

IMPORTANT INFORMATION - NEW JERSEY

We are here to serve you...

Your satisfaction is very important to us. We have an established Quality Assurance Program and handling your complaints and grievances is an important feature of this Program. We also use this process to learn how to provide better service to you in the future. If you have a question about your plan or if you need assistance with a problem, you should first contact our customer service department at 877-897-4328 (Toll Free).

You may have a grievance or complaint regarding:

- (a) the availability, delivery, or quality of dental care plan services;
- (b) benefits or claims payment, handling, or reimbursement for dental services

Specific complaints concerning the availability, delivery or quality of actual care provided by a provider are initially directed to the provider's office in question. If you feel that there is an inadequate resolution of the problem, we request a written complaint be addressed to our Quality Control Unit identified below. The issue will be reviewed by our dental consultant and attorney, as applicable, then addressed formally with the provider in question. If the finding is favorable to the insured, appropriate action will be taken. If the finding is in favor of the provider, the insured will be notified, in writing, along with the reasons for the finding. Written notice will be provided within 10 business days following receipt of all information necessary to conduct the review. At this point, if the insured still feels a legitimate grievance exists concerning treatment and so notifies us, the name and address of the local state dental association will be provided to the insured.

For complaints concerning benefits or claim payment, handling or reimbursement of a claim, the complaint will be reviewed by an internal panel consisting of employees other than those responsible for the initial decision. If all necessary information is received, the review shall be completed within 10 business days following the receipt of the complaint.

If we continue to agree that the covered service or claim for a covered service should have been denied, the complainant will receive a written notice of that decision, otherwise payment will be made accordingly.

You may document your concerns in writing and forward your written documentation to the following:

Name: Quality Control Unit
Address: P.O. Box 82657
Lincoln, NE 68501-2657
Phone: 877-897-4328 (Toll Free)
Fax: 402-309-2579

Additional review is available for questions regarding adverse dental decisions. These are defined as follows:

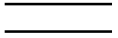
"Dental Decision" - a decision based upon a dental diagnosis or a dental judgment related to dental services performed or to be performed in New Jersey, including decisions relating to the quality or appropriateness of dental services rendered or proposed to be rendered by a dentist; necessity for or customary performance of a dental service, or diagnosis or prognosis of a dental condition.

"Adverse Dental Decision" - a decision by us to deny, reduce, or not pay, in whole or in part, for a covered service based upon a dental decision.

Upon receipt of notice of an adverse dental decision, a treating dentist can submit a written question about the decision to us. We will promptly advise the treating dentist in writing the name and address of a designated reviewing dentist, who will be licensed or registered in the state of New Jersey, with whom the treating dentist can discuss the adverse dental decision.

Within 30 days of that we will communicate the results of this review to the treating dentist.

A treating dentist, you, or your authorized representative, can also request in writing that we provide a written statement of the basis for the adverse dental decision. Within 14 days of this request, we will respond with the full name, address and telephone number of the designated reviewing dentist and a narrative statement specifically identifying the basis for the decision.



For any type of grievance or complaint, the complainant also has the right to appeal the decision to the following state agencies:

For complaints concerning benefits, claims payment, handling or reimbursement, contact:

New Jersey Department of Banking and Insurance
Office of Consumer Protection Services
PO Box 329
Trenton, NJ 08625-0329
1-609-292-5316 (direct)
1-800-446-7467 (in New Jersey)
609-292-5865 (fax)
www.dobi.state.nj.us/enfcon

For appeals concerning the availability, delivery or quality of the plan services, contact:

Department of Health & Senior Services
Office of Managed Care
PO Box 360
Trenton, NJ 08625-0360
1-888-393-1062