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Dental Network Access Plan

TIER ONE INSURANCE COMPANY (“TIER ONE”)

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Introduction

This is Tier One's Dental Access Plan for the participating provider network servicing covered individuals. The network consists of access to providers contracted with DenteMax, LLC ("DenteMax"), Zelis Network Solutions, LLC ("Zelis"), Novanet, Inc. ("Novanet", which uses the Connection Dental Network), and Aflac Benefits Solutions, Inc. ("ABS") (collectively, the "Network"). This Access Plan contains information regarding the accessibility and availability of participating providers within the Network, as well as information on the quality and type of services available to covered individuals. Except for any information specified as confidential, information contained in this Access Plan will be available for inspection at ABS's administrative offices located in Tampa, Florida and will be made available upon request.

For more information, please contact ABS's Vice President of Network Development and Credentialing at 877-864-0625, or write to: ABS Dental & Vision, Inc., Attn: VP of Network Development, 4211 W. Boy Scout Blvd., Ste 295, Tampa, FL 33607.

Network

Tier One has contracted with ABS to provide administrative services including, but not limited to, services related to managing and overseeing the Network, policy administration, and claims administration. ABS is contracted with DenteMax, Zelis, and Novanet. Tier One insureds have access to all providers in the Network.

Tier One will periodically monitor ABS to ensure the standards agreed upon related to the Network are being met. DenteMax, Zelis, Novanet, and ABS are each responsible for credentialing their own network providers and are expected to comply with state laws. Tier One retains oversight responsibility to ensure the credentialing and quality assurance standards are met. A delegated credentialing audit is performed on an annual basis for each network accessed.

Network Adequacy and Corrective Action Process

Network Development and Adequacy

The provider directory is available to applicants prior to issuing coverage. ABS will monitor the availability of providers in the Network, including data related to the location of covered individuals and provider utilization. Monitoring is done monthly by ABS through Geo-Access reports that compare the number of providers to the number of covered individuals in a given county.

Covered individuals may request that Tier One send network provider recruitment information to their current providers. Tier One will communicate any recruitment requests received to ABS and ABS will take appropriate action.

Specialty Care Providers

The Network includes contracts with independent dental specialists to ensure individuals have adequate access to specialty care. Contracted specialists include oral surgeons, orthodontists,

periodontists, pediatric dentists, prosthodontists, and endodontists.

Covered individuals are not required to obtain a referral in order to receive specialty care; however customers should refer to their Policy Schedule to determine which services are covered. The availability of specialty care providers within the Network is monitored to determine if additional specialists are needed.

Network Adequacy Issue and Corrective Action Process

If a network adequacy issue exists, Tier One will provide benefits for covered services at the office of an out-of-network general or specialist dentist at the same plan allowance as if they utilized a network provider.

Covered individuals may call Customer Service for prior approval for network benefits at an out-of-network provider. If a network adequacy issue is confirmed, ABS and the out-of-network provider will negotiate a Single Case Agreement, and the claim will be adjusted to reflect the network benefit cost share.

Claims will be administered using the Usual and Customary Rate as outlined in the policy. The coinsurance percentage amount is the same whether an individual goes in or out of the network.

ABS will provide oversight on the network management and will establish network expansion targets to ensure adequate appointment availability. ABS will exercise contract termination provisions in extreme situations such as appointment discrimination or prolonged failure to comply with corrective action efforts.

Referrals

Individuals with Tier One coverage have the freedom of choice in selection of a provider and are not required to designate or choose a primary dental provider. Tier One does not require a referral to select or change a dentist.

The Network includes general dentists who are licensed to provide comprehensive range of dental services. Network specialists are indicated when the procedures necessary for treatment are beyond the range of clinical skills of the Network general dentist and require the skills of a Network specialist. The Network includes endodontists, periodontists, prosthodontists, oral surgeons, pediatric dentists, and orthodontists to provide necessary specialty services at negotiated fees.

Tier One does not require a referral to see a Network specialist; however customers should refer to their Policy Schedule to determine which services are covered.

Comprehensive Listing of Network Providers

Tier One ensures covered individuals have access to an updated list of Network general dentists and Network specialists in a variety of ways.

1. *List of Network Providers*

An online Provider Directory is publicly accessible. To locate a provider, covered individuals can select the Aflac Tier One Dental – Premier network from the drop down list located at https://www.aflacbenefitssolutions.com/find-a-provider/ and enter City and/or Zip Code, and then click Search. The search may be narrowed by selecting a Provider Specialty type or entering in a provider's name or practice name. The Provider Directory is updated on a regular basis.

2. Customer Service

Individuals with Tier One coverage may contact Customer Service at 866-990-2668, TTY/RTT 711 to find a provider or to obtain further information about their coverage.

Ongoing Monitoring

ABS has established standard operating procedures to ensure the dental care needs are consistently and sufficiently met. One of the main focuses of the procedures is to monitor the accessibility and availability of providers in the Network on a regular basis.

Using Geo-Access reporting through Quest Analytics, ABS measures, tracks, and trends network adequacy against the required access standards on a quarterly basis in each county/state for each provider type. The reports compile information such as the number of individuals with coverage and their geographic distribution, distance to providers in their closest residential proximity, the percentage of providers accepting new patients, after-hours clinic availability and appointment standards, as well as the type of care (emergency, urgent care, or routine care).

Evaluation of performance indicators and diligent monitoring of network and enrollment changes assist ABS in identifying any hotspots where need is high and network concentrations are not in sync. This analysis is the foundation of an informed recruitment strategy, making sure that there is access to optimum high-quality general and specialty dental care.

Needs of Special Population

Tier One is keenly aware that services are provided to a diverse and multicultural population. Tier One has developed services designed to address the needs of individuals with limited English proficiency or literacy, diverse cultural and ethnic backgrounds, and those with physical or mental disabilities.

ABS has implemented a Cultural Competency Plan to address issues of disparities and bias that can affect the quality of healthcare. The goal is to provide services in a manner sensitive to diverse cultural backgrounds, religious beliefs, values and traditions. A copy of the Cultural Competency Plan is made available upon request and at no cost, and is shared on ABS's public website.

If an accommodation is necessary, the individual can contact Customer Service. The Customer Service Representative will work to facilitate the request.

Telehealth Services

Tier One will follow any state law or federal emergency orders requiring teledentistry coverage.

Communication with Covered Individuals

Covered individuals are informed about Tier One coverage through brochures/outlines of coverage, application forms, policy documentation, and a public website.

Individuals may search the public website for a Network provider in their area at any time, or they may also call Customer Service. Dentists are not assigned, and individuals are able to visit any general dentists or specialist without the need for a referral; however, customers should refer to their Policy Schedule to determine which services are covered.

The process for providing and approving emergency care is outlined in the policy documentation. Prior authorization is not required for obtaining emergency services. All general dentists are required to have 24-hour telephone access and the scheduling of emergency appointments within 24 hours. Callers who contact Tier One are instructed to seek assistance from any licensed dentist and if the caller does not have a current provider, the Customer Service Representative will assist the individual in finding a provider.

Information on how to file a complaint, grievance, or appeal is on claim communications and found on www.myaccount.aflac.com. Individuals may also contact Customer Service at our toll-free number to obtain information about their appeal rights.

Continuity of Care

Provider Contract Termination

Network providers are contractually obligated to complete procedures in progress in the event of contract termination, for a period not to exceed 90 days.

Upon receiving from a provider who is leaving the network without cause a list of covered individuals who have seen that provider within the last 12 months, ABS will provide written notice of termination to those covered individuals.

With the exception of collecting copayments, deductibles, and amounts exceeding: (a) benefit maximums or (b) for noncovered services, participating providers will not under any circumstances hold customers liable for money owed to them by a carrier and will not, in any event, collect or attempt to collect from a customer any money owed to them by a carrier.

Plan for Insolvency or Other Inability to Continue Operations

Tier One is a wholly owned subsidiary of Aflac Incorporated. In the unlikely event Tier One becomes insolvent or otherwise unable to continue operations, it would ensure covered individuals receive uninterrupted dental coverage through the end of the applicable contract period. Tier One would ensure individuals receive advanced written notice of any anticipated change to Tier One's business operations.

Quality Assurance Standards

ABS's Quality Improvement Program serves as the foundation of our commitment to individuals with dental coverage, providers, regulatory agencies, and accrediting bodies and associates to continuously improve the quality of the treatment and services provided. The program links the activities of compliance, quality assurance, quality improvement, peer review, grievance and appeals, utilization management, and risk management into an organized, systematic, metric-driven manner.

The Quality Management Work Plan operates to continuously improve the quality of the treatment and services provided to our valued partners. The Work Plan acts in conjunction with the Program and is carried out with the help of various committees. The Work Plan includes a corporate listing of required meetings, schedule of the meetings, and quality monitoring statistics necessary to maintain an organized reporting and management system.

ABS's Quality Improvement Committee (QIC) is established by charter and provides oversight of quality related activities of all departments. The QIC sets benchmarks for department quality standards, performance goals, assures that they are appropriately reported, and are responsible for the integrity of the quality management and improvement program, the UM Program, the Health Education and Wellness Program, Provider Network appointment and reappointment process, policies and procedures, Member Satisfaction Survey reporting, Provider Satisfaction Survey reporting, and Clinical Guidelines.

ABS's management approach is to govern by committee and the Program follows basic principles of quality improvement with a team approach of clinical leaders, subject-matter experts, and day-to-day leadership to measure and monitor processes. As per the Work Plan, regularly scheduled quarterly committee meetings are held by leadership in Health Education & Wellness (HEW), Grievance & Appeals (G&A), Utilization Management (UM), and Peer Review. High-level reporting of the metrics, discussions, and results in each meeting is then reported to the Quality Improvement Committee no less than once each quarter.

The Governing Body, which includes the COO, is responsible for the oversight of all quality monitoring and improvement activities for ABS. This oversight is to include the approval of the Quality Management Work Plan, Quality Management Evaluation and Quality Improvement Program. In addition to oversight, the Governing Body provides guidance and strategic direction to all departments and committees. An annual evaluation of this is conducted and includes annual evaluation of process improvement projects and results, in addition to annual evaluation from leadership in the UM, G&A, and HEW Programs. All ABS Committees report up the Compliance Committee who in turn report up to the Governing Body.

Methods for Tracking and Assessing Clinical Outcomes from Network Services

Through the Utilization Management (UM) process, ABS monitors provider over- and under-utilization and works directly with the providers when it is identified that a provider may have an opportunity to increase the occurrence of preventive care, reduce the use of emergency dental

treatment where a higher level of care may possibly be avoided by education from the dental provider, and more aggressive attempts to engage the patient in good oral hygiene and routine care. The UM Reviewers submit cases to the Dental Director when they identify treatment plans or a course of treatment where the service requires confirmation of medical necessity or where an alternate treatment may be available for positive healthcare outcomes.

The UM Department has established a comprehensive program to track and trend UM processes, which allow us to better evaluate and design our benefit structure and UM processes to assure continuity of care is provided. By monitoring utilization data, trends can be identified which can demonstrate rapid or unusual changes or patterns of treatment that may positively or negatively affect individuals with benefits. Dental utilization is tracked on a continual basis with hands-on involvement of the Dental Director.

Established methodologies are used for measurement purposes to every extent possible. When UM concerns are identified, an action plan is established by the Quality Improvement Committee (QIC). Such action plans may include provider education, insured education, staff development, administrative changes, provider contract changes and/or alteration of provider privileges. The scope of each action plan is determined based on the circumstances and identified causes that relate to each unique adverse outcome or variance from the standard.

The scope of each action plan is approved by the QIC, which ensures that interventions are timely and meaningful. Re-measurement is performed at appropriate intervals to determine the effectiveness of interventions.

Tracking utilization gives ABS the ability to communicate with providers as to treatment trends performed in the provider's office, the frequency and types of services rendered, as well as overall production. This offers an open exchange of utilization trends to aid the provider's office in rendering timely and appropriate dental care. Long-term trends can indicate a provider's increase of efficiency as well as effectiveness of care.

ABS conducts periodic review of utilization within and across defined groups to determine trends, patterns, and aberrancy of utilization with the objective of early detection of individuals/provider trends. Comparisons are made against benchmarks, historic norms, and acceptable methodologies for measurement.

Methods for Evaluating Consumer Satisfaction with Services Provided

ABS monitors satisfaction through the analysis of complaints, grievances and appeals. ABS has a Grievance Committee, which is overseen by the Quality Improvement Department. The Grievance Committee is responsible for ensuring processes for the identification, reporting, analysis, prevention and beneficial resolution of reported grievances, complaints, and appeals. The Grievance Committee strives to oversee reported matters are handled in an efficient and timely manner. In addition, the Grievance Committee is responsible for the facilitation of reporting to the Quality Improvement Committee. This is to ensure the implementation of an effective resolution process and adherence to all regulations and contract requirements. On a quarterly basis, the Grievance Committee analyzes, tracks, and trends all complaints, grievances, and appeals and works with the Quality Improvement Committee to rectify any company or provider issues that appear to be trending.

Recommendations may be made to management related to benefits or administrative issues, or to providers or to the Network if the trends are related to provider offices, services rendered by providers, or network access issues. Corrective Action Plans may be instituted and monitored by the Grievance Committee.