliance with criteria and quality standards between credentialing cycles, the Zelis network credentialing department queries the following agencies on a monthly basis, or within 30 days of release of a report applicable to the following:

- Medicare and Medicaid sanctions
- State licensing board for state disciplinary actions
- Medicare opt out listing
- SAM (System Award Management) for other federal sanctions

In the instance where a practitioner ceases to comply with established Zelis network credentialing criteria, or in instances of confirmed quality concerns, appropriate interventions will be implemented, up to and including termination.

Once credentialed, practitioners will be recredentialed at least every 36 months.

Documented procedures ensure that a member obtains a covered benefit at in-network benefit levels, including in-network cost sharing, from a non-participating provider or other acceptable arrangements are made when the member has a condition that requires treatment from a specialist that is not available within a reasonable time/travel distance.

Telehealth

Companion Life's Zelis network does not offer telehealth for dental services at this time.

REFERRAL PROCESS

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

Companion Life's Zelis network dentists are listed online at <https://www.zelis.com/provider-lookup/>. The directory is updated every week on Sunday evening.

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 Companion Life's claims department at 877-676-5789.

In addition, 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, 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).

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. Please refer to the **COMMUNICATIONS** section for the telephone or facsimile numbers. 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 West Virginia Offices of the Insurance Commissioner.

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 Zelis.

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

According to the Zelis dental provider agreement, if the Zelis dental provider agreement is terminated for any reason and if the dental provider is providing services to Companion Life members, then the dental provider shall continue to provide such dental services to Companion Life members as is required by applicable laws and at least until the completion of any episodes of care that may be underway on or as such date of termination and the dental provider shall accept the current fee(s) as payment in full for the dental services.