

Dental Network Access Plan

COLORADO

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (“AFLAC”)

Table of Contents

- Introduction 2
 - Network Leasing 2
- Network Adequacy and Corrective Action Process 2
 - Network Adequacy..... 2
 - Specialty Care Providers..... 3
 - Network Adequacy Issue and Corrective Action Process 4
- Referrals 4
 - Comprehensive Listing of Participating Providers 4
- Ongoing Monitoring..... 5
- Needs of Special Population 5
- Health Needs Assessment..... 6
- Communication with Members 6
- Coordination Activities..... 6
- Continuity of Care 6
 - Provider Contract Termination 6
 - Plan for Insolvency or Other Inability to Continue Operations 7
 - Quality Assurance Standards 7
 - Methods for Tracking and Assessing Clinical Outcomes from Network Services..... 7
 - Methods for Evaluating consumer Satisfaction with Services Provided 8

Introduction

American Family Life Assurance Company of Columbus (“Aflac”), hereby establishes a written Access Plan for its preferred provider network servicing its members in the state of Colorado. The network consists of leased access to DenteMax, LLC (DenteMax), Connection Dental Network (NovaNet), and Zelis Network Solutions, LLC (Zelis), collectively known as the (“Network”). This Access Plan contains information regarding the accessibility and availability of the Network of participating providers, as well as information on the quality and type of services available to Aflac Dental members. Except for any information specified as confidential, information contained in this Access Plan shall be available for inspection at Aflac’s administrative offices located in Tampa, Florida and shall be made available to any interested party upon request. This Access Plan is also available online at <https://argusdental.com/>. Scroll down to the bottom of the website and you will find it under Legal & Miscellaneous. For more information, please contact the Vice President of Network Development and Credentialing, Greg Grocholski, at 813-440-4965, or write to: Argus Dental & Vision, Inc., Attn: VP of Network Development, 4919 W. Laurel Street, Tampa, FL 33607.

Network Leasing

Aflac has contracted with Argus Dental & Vision, Inc. (“Argus”), a dental benefits manager, to administer the Aflac Dental program. Argus contracts with DenteMax, NovaNet, and Zelis through network leasing arrangements to access their contracted providers. Aflac and Argus will periodically monitor the Network to ensure the standards agreed upon are satisfactorily being met.

DenteMax, NovaNet, and Zelis are responsible for credentialing the Network providers and are expected to comply with all state regulations. Aflac retains oversight responsibility to ensure the credentialing and quality assurance standards are consistent with those required by the state and those established by Aflac. A delegated credentialing audit is performed for each leased network on an annual basis.

Network Adequacy and Corrective Action Process

Network Adequacy

Aflac periodically monitors its provider network to ensure that members have access to a sufficient number of independent licensed Network General Dentists in their area. Aflac’s national standards with respect to member accessibility to Network general dentists are:

- Urban provider within 30 miles from a member’s residence
- Suburban- provider within 60 miles from a member’s residence
- Rural- provider within 90 miles from a member’s residence

Additionally, Aflac complies with the provider/member ratio of 1 provider per 1,500 members. This standard may be modified based on state regulation, if more stringent, or on state and local geographic conditions, such as general dentists and member population in the area. The

target of general dentists may be geographically distributed differently depending upon the density of population.

The above listed targets are state-wide measures, considering rural, urban, and suburban areas. While these targets take into consideration less populated rural areas where a supply of general dentists is limited, Aflac may require the network to exceed these targets in urban areas. Aflac will require the Networks to make reasonable efforts to contract with providers in extremely rural areas in any state as well as geographic areas with recognized maldistribution of general dentists.

Service areas are generally approved for an entire state. The size and location(s) of the Network may be presented to an eligible group prior to the sale of the Aflac Dental Plan. Aflac will monitor the availability of providers in the Network by analyzing statistics indicating current employee locations and provider utilization. Monitoring is done monthly through Geo-Access reports that compare the number of providers to the number of members/employees in a given county.

Members may request that Aflac send network provider recruitment information to their current providers. Aflac will communicate any recruitment requests received to Argus for notice to the Network.

In addition, Aflac's national standard with respect to appointment wait time for initial and routine dental care services is four (4) weeks (with certain state exceptions). Network general dentists are contractually required to provide dental services to Aflac Dental members on the same basis as they do their other patients, regardless of a member's dental health. Aflac will rely on Argus and the Network to conduct surveys of each dental office on an annual basis (with certain state exceptions) to assess average appointment wait times for both initial and hygiene appointments.

An emergency is a dental condition of recent onset and severity that would lead a member to believe his or her condition requires immediate dental treatment necessary to control excessive bleeding, severe pain or eliminate acute infection. Aflac providers are contractually obligated to schedule emergency appointments within 24 hours and are required to provide after-hours emergency access.

Specialty Care Providers

Aflac requires the Network to contract with independent dental specialists to ensure members have adequate access to specialty care. Contracted specialists include oral surgeons, orthodontists, periodontists, pediatric dentists, prosthodontists, and endodontists.

Members are not required to obtain a referral in order to receive specialty care, however, members are free to discuss treatment options with their general dentist. The specialist network is monitored on a regular basis to determine if additional specialist offices are needed.

Network Adequacy Issue and Corrective Action Process

If a network adequacy issue exists, Aflac will provide benefits for the member to receive covered services at the office of a non-participating general or specialist dentist at no additional charge to the member.

The member may call Member Services for prior approval for in-network benefits at the non-participating provider. If a network adequacy issue is confirmed, the approval will be documented with a Single Case Agreement between Argus and the provider, and the claim will be adjusted to reflect in-network benefits post payment.

The claim will be adjusted to ensure the member's in-network benefit level is applied to all covered services. The member's portion of the coinsurance will be based off of the Maximum Allowable Charge (MAC) for the area to ensure the member's out of pocket costs will be no more than if they had been treated by a participating dentist.

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

Referrals

Aflac members have the freedom of choice in selection of a provider. Members are not required to designate or choose a primary dental provider. Aflac does not require the member to contact Member Services for a referral in order to select or change a dentist.

Aflac utilizes the Network general dentists who are licensed in the state 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 has contracted with endodontists, periodontists, prosthodontists, oral surgeons, pediatric dentists, and orthodontists to provide necessary specialty services to members at negotiated fees.

Aflac does not require a referral to see a Network specialist.

Comprehensive Listing of Participating Providers

Aflac ensures members have instant access to an updated list of participating Network general dentists and Network specialists in a variety of ways.

1. List of Participating Providers

Every Aflac Dental member has access to view the online Provider Directory. To locate a provider, the member will select the Aflac Dental Plan from the drop down list located at <https://argusdental.com/find-a-provider/>. The member will then enter his/her City and/or Zip Code, and then click Search. The member can narrow the search results by

selecting a Provider Specialty type or entering in a provider's name or practice name. The Provider Directory is updated daily.

2. Member Services

Members may contact Aflac Member Services at 855-819-1873 to find a provider or to obtain further information on their Aflac Dental Benefits.

Ongoing Monitoring

Aflac has established extensive policies and procedures to ensure the dental care needs of the members are consistently and sufficiently met. One of the main focuses of the policies and procedures is to monitor the accessibility and availability of the provider network on a regular basis.

Using Geo-Access reporting through Quest Analytics, Aflac measures, tracks, and trends network adequacy against the required access standards on a monthly basis in each county/state for each provider type. The reports compile information such as the number of members 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 Argus in identifying any hotspots where member need is high and network concentrations are not in sync. This analysis is the foundation of an informed recruitment strategy, making sure that members have access to optimum high-quality general and specialty dental care.

Needs of Special Population

Aflac has developed various services that are designed to address the special needs of members with limited English proficiency or literacy, diverse cultural and ethnic backgrounds, and with physical or mental disabilities.

Aflac has implemented a Cultural Competency Plan to address issues of disparities and bias that can affect the quality of healthcare. Aflac is keenly aware that we provide services to a population that is continuously evolving into a highly diverse and multicultural population. Our goal is to provide services to members in a manner sensitive to the cultural background, religious beliefs, values and traditions. A copy of the Cultural Competency Plan is made available to our members and Network providers upon request and at no cost, and is shared via our public website. Furthermore, Aflac strives to provide all information in a culturally competent manner that assists all individuals in obtaining healthcare services. This includes those with limited English proficiency or reading skills, diverse cultural and ethnic backgrounds, or physical-mental disability issues.

If a member requires special accommodations for his/her special needs, the member can contact Aflac Member Services. The Member Services Representatives will work with Aflac's Care Coordinators to facilitate the special request for the member.

Health Needs Assessment

Aflac's oral health risk assessment allows a member to identify his or her risk or protection factors that may influence oral health. A member can fill out this form from Aflac's website and take it to the member's next dental appointment. The health risk assessment can help the general dentist see the member's risk level for oral disease, especially tooth decay.

Communication with Members

Members are informed about their Aflac Dental Plan benefits through enrollment materials, the certificate of coverage, a public website, and a secure member portal.

Members may search our website for a Network provider in their area at any time or they may contact us at our toll-free number. Dentists are not assigned, and members are able to visit any general dentists or specialist without the need for a referral.

Aflac's process for providing and approving emergency care is outline in the member's certificate of coverage. Members may seek care from any dentist and no prior authorization is 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 Aflac are instructed to seek assistance from any licensed dentist and if the member does not have a current provider, the Aflac Member Services Representative will assist the member in finding a provider.

If a member would like to file a complaint, grievance, or appeal with Aflac, the process to do so can be found on our website. Members may also contact Aflac Member Services at our toll-free number to obtain information about their appeal rights.

Coordination Activities

Aflac's process for coordination activities is outlined in the member's certificate of coverage under Coordination of Benefits.

Continuity of Care

Provider Contract Termination

Aflac utilizes the networks leased from DenteMax, NovaNet, and Zelis for general dentists and specialists. Participating providers are contractually obligated to complete procedures in progress in the event of contract termination, for a period not to exceed 90 days.

Aflac will make a good faith effort to provide written notice of termination of discontinued providers within fifteen (15) business days, or otherwise as soon as practicable, to all members who are seen on a regular basis (within the past 12 months) by the provider or that receive primary dental services from the provider. Since dentists are not assigned to members, members are encouraged to check the status of a general dentist or specialist before receiving care.

[Plan for Insolvency or Other Inability to Continue Operations](#)

Aflac is a well-established, national provider of life and health insurance products. In the unlikely event Aflac should ever become insolvent or otherwise be unable to continue operations, it would ensure members receive uninterrupted dental benefit coverage through the end of the applicable contract period. Aflac would ensure members receive advanced written notice of any anticipated change to Aflac's business operations.

[Quality Assurance Standards](#)

Aflac has established an extensive Quality Assurance Program to allow Aflac to identify, evaluate and remedy potential problems relating to access, continuity, and quality of care.

[Methods for Tracking and Assessing Clinical Outcomes from Network Services](#)

Through Aflac's Utilization Management (UM) process, Argus 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 member 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.

Aflac's 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 to members. 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 members. 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, member 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 Aflac 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 to members. Long-term trends can indicate a provider's increase of efficiency as well as effectiveness of care.

Aflac 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 member/provider trends. Comparisons are made against benchmarks, historic norms, and acceptable methodologies for measurement.

Methods for Evaluating Consumer Satisfaction with Services Provided

Aflac monitors member satisfaction through the analysis of member complaints, grievances and appeals. Aflac 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 from members. 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 DenteMax, NovaNet, and Zelis 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.