COMPANION LIFE DENTAL EDGE NETWORK ACCESS PLAN PY2027

This Dental Network Access Plan is for the Edge plans which are a PPO product.

PURPOSE

To document Companion Life Insurance Company's (Companion Life) Network Access Plan to ensure compliance with state and federal network adequacy standards. Companion Life leases the Aetna network to use as its dental network in the state of Colorado. Companion Life refers to the network as Edge.

The dental insurance plans and their applicable policy form numbers that will be using the Companion Life dental network are the following:

- Edge Copay Policy – EMIH.CO.ID.EDGE COPAY.POL.27
- Edge PPO Low Policy – EMIH.CO.ID.EDGE PPO LOW.POL.27
- Edge PPO Mid Policy – EMIH.CO.ID.EDGE PPO MID.POL.27
- Edge PPO High Policy – EMIH.CO.ID.EDGE PPO HIGH.POL.27

NO ENROLLEE OR PROVIDER PREAUTHORIZATION FOR ANY DENTAL SERVICES

There is no requirement to preauthorize any dental services for the enrollees. Providers are not required to obtain any preauthorization for any dental services. There is no preauthorization requirement for this Network Access Plan.

NO ENROLLEE OR DENTAL PROVIDER REFERRALS FOR ANY DENTAL SERVICES-ENROLLEES MAY SELECT ANY PROVIDER IN THE AETNA NETWORK WITHOUT ANY NOTIFICATION

Referrals are not required for any dental services for this Network Access Plan. An enrollee does not need to obtain a referral for any dental services for this Network Access Plan. There are no referrals. Companion Life's members may select any provider or specialist in the Companion Life Aetna network for services and are not required to notify Companion Life if they change their primary or specialty provider.

NETWORK ACCESS STANDARDS

To the extent possible, Companion Life's Aetna network maintains sufficient numbers and types of providers, including those that serve predominantly low-income, medically underserved individuals, to assure that services are accessible without unreasonable delay and arrangements to ensure a reasonable proximity of participating providers to the residence or workplace of members.

Companion Life monitors network recruitment activities to the best of its abilities to provide access for identified areas of deficiency. Through GeoAccess® reporting, Companion Life is able to determine if the Companion Life network is compliant with the network access standards below:

Companion Life reviews GEOAccess reports to monitor member access and identify network provider access using the following general guidelines:

1. State/federal standards, where they exist;
2. For Colorado, Companion Life follows the guidelines below. For at least 90% of its enrollees in each Colorado county within the network.

Dental Network Adequacy Geographic Standards

	Large Metro County	Metro County	Micro County	Rural County	Counties with Extreme Access Considerations
Dentist or Dental Provider - Miles	15	30	60	75	110

Geographic access standards may require that an enrollee cross county or state lines to reach a dentist or dental provider.

3. For availability, a member should be able to obtain an appointment within 30 days.

Companion Life reviews the GEOAccess reports at least quarterly, or more frequently if necessary, to monitor network access according to the established standards. With the provider data in hand, Companion Life may determine network access based upon our 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/member 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

NETWORK INSUFFICIENCY

Companion Life continually works to increase network penetration throughout the state of Colorado. If the Aetna network is determined to be insufficient because members are unable to find a provider within the mile requirements and available appointment timeframe:

1. Companion Life may request a provider recruitment plan in a geographic area by contacting the Aetna network. Understanding that there are a number of 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.

2. Companion Life has documented procedures to ensure that a covered person obtains a covered benefit at in-network benefit levels, including in-network cost sharing, in-network deductibles, and in-network copays as applicable from a non-participating provider or make 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.

CORRECTIVE ACTION

Based on a quarterly review of the GEOAccess network report compared to member locations throughout Colorado Companion Life will determine if a corrective action plan is necessary to ensure that members will have expected access and availability of providers based on the Colorado guidelines detailed above. If it is determined that a corrective action plan is necessary because current members do not have access to an in-network provider within the Companion Life Network Access Standards, Companion Life will open a corrective action plan within 10 business days in an effort to contract with additional providers in the area of need. Companion Life will review corrective action plan status updates at least monthly, including monthly meetings to discuss the corrective action plan if necessary. Corrective Action Plans should be completed no longer than six months after being opened. To satisfy the corrective action plan, Companion Life will identify potential providers in locations of need including different types of specialties. Companion Life will work towards contracting additional providers in each area of need.

The current Service Area includes sufficient providers to cover the included counties.

PROVIDER NON-AVAILABILITY, OUT-OF-NETWORK REFERRALS AND MEMBER HEALTH

Companion Life members can obtain a covered benefit at in-network benefit levels, including in-network cost sharing, in-network deductibles, and in-network copays, as applicable, from a non-participating provider or receive other acceptable arrangements when the member has a condition that requires treatment from a specialist that is not available within the Dental Network Adequacy Geographic Standards guidelines. In the event that a member is unable to find a contracted or in-network Aetna provider, Companion Life will work with the member to find an out- of-network provider within the mile requirements and ensure that the member is only required to pay the in-network cost sharing, in-network deductible, and in-network copays as applicable to the services rendered, Companion Life will cover any additional cost to prevent balance billing to the member. The referral (whether by phone or email) to an out-of-network provider will be completed within 10 business days. For an urgent request it will be completed within 1 business day. When a member is unable to access an in-network provider based on the mile requirements and availability laid out in this plan that member will contact Companion Life and the member will be flagged in our claims system so that we can ensure that the member receives the proper in-network benefits while going to an out-of-network provider.

For an out-of-network claim using in-network benefits, one of the following exceptions must apply:

Based on a Companion Life's member's home address the member was unable to:

- Locate a participating provider within the Dental Network Adequacy Geographic Standards detailed above; or
- Schedule a visit within 30 days.

If one of the exceptions above applies to the Companion Life member, the member should call our customer service department at 1-800-662-5851, or email at cs@emihealth.com and acceptable arrangements will be made.

Timeframes for Responding to Enrollees' Requests for Assistance

The referral (whether by phone or email) to an out-of-network provider will be completed within 10 business days. For an urgent request it will be completed within 1 business day. When a member is unable to access an in-network provider based on the mile requirements and availability laid out in this plan that member will contact Companion Life so that we can assist the member in finding a provider within the mile requirements. Once the out-of-network provider is determined we will assist the member to ensure that the claims are paid as if the member had seen an in-network provider and is not responsible for any additional amounts outside of the in-network member responsibility set forth in the policy. The member will then be flagged in our claims system so that we can ensure that the member receives the proper in-network benefits while going to an out-of-network provider until an in-network provider becomes available within the mile requirements.

PROVIDER DIRECTORY UPDATES:

Companion Life's Aetna network dentists are listed online at https://emihealth.com/ProviderSearch.

The provider directory is updated at least monthly.

CLAIMS ADJUDICATION AND PAYMENT:

Claims are adjudicated within the required timeframes, typically 30 days from the date the claim is received if all of the required information is included.

COMMUNICATIONS

The member website (MyEMIHealth) at https://emihealth.com/Identity/Account/Login is the place to see benefit details and keep tabs on claims. Members can also view benefit breakdowns, savings snapshots, cost estimators, and detailed dental provider searches.

Dental claim forms can be accessed at website: https://emihealth.com/Identity/Account/Login, or at https://emihealth.com/pdf/memberforms/dental-claim.pdf. If members need help with a dental claim or wish to check on a dental claim status, they can call our customer service department at 1-800-662-5851, or email at cs@emihealth.com.

To view network providers, members can log in to MyEMIHealth. If members are having issues accessing MyEMIHealth, they may contact Companion Life at 1-800-662-5851, or email at cs@emihealth.com.

Members can manage their communication preferences from MyEMIHealth.

Members and providers can contact Companion Life with comments, concerns and printed provider directory requests at the following:

Phone: 1-800-662-5851
Web (MyEMIHealth): https://emihealth.com/Identity/Account/Login
Email: cs@emihealth.com
Mail: Companion Life c/o EMI Health 5101 S. Commerce Dr. Murray, Utah 84107

Members and providers may contact Companion Life using the contact information above for help answering questions, clarifying coverage, and processing claims. Customer service representatives are

available during Companion Life's normal business hours of Monday through Friday, 6:00 AM and 6:00 PM Mountain Time.

Companion Life may be contacted by mail, fax or online through the Contact Us page at: https://emihealth.com/About/ContactUs

Personal health information, privacy rights and restrictions information is provided to all new members with their ID card and policy, and this information is also available on the website at https://emihealth.com/Privacy. This information is also available in the member portal or will be provided in other formats upon request.

UNDERSTANDING BENEFITS

Members' dental plans cover many benefits. Members' plan documents list all details of their dental plan. This includes what's covered, what's not covered, details about emergency services, and the specific amounts paid for services. If members can't find their plan documents, they can contact Companion Life at 1-800-662-5851, or email at cs@emihealth.com.

NOTIFICATIONS, COORDINATION AND CONTINUITY OF CARE

Members may select any provider or specialist in the Companion Life network for services and are not required to notify either Companion Life or the Aetna network if they change their primary or specialty dental provider.

Companion Life will process all claims submitted before the provider termination date and within claim-filing limits per the plan design.

Dental providers are required to inform members that they are no longer an Aetna participating provider before seeing them.

In the event of a provider's insolvency, loss or suspension of license, fraud, or failure to meet Aetna's contracting requirements, members will be notified of termination immediately with written notice.

The dental provider agrees, in the event of Companion Life's insolvency, to continue to provide the services promised in the provider agreement to members of Companion Life's dental plan for the duration of the period for which premiums on behalf of the member were paid to Companion Life or, if applicable, until the member's discharge from inpatient facilities, whichever time is greater.

The dental provider agrees that as a contracted in-network provider they are only allowed to collect based on the member responsibilities set forth in the plan even if the provider agreement is terminated after services were rendered but before the claim has been adjudicated and paid. For services received after a provider has already terminated their agreement with the network the in-network rates will not be guaranteed except as required as part of continuity of care.

Any member that has seen a Companion Life network provider within the last 12 months is notified of any change in provider status by letter, including termination, insolvency of Companion Life, a material change in the Aetna provider network and cessation of operations. A member will be able to continue to see a provider that has left the Aetna network until a reasonable replacement provider can be found through

contacting Companion Life customer service. The member will be flagged in our claims system until the continuity of care has ended and a reasonable replacement provider has been found.

Once a provider is no longer a Companion Life network participating provider, the provider will be removed from the Aetna provider directory. The Companion Life provider directory is updated at least monthly. The provider directory is located online at https://emihealth.com/ProviderSearch.

CREDENTIALING, MONITORING AND CORRECTIVE ACTION PROCESSES FOR PROVIDERS:

Dental providers must adhere to Companion Life's claims review and payment processes, including furnishing any material or information requested by Companion Life to process claims for review and payment. The dental provider is responsible for determining the eligibility and benefit coverage for the member. Dental providers should contact Companion Life prior to services to confirm eligibility and benefit coverage.

For any complaints or grievances of a provider or member they can contact Companion Life or Colorado Department of Insurance (CDOI) to open a formal complaint/grievance. Companion Life will follow its complaint/grievance process:

COMPLAINT/GRIEVANCE PROCESS

If Companion Life denies payment of a claim (an Adverse Benefit Determination) which an Insured believes is properly compensable under the applicable terms of the Plan, the Insured shall within the time limits provided in subparagraphs one through five below after receipt of notice of the Adverse Benefit Determination appeal the denial. All appeals are reviewed by a person or persons qualified by reasons of training, experience and medical expertise to evaluate the specific appeal. Companion Life provides three levels of appeal review, which may be performed either internally or independently, as described herein. An Insured may submit comments, documents, records, and other information relating to the claim and will, upon request, be provided free of charge, access to, and copies of all documents, records, and other information relevant to the claim that were used in the initial benefit determination.

Review of first and second level appeals of Adverse Benefit Determinations, will be conducted internally by a person or committee of persons who is neither the individual who made the initial Adverse Benefit Determination nor the subordinate of that individual. If agreement is not reached on the claim, the Insured shall within the time limits provided in subparagraphs one through five below after the decision of the first level, have the right to request a second level appeal regarding the Adverse Benefit Determination. This request must be in writing and must be received by Companion Life within the time limits provided in subparagraphs one through five below after receipt of notice indicating the decision of the first level review. The second level notice of decision will inform the Insured of its decision and, if adverse to the Insured, the basis of its decision in writing. If the Insured disagrees with the decision of the second level review, the Insured shall have a right to submit the matter to binding arbitration or to pursue any remedies available at law or equity. If the Insured elects binding arbitration, then all relevant information and the positions of all parties shall be submitted to the arbitrator, who shall then review the matter and make a decision which is final and binding on Companion Life and the Insured. In no event shall the arbitrator have the power to extend or expand upon the provisions of the Policy. The procedure for arbitration shall be as provided in the Arbitration provision of this Policy.

Companion Life will observe time limits, provide notices, and administer appeals in accordance with subparagraphs one through five below.

1. Companion Life will provide a notice of its initial claim decision within (a) 30 days after receiving the initial claim, or (b) 45 days after receiving the claim if Companion Life determines that such an extension is necessary due to matters beyond the control of the Policy and if Companion Life provides an extension notice during the initial 30-day period. If the extension is due to the Insured's failure to submit sufficient information necessary to decide a claim, the extension notice shall specify the additional required information and the Insured will have at least 45 days to provide the additional information. The period for making the benefit determination shall be tolled from the date on which the notification of the extension is sent until the date on which the Insured provides the additional required information.
2. If Companion Life denies the claim in whole or in part, the Insured has 180 days after receiving notice of the claim denial to appeal the decision in writing.
3. Companion Life will provide notice of its decision on appeal within 30 days after receiving the request for appeal.
4. If Companion Life denies the claim in whole or in part, on appeal, the Insured has 60 days after receiving notice of the denial to request a second level appeal in writing.
5. Companion Life will provide notice of its decision on the second level of appeal within 30 days after receiving the notice of appeal.

All dental providers must promptly notify Companion Life in writing of any change in status regarding licensures, insurance coverage and other material facts related to the information provided. Companion Life will work with the providers to ensure all members that have been seen by the provider in the last 12 months receive notification of the change in provider status.

Companion Life ensures that Aetna's credentialing policy conducts a systematic review of all dentists requesting participation with the Aetna provider network. Companion Life verifies that credentialing is being completed in accordance with its credentialing policy.

Credentialing, and the use of primary sources to verify credentials, ensure that all dentists admitted to the Companion Life's Aetna provider panel have been carefully screened and meet or exceed a set of standards. Additionally, Aetna reviews information submitted by dental offices to ensure the offices have a structure as well as processes in place to facilitate the delivery of dental care services.

All dentists seeking participation with the Companion Life Aetna network must meet established policy requirements:

- Credential each new provider prior to that provider being added to the Companion Life Aetna network.
- Re-credential existing network providers at least every thirty-six months.
- Engage in ongoing monitoring activities as it relates to licensure of, and sanctions against, existing network providers.
- Ensure that each office used by an Aetna network provider to render services to a Companion Life member meets a certain set of requirements and standards prior to be being added to the network.

Each prospective dental office must attest to the following requirements, including:

- Accessibility
- Compliance with OSHA standards
- Compliance with required sterilization techniques and barriers
- Provision for emergency care
- Organized patient charting and recall system
- Properly functioning dental equipment, such as x-ray units and lead aprons
- Prepared for in-office emergency

All participating Companion Life Aetna providers are subject to ongoing monitoring. The ongoing monitoring system is designed to check for sanctions imposed on providers by applicable state or federal authorities.

The ongoing monitoring of the Companion Life Aetna network dental providers includes reviews such as:

- State board sanctions
- Loss of license
- Office of personnel management/office of inspector general reports
- State and federal program exclusion lists
- Medicare opt out

Information found during the ongoing monitoring of the Companion Life network dental providers will be reviewed within 30 days of its release. Sanctions found during the ongoing monitoring process will be reviewed according to the same procedural steps as for reviewing credentialing and re-credentialing provider files.

Dental providers in the Companion Life network that have any of the following conditions will be reviewed by Companion Life's Aetna network credentialing committee.

<u>Initial credentialing</u>

(i) More than 3 lawsuits in the previous 10 years

(ii) Indictment or conviction of a crime

(iii) Individual malpractice suit with an award of $200,000 or greater

(iv) License revocation or suspension within the last 10 years

(v) Any type of board action within the last 5 years

<u>Recredentialing</u>

(i) Two or more lawsuits

(ii) Individual malpractice suit with an award of $200,000 or greater since their last credentialing

(iii) License probation or suspension since last credentialing

Ongoing monitoring

The Companion Life provider's ability to meet stated requirements, a review of any additional information found during the verification of the provider's information, and history of member complaints against the participating provider will determine whether that provider is admitted to/may remain in the Companion Life network panel.

All quality complaints received by the Companion Life network are captured and sent to Companion Life and the third-party administrator, EMI Health, for handling and resolution, including reporting to applicable authorities. Companion Life will work with the provider to remedy any issues including a corrective action plan if a participating dental provider is not meeting appropriate standards. Companion Life works with Aetna and the appropriate authorities (i.e., state dental boards) to identify issues via ongoing monitoring of license sanctions, probation and terminations. A participating provider will be reviewed according to the policy and subject to administrative termination due to license actions. The Companion Life network quality program monitors provider and member satisfaction that may include, but is not limited to the following:

- Network sufficiency
- Member complaints
- Member access to appointments
- Provider satisfaction surveys and provider disputes
- Prompt payment of claims and claim error rates
- Call center call abandonment rates, average speed of answer and other factors
- Provider billing patterns for potential fraud, waste or abuse
- Screenings to identify providers who are sanctioned or excluded from accepting federal funding
- Credentialing at application and rechecks every 3 years to make sure providers are qualified
- Annual compliance education and collection of compliance attestations
- Provider contracts and provider manual that clearly state requirements and expectations.

REMEDIES AND CORRECTIVE ACTIONS

As outlined in detail in this access plan, there are several remedies including reinstatement to the network, disapproval from Companion Life's Aetna network participation and termination from the Companion Life network. Companion Life's credentialing committee chairperson and Companion Life's credentialing committee shall follow the guidelines established in the credentialing manual and this access plan for making the corrective action decisions. Providers will be notified within 60 calendar days of a decision.

The credentialing committee chairperson and the credentialing committee review all provider files and determine what provider files are brought to the committee for review. Decisions of the committee are recorded with the reason for any corrective actions. The network provider credentialing files are maintained with the following guidelines:

- The files are considered confidential and proprietary.
- All staff having access to the provider files understand and have agreed to the confidentiality policy.
- A provider has the right to review his/her own provider file, including all information submitted in support of their credentialing applications.

- All information obtained and exchanged throughout the credentialing and recredentialing processes are confidential in nature and will be used for the sole purpose of performing credentialing.
- All provider credentialing information/files are kept or retained for at least ten years.
- The committee may decide to deny a provider admission to the panel or continued participation in the panel if:
    - The provider fails to provide required information
    - The provider fails to meet the established requirements for participation

Companion Life network providers have appeal rights, including second level appeals. The current composition of the appeals process is represented by general dentists, who have the training, licensure and clinical knowledge to competently perform services rendered by a specialist and who understand the clinical nature of a dispute filed by a specialist.

In the event that a provider is denied admission or continued participation by a committee decision, the provider may appeal the committee's decision. The following provisions are in place to govern provider appeals in these matters:

- The provider must appeal the decision, to the credentialing committee chairperson, in writing within 30 days of receipt of the notice of termination from the panel. All termination notices are sent in writing via USPS first class mail. The 30-day appeal window will be calculated off the date the letter was mailed. The provider will be notified of his/her right to appeal, and what requirements must be met to appeal, in the termination letter.

Appeal decisions will be provided in writing within 10 days of decision.

Providers have the right to a second level appeal by a panel of at least three providers who were not involved in the first level appeal. The provider must request the second level appeal, to the Aetna Dental Director, in writing within 30 days of receipt of the notice of the rejection of the first appeal.

Companion Life's Dental Director will send the documentation to the second level appeal panel within 3 days of receipt. The Dental Director will seek the opinion of the panel, and then may reverse the decision, uphold the decision or request further information from the provider. Second level appeal decisions will be provided in writing within 10 days of decision.

ENSURING ACCURATE PROVIDER DIRECTORY LISTINGS:

Companion Life makes the provider directory available to members via the https://emihealth.com/ProviderSearch or a copy will be provided upon request.

Displayed provider information includes:

- Provider name
- Office location information
- Specialty designation
- Languages spoken

SERVICE AREA

Companion Life dental network service area for the state of Colorado will cover all counties.

TELEHEALTH

Telehealth is not available within the Companion Life dental network.

MEMBERS WITH SPECIAL NEEDS

Translation Services

For people whose primary language is not English, we offer language assistance services through interpreters and other written languages. For free translation services, please call 1-800-662-5851, email at cs@emihealth.com. All dental policies include taglines in at least 15 different languages. The customer service telephone line 1-800-662-5851, has an option to select different languages as well as online help at emihealth.com or email at cs@emihealth.com.

Members with Diverse Cultural and Ethnic Backgrounds

Your plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or health status. Your plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, or health status. If there are concerns about a provider or a member would like help finding a particular provider for any reason including specific languages spoken by the provider the member can contact our customer service telephone line 1-800-662-5851, as well as online help at emihealth.com or email at cs@emihealth.com.

Members with Physical, Mental, and Visual Disabilities

For people with disabilities, we offer free aids and services, such as sign language interpreters, Braille, large print, audio, and accessible electronic formats. If you request information in an accessible format, you won't be disadvantaged by any additional time necessary to provide it. This means you will get extra time to take any action if there's a delay in fulfilling your request.