



Ameritas Life Insurance Corp.

DENTAL NETWORK ACCESS PLAN

WEST VIRGINIA

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Access Plan

Ameritas Life Insurance Corp. (Ameritas) contracts with and credentials the following types of dentists:

- Dentists who have an independent relationship with Ameritas. These include General Dentists, Endodontists, Oral Surgeons, Orthodontists, Pediatric Dentists, Periodontists, and Prosthodontists.

General dentists, who are trained in all aspects of dental care, comprise the largest part of the Ameritas network. Nationally, General Dentists make up 79% of professionally active dentists and 21% are Specialists.

Dentists are listed in the Ameritas directories which are made available on-line (www.ameritas.com) and updated daily.

Selection Criteria

Dentists in the Ameritas network are selected and credentialed based on established criteria reflecting professional standards for education, training and licensure. Credentials are verified upon initial application to the network and through the recredentialing process. Dentists must have and maintain the appropriate dental license, malpractice coverage, DEA certificate (if required), and specialty license, diploma, certificate or permit, as applicable.

Source of Information

Information about the dentists appearing on our website (www.ameritas.com) is obtained from an application that is completed and signed by the dental care professional. This information is updated periodically through credentialing outreach efforts to the dentist, and through communications received from the dentist when changes occur.

Building the Network

Ameritas uses the following criteria to build its network:

- We recruit dentists based on the needs and location of current and potential business
 - Internal data is used to target dentists who provide services to our members
 - We also identify and solicit dentists currently being used by new or potential groups, based on utilization reports and disruption analyses
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Network Leasing

In those situations where Ameritas proposes to contract with an independent network of providers through a network leasing arrangement, Ameritas will conduct due diligence at the onset prior to the agreement to ensure that the network has established credentialing and quality improvement standards consistent with the standards set by Ameritas. During the term of the agreement, Ameritas will periodically monitor to ensure that the standards agreed upon are satisfactorily being met. Ameritas may from time to time, contract with network(s) for a specific client in order to meet the needs of that customer.

In addition to using its own network of providers, a portion of our provider network is leased from The Principal Life Insurance Company, Government Employees Health Association Inc. ("GEHA")/Connection Dental, DenteMax, LLC., Zelis Healthcare, LLC, Aetna Network Services, LLC, The Guardian Life Insurance Company of America network(s), United Concordia Companies, Inc. and Metropolitan Life Insurance Company. These network(s) are incorporated within our own network of contracted providers. Members have access to all providers via the Ameritas website (www.ameritas.com) electronic directory and/or a paper directory listing. The leased arrangements are required to submit an updated list of providers no less frequently than monthly.

These network(s) are responsible for the credentialing standards of all providers leased to Ameritas and are expected to comply with all state regulations. Ameritas retains oversight responsibility to ensure that the credentialing and quality assurance standards are consistent with those required by the state and those established by Ameritas. A delegated credentialing audit is performed for each leased network on an annual basis.

Network Adequacy

We review our network size and actual in-force business for potential adjustment to our network. Through regular geoaccess reporting, Ameritas monitors the projected network target and actual performance. If we are not meeting our target goals, a recruitment project plan may be created and an Ameritas Provider Network Representative assigned to the area for telemarketing and recruitment office visits. The Provider Network team is responsible for the recruitment and persistency of the network. These activities are reviewed on a quarterly basis by the Quality Management Program Committee.

Network Target:

- Dental Large Metro: 30 minutes and 15 miles
- Dental Metro: 45 minutes and 30 miles
- Dental Micro: 80 minutes and 60 miles
- Dental Rural: 90 minutes and 75 miles
- Dental CEAC: 125 minutes and 110 miles

Ameritas will make reasonable efforts to contract with providers in extremely rural areas in any state as well as geographic areas with recognized maldistribution of dentists.

Service areas are generally approved for an entire state. In one state, there are a limited number of counties where Ameritas' network is not approved.

The size and location(s) of the network providers may be presented to an employer prior to the sale of the dental insurance. Ameritas monitors the availability of a network provider's practice by analyzing statistics indicating current employee locations and provider utilization. Monitoring is also done through provider, member, client, and broker survey feedback.

Providers are allowed to apply for participation on the plan at any time during the year. If necessary, Ameritas will attempt to recruit providers by targeting specific areas. We commonly utilize feedback from members and our sales distribution in our recruitment efforts, as well as telemarketing, mailing, and personalized delivery of network participation information.

~~Members may request that we send recruitment information to their current providers. With permission,~~
we will use the member's name in our communication to the prospective provider.

Referrals

Ameritas members have the freedom of choice in the selection of a provider and may change providers without informing Ameritas. Members are not required to choose or designate a primary care provider. Ameritas does not require the member to contact our office for a referral to select or change providers.

Members and network providers have access to directories listing Ameritas' network providers. Although members can seek care in or out of network without referrals, savings are maximized by visiting network providers.

Network Availability - Waiting Times & Appointment Scheduling

Network providers are required to schedule routine (non-emergency) appointments within 30 days of the member's request as outlined in the Dentist Participation Agreement:

Dentist shall offer appointments to all Covered Persons upon request within a reasonable time. "For non-emergency appointments other than exam, cleaning, and/or x-ray(s), a reasonable amount of time shall not be more than thirty (30) days."

This will be monitored through member surveys and complaint tracking.

Network providers agree to provide services in the same manner in which they provide services to their other patients and will not discriminate on the basis of age, sex, ethnicity, race, color, national origin, creed, ancestry, marital status, religion, sexual preference, health status, disability, participation in a Dental Plan or source of payment.

Emergency Services

Network providers are required to provide or arrange for twenty-four (24) hour per day, seven days per week emergency care service. Ameritas expects that appointments will be offered to all members upon request within this timeframe. Members are not required to contact or obtain approval by Ameritas prior to obtaining routine or emergency dental services.

Dental emergency refers to those services which are needed immediately because of an injury or unforeseen medical condition. Examples of an emergency service are those services required for the temporary relief of pain, infection or swelling.

Emergency, Specialty Care, & Access to Participating Providers

Members have the freedom of choice to seek services from either a participating or non-participating specialty care provider, or in the case of an emergency, any provider of a members' choosing. Benefits will be paid for all services which are considered covered expenses as defined within the Member's certificate.

Members may change providers at any time and may do so without notifying Ameritas. Members are not required to contact Ameritas prior to obtaining treatment although it is suggested that members or their provider submit a pretreatment estimate in advance to the start of treatment when reasonably possible so that they will better understand benefits payable for the proposed treatment. Members do not need to contact Ameritas in order to be referred to another provider.

Access to Participating Providers: If a member is seeking to obtain services or already has obtained services and is or was unable to locate or obtain such services from a network provider, the member may contact us via email (group@ameritas.com), mail (P.O. Box 82520 Lincoln, NE 68501) or at the toll-free number shown on their ID card (800-487-5553). Once we have been notified of their inability to locate a network provider within the target area, we will review and allow the eligible claims submitted as if they had visited a network provider. When a claim is received remarks on the policy will indicate that the claim needs to be processed and paid as if the member had visited a Participating Provider.

Ameritas does not use telemedicine, telehealth, or other technology to meet network access standards.

Language Assistance and Special Needs

The provider application form requests the different languages that are spoken in the office. This information is documented in our system and any additional languages other than English are displayed on online directories found on our website (www.ameritas.com). Members are always welcome to contact us to inquire what additional languages are spoken at a particular office.

Ameritas will provide, at the request of a member, the conversion of the written English version of a certificate of coverage into written text in Spanish free of charge. Ameritas may also provide other plan materials in Spanish upon member request.

Ameritas provides access to in-house Spanish interpreters and contracts with an external vendor to provide services to members that speak languages other than Spanish.

Ameritas uses two services to communicate with the hearing impaired. The first service is TDD-Telecommunications Device for the hearing impaired also known as "text telephone". The second service is TYY-Teletype Corporation for Hearing Impaired.

Upon request, Ameritas will provide large print documents or provide information verbally. We will also outsource to an outside vendor to provide certain written materials in Braille.

The Ameritas Dental Network Application contains questions about access for the physically disabled. Responses from each office are maintained with the provider's file and are easily accessible should a member have questions about these types of accommodations.

Network providers are required by contract to comply with all applicable federal, state and municipal laws. This would include complying with the Americans with Disabilities Act, as applicable.

Methods for Assessing Health Care Needs and Member Satisfaction

Surveys are mailed monthly to segments of Policyholders, Providers, Producers, and Insured Members with a valid email address on file. In the case of customer satisfaction surveys where a major objective of the research is to improve the handling of customers' difficulties or complaints, survey responses requiring follow up and ad hoc requests are triaged through designated business area inboxes. Survey questions may be changed to meet current business needs. Data is tracked over time to measure and monitor improvements. Associates within the organization review the results, recommend changes to enhance service and may develop action plans, as needed. The group's findings and recommendations are shared with the company's management personnel for further consideration and/or action.

Communication With Members

Members are informed about their plan benefits and its features through enrollment materials, their certificate of coverage, the public website (www.ameritas.com) including a secure member portal, and ID cards.

Members may search our website (www.ameritas.com) for a network provider in their area at any time or they may contact us at our toll-free number (800-487-5553).

Grievance notice information is included with the member's certificate of coverage, and is also included on our website (www.ameritas.com) along with State and Federal appeals rights. Members may also contact us at our toll-free number (800-487-5553) to obtain information about their appeal rights.

Continuity of Care

In the event of a contract termination between a network provider and Ameritas, Ameritas will notify in writing, members seen on a regular basis of the provider's contract termination date. This notice will advise how the member can obtain information regarding other participating providers in the network. Network providers are expected to complete any procedure in progress on the member.

Network provider agreements contain hold harmless language that in the unlikely event Ameritas is unable to continue its operations or becomes insolvent, notice of Ameritas' inability to continue its operations or insolvency will be communicated to policyholders in writing. Network providers are expected to continue to provide covered services to any member receiving active treatment on the date of insolvency or the cessation of operations until the course of treatment is completed or Ameritas' orderly transition of coverage to another carrier.

Network provider agreements also require the provider to accept payment directly from Ameritas for covered services and not balance bill the member beyond the amount of their contracted fee.

Provider Directories

Dentists are listed in the Ameritas provider directories which are made available on-line (www.ameritas.com) and updated daily. The provider directories can be printed from our website (www.ameritas.com) or by calling our toll-free numbers (800-487-5553). Ameritas will mail a printed copy of the provider directory to the requestor.

The provider directories inform the covered persons that provider data inaccuracies can be reported on-line by clicking on the provider's name and selecting the report inaccuracies link.

Even with daily updates to the online directory, we can't guarantee that a provider will be contracted at the time dental services are performed. When choosing a provider, we encourage the covered person to call our Customer Connections department (800-487-5553) to verify the providers participation. We also encourage the covered person to confirm participation with the provider at the time of the appointment.

Updates To Provider Directories

Ameritas will take appropriate steps to ensure the accuracy of each network provider's information in the provider directories. Notification will be sent to Ameritas' directly contracted network providers every 6 months requesting they confirm the accuracy of their information contained in the provider directory and/or make the appropriate changes to that information.

Updates to our online directories occur daily. When we are informed a provider is not currently accepting new patients, the appropriate system is updated and the documentation is saved to the provider's profile. This updated information is automatically sent to our vendor and our online and print directory is updated. When a provider is no longer under contract, the system termination date is automatically sent to our vendor and the provider is removed from our online and print directories. When a provider's practice location or other information has changed, required documentation/paperwork is obtained, saved to our imaging system, and the subsequent system fields are updated with the current information. The fields are automatically sent to our vendor and our online and print directory is updated.

Provider Directory Audits

The provider directories are audited regularly. Ameritas will contact the provider's office for verification checks and the call will be documented in our system with the information received. A voicemail message will be left if we are unable to reach the office. A total of three follow up attempts will be made to the office each being three days apart. If we are unable to verify on the phone, we will attempt to make verification by way of a recent claim, the provider website, online search, etc. Any documentation found will be saved to the file and the system will also be updated to show the status of verification.

Quality Assurance

A Quality Management Program was established to create minimum standards necessary to operate a quality program and evaluations to ensure that Ameritas measures up to these standards.

Continual evaluation and assessment of the dental network providers occurs for measurement purposes of the plan's organization structure, policies and procedures, and any other activities that may interact within the quality management program. In addition, proper communication to our providers occurs to constantly improve the program.

A Quality Management Committee meets quarterly to review network information, customer service complaint types and volume, call center volume and statistics, along with other statistical information pertaining to the Quality Management Program.

The Quality Management Program includes specific policies and procedures that refer to the following categories:

- Provider and Member Services
- Provider Credentialing/Recredentialing
- Office Evaluation
- Utilization Management Program

Additionally, Ameritas monitors complaints, grievances and appeals for quality of care incidences.

| County Name | Provider/Facility Type Available |
|--------------------|--|
| Barbour | General Dentists |
| Berkeley | General Dentists, Oral Surgeons, Orthodontists |
| Boone | General Dentists |
| Braxton | General Dentists |
| Brooke | General Dentists |
| Cabell | General Dentists, Oral Surgeons, Orthodontists |
| Calhoun | General Dentists |
| Clay | General Dentists |
| Doddridge | General Dentists |
| Fayette | General Dentists |
| Gilmer | General Dentists |
| Grant | General Dentists |
| Greenbrier | General Dentists |
| Hampshire | No providers |
| Hancock | General Dentists, Orthodontists |
| Hardy | General Dentists |
| Harrison | Endodontists, General Dentists, Oral Surgeons, Orthodontists |
| Jackson | General Dentists, Oral Surgeons |
| Jefferson | General Dentists, Orthodontists |
| Kanawha | Endodontists, General Dentists, Oral Surgeons, Orthodontists, Pediatric Dentists |
| Lewis | General Dentists |
| Lincoln | General Dentists, Oral Surgeons |
| Logan | General Dentists |
| Marion | General Dentists, Oral Surgeons |
| Marshall | General Dentists |
| Mason | General Dentists |
| McDowell | General Dentists |
| Mercer | General Dentists, Oral Surgeons |
| Mineral | General Dentists |
| Mingo | General Dentists |
| Monongalia | Endodontists, General Dentists, Oral Surgeons, Orthodontists |
| Monroe | General Dentists |
| Morgan | General Dentists |
| Nicholas | General Dentists |
| Ohio | General Dentists, Oral Surgeons, Orthodontists, Pediatric Dentists |
| Pendleton | General Dentists |
| Pleasants | General Dentists |
| Pocahontas | General Dentists |
| Preston | General Dentists |
| Putnam | Endodontists, General Dentists, Oral Surgeons |
| Raleigh | General Dentists, Oral Surgeons, Pediatric Dentists |
| Randolph | General Dentists, Oral Surgeons |
| Ritchie | No providers |
| Roane | No providers |
| Summers | No providers |
| Taylor | General Dentists |
| Tucker | General Dentists |

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| Tyler | No providers |
| Upshur | General Dentists |
| Wayne | General Dentists, Oral Surgeons |
| Webster | General Dentists |
| Wetzel | General Dentists |
| Wirt | General Dentists |
| Wood | Endodontists, General Dentists, Oral Surgeons, Orthodontists |
| Wyoming | General Dentists |