



**CIGNA DENTAL HEALTH
ACCESS & ACCESS PLUS NETWORKS
WEST VIRGINIA
ACCESS PLAN**

I. Introduction

The following information constitutes the Cigna Dental Health, Inc. ("Cigna Dental") Written Access Plan. The Written Access Plan contains information regarding the accessibility and availability of the Cigna Dental Access & Access Plus networks of participating providers, as well as information on the quality and type of services available to Cigna Dental plan customers. Except for any information specified as confidential information contained in this Written Access Plan shall be available for inspection at Cigna Dental's administrative offices in Sunrise, Florida, and shall be made available to any interested party upon request.

II. Primary Care Providers

Through its Network Management Department and Quality Management programs, Cigna Dental maintains and monitors its provider networks to ensure that customers have access to a sufficient number of independent licensed Network General Dentists in their area. Cigna Dental's national standard with respect to customer accessibility to Network General Dentists is 2 participating dental offices within 25 miles of each zip code. This standard may be modified based on state or local geographic conditions, such as dentist and consumer population in the area.

The network is monitored on a regular basis to determine if additional dental offices are needed. Cigna Dental also monitors the network through customer satisfaction surveys, evaluation of complaint and grievance data, and through the company's Quality Management Program activities.

In addition, Cigna Dental'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 Cigna Dental customers on the same

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basis as they do their other patients, regardless of customers' dental health. Cigna Dental surveys 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 customer to believe that his or her condition requires immediate dental treatment necessary to control excessive bleeding, severe pain or eliminate acute infection. Participating dentists are contractually obligated to schedule emergency appointments within 24 hours and are required to provide after-hours emergency access. In addition, Cigna Dental has an established emergency benefit provision. Cigna Dental will reimburse the difference between the fee for emergency palliative covered services including diagnosis, relief of pain, and/or to eliminate acute infection and the applicable patient charge, up to a total of \$50.00 per incident. Our Standard Operating Procedure for emergency benefits outlines the requirements and the procedures to ensure customers receive emergency care when the general dentist office is not available.

In the event a customer does not have access to a Network General Dentist, or if the customer is unable to obtain an initial or routine appointment within a reasonable period of time, Cigna Dental will authorize fee-for-service benefits from a non-participating dentist. This allows a customer to receive covered benefits from an out-of-network dentist at no additional charge to the customer.

The customer may call in to customer service for prior approval for in-network benefits at a non-contracted general dentist. If a network adequacy issue is confirmed, the approval will be documented in the claim system and covered services will be processed accordingly. Cigna Dental standard utilization review will apply in making coverage determinations.

Network adequacy issues can also be resolved after the out of network claim has been processed. The adjustment will be made once the customer has notified Cigna Dental of the network adequacy issue and it has been confirmed.

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The customer will be responsible for his/her Patient Charge based on the applicable Patient Charge Schedule and Cigna Dental will pay the difference between the dentist's usual charge and the customer's Patient Charge for covered services performed at the non-network general dentist office. This will ensure that the customers copay will be no higher than if they had gone to an in-network general dentist.

Teledentistry

Benefits for covered dental services provided via teledentistry will be determined in similar fashion to benefits for covered services delivered in a traditional office setting. Cigna requires use of appropriate teledentistry procedure codes (D9995 or D9996) by the dentist who oversees the encounter, in accordance with any applicable state laws, regulations, and / or licensure requirements, including direct and / or indirect supervision requirements.

Corrective Actions:

- Cigna Dental shall reserve the right to close a dental practice (in non-market related situations) to new enrollment when appointment availability for all three types of appointments (new patient, hygiene, and restorative) is beyond Cigna Dental's standards and/or when there is no remedy to established action plans to bring the dental office into compliance.
- Network Management shall establish network expansion targets to ensure adequate appointment availability. Cigna Dental shall exercise contract termination provisions in extreme situations such as appointment discrimination or prolonged failure to comply with corrective action efforts.

III. Network Criteria

We develop our network expansion plans annually after carefully assessing and reviewing client and geographic market needs. We use a variety of internal proprietary and external data sources, along with actuarial analytic methods to benchmark Cigna's access and discount position. These methods guide our expansion planning, along with input from our market teams.

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All dentists participating in one of the Cigna networks undergo a review of their qualifications in accordance with Cigna's credentialing requirements, including education and training, licensure status, current professional liability insurance and malpractice history.

The process for credentialing and re-credentialing includes review and approval (or rejection) by the Credentialing Subcommittee. The Credentialing Subcommittee reviews the credentials of all dentists seeking admission to the dental network and makes appropriate decisions per the credentialing standards and criteria.

IV. Specialty Care Providers

Cigna Dental contracts with independent dental specialists to ensure that customers have adequate access to specialty care. Contracted specialists include oral surgeons, orthodontists, periodontists, Pediatric Dentists, and endodontists. The Network General Dentist, in accordance with Cigna Dental policies and procedures, may refer a customer directly to a Network Specialist for necessary specialty care. Cigna Dental customers can access a Network Pediatric Dentist or Orthodontist directly. In the event there is no Network Specialist within 25 miles of a customer's home or work, Cigna Dental will authorize payment for treatment by a non-participating specialist, at no additional cost to the customer.

The specialist network is monitored on a regular basis to determine if additional specialist offices are needed. In addition, Cigna Dental monitors the network through customer satisfaction surveys, evaluation of complaint and grievance data and through the company's Quality Management Program activities.

V. Specialty Referral Process

Cigna Dental's process for obtaining specialty care is outlined in the Plan Booklet. Cigna Dental contracts with Network General Dentists who are licensed in the state of West Virginia to provide a comprehensive range of dental services. Network General Dentists are expected to render the range of services that are required for graduation from dental school.

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Referrals to 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. We have contracted with endodontists, periodontists, oral surgeons, pediatric dentists and orthodontists to provide necessary specialty services to customers at negotiated fees. Cigna Dental provides Network General Dentists with updated Network Specialist listing on a regular basis. All guidelines are subject to state-specific and federal guidelines.

If the customer's Network General Dentist determines that the customer is in need of complex procedures that require the skills of a dental specialist, the Network General Dentist initiates the referral process. Network General Dentists are responsible for referring customers to an appropriate Network Specialist, in accordance with Cigna Dental's Specialty Referral Guidelines.

In the event a customer does not have access to a Network Specialist Dentist, or if the customer is unable to obtain an initial or routine appointment within a reasonable period of time, Cigna Dental will authorize fee-for-service benefits from a non-participating specialist dentist. This allows a customer to receive covered benefits from an out-of-network specialist dentist at no additional charge to the customer.

The customer may call in to customer service for prior approval for in-network benefits at a non-contracted general dentist. If a network adequacy issue is confirmed, the approval will be documented in the claim system and covered services will be processed accordingly. Cigna Dental standard utilization review will apply in making coverage determinations.

Network adequacy issues can also be resolved after the out of network claim has been processed. The adjustment will be made once the customer has notified Cigna Dental of the network adequacy issue and it has been confirmed.

The customer will be responsible for his/her Patient Charge based on the applicable Patient Charge Schedule and Cigna Dental will pay the difference between the dentist's usual charge and the customer's Patient Charge for covered services performed at the non-network general dentist office.

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This will ensure that the customers copay will be no higher than if they had gone to an in-network general dentist.

A. Comprehensive Listing of Participating Providers

Cigna Dental ensures that plan customers 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 Cigna Dental customer has access to a Cigna Dental Care Network Directory ("Dental Directory") through Cigna Dental's website, www.cigna.com or www.mycigna.com, and Cigna Dental's mobile app. The online Dental Directory is updated six days per week. Customers may search by location, dentist/office name and/or specialty. Customers can also apply additional criteria to filter search results by any or of a combination of language(s) spoken, distance, specialty, accepting new patients and years in practice. In addition, the customer can receive a Cigna Dental Care Network Directory ("Dental Directory") upon request.

2. Dental Office Locator Service

Cigna Dental provides 24-hour, toll-free access to its Dental Office Locator Service. This telephone service allows customers to identify participating Network General Dentists in their area simply by entering a zip code. Customers then have the option of listening to the list of participating dentists in their area or requesting a printed list via facsimile.

3. Customer Services

Customers may contact Cigna Dental Customer Services at 1-800-244-6224 to request an updated Dental Directory or to obtain further information on their Cigna Dental benefits.

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When requested, mailed printed directory is postmarked no later than five (5) business days following the date of request.

B. Restricted Referral Options

As outlined in Cigna Dental's Network General Dentist Agreement and Cigna Dental's Specialty Referral Guidelines, Cigna Dental customers requiring specialty care may be referred to a participating Network Specialist. Cigna Dental in no way restricts referral options to less than all contracted Network Specialists.

C. Timely Referrals for Access to Specialty Care

The Network General Dentist may directly refer a customer to a participating endodontist, oral surgeon, periodontist, Pediatric Dentist, or orthodontist for evaluation. Referrals must comply with the customer's dental benefit plan and with Cigna Dental's Specialty Referral Guidelines.

Specialty care procedures do not require prior authorization from Cigna Dental. Prior determination of benefits for specialty referrals is available upon request and shall be handled in a consistent and timely manner. Note: Pediatric treatment (for customers up to the age of thirteen) and orthodontic treatment do not require any written or verbal approval. The patient can access a network pediatric dentist or orthodontist directly.

D. Expedited Referrals Process

The Network General Dentist is responsible for an initial evaluation of the customer's condition, including an examination and proper radiographs. If the Network General Dentist determines that an expedited referral for specialist evaluation is appropriate, the Network General Dentist may contact Cigna Dental by telephone for expedited payment authorization. The Network Specialist is expected to schedule an expedited appointment for consultation within 48 hours of payment authorization.

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E. Retrospective Denial of Specialty Referrals

For eligible customers, once a specialty referral has been authorized for payment, Cigna Dental will not retrospectively deny the referral, except in cases of fraud or abuse. This provision is communicated to customers in the Plan Booklet.

VI. Process for Monitoring Network Sufficiency

Cigna Dental has established an extensive Quality Management Program to help ensure that the dental care needs of Cigna Dental customers are consistently and sufficiently met. One of the primary focuses of the Quality Management Program is to monitor the accessibility and availability of the provider network on a regular basis. Specific activities and monitoring tools are outlined in the Cigna Dental Quality Management Program.

Measures, including but not limited to those listed below, are monitored and the results are measured against established targets and reported to the National and State-Specific Quality Management Committee (QMC) on a quarterly basis.

1. Number of general dentist facilities.
2. Number of dentists (network general dentists & specialists).
3. Results of geographic access reports.
4. Turnover rates.
5. Member satisfaction.

VII. Covered Services

Covered Services, exclusion, and limitations are outlined in the Member Plan Booklet and Patient Charge Schedule, which every customer receives upon enrolling in the plan. Customers should refer to their Patient Charge Schedule for the procedures covered under each category and the associated Copayment. Dental procedures in the following categories of Covered Services are covered under the Cigna Dental Plan when listed on a customer's particular Patient Charge Schedule and performed by a Network Dentist.

- Diagnostic/Preventive

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- Restorative (fillings)
- Crown and bridge
- Endodontics
- Periodontics
- Oral surgery
- Orthodontics

VIII. Quality Assurance Standards

As outlined in this document, Cigna Dental has established an extensive Quality Management Program to allow Cigna Dental to identify, evaluate and remedy potential problems relating to access, continuity and quality of care. Network Adequacy, member and provider stratification, member grievances and appeals are reviewed in the National Quality Management Committee on a quarterly basis. In addition, all Dental professionals participating in the Cigna Dental Access & Access Plus Networks undergo a review of their qualifications in accordance with Cigna's credentialing requirements, including education and training, licensure status, current professional liability insurance and malpractice history.

IX. Efforts to Address Customers With Special Needs

Cigna Dental has developed various communications and services that are designed to address the special needs of covered persons with limited English proficiency or literacy, diverse cultural and ethnic backgrounds, physical or mental disabilities, or chronic or complex medical conditions. The following describes Cigna Dental's efforts:

A. Telephone Calls

Cigna Dental's Customer Services and Claims Departments staff includes representatives that are fluent in various languages. In addition, Cigna Dental has access to the AT&T language line, which provides third party interpreters who speak additional languages. Cigna also communicates with personal representatives when needed to assist customers.

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B. Marketing and Advertising Materials

The Cigna Dental Marketing Department provides enrollment forms, provider directories, benefit summaries, customer handbooks, customer newsletters, and various other marketing and advertising materials. Some of these materials are available in large print, brail, Spanish and other languages as appropriate or required. Customers have the ability to view the myCigna.com website in Spanish.

C. Customers with Physical & Mental Disabilities

For the hearing impaired, the Cigna Dental Plan Booklet contains information regarding the availability of local TTY relay service for assistance in contacting Cigna Dental Customer Services. Additionally, Network General Dentists are contractually obligated to observe, protect and promote the rights of plan customers as patients. Network General Dentist offices are required to be handicap accessible. Discrimination in the treatment of any plan customer because of disability, race, color, national origin, sexual orientation, etc. is contractually prohibited.

X. Methods for Determining the Health Care Needs of Covered Persons

Resources from professional organizations, dental professionals both inside and outside the company, and clinical researchers, including educators and practicing dentists, are continuously consulted in developing and updating Cigna Dental policies and procedures.

Professional organizations commonly used by Cigna Dental include:

- American Dental Association
- American Academy of Periodontology
- American Association of Oral and Maxillofacial Surgeons
- American Association of Endodontists
- American Association of Orthodontists
- American Academy of Pediatric Dentistry
- Academy of Osseointegration
- Academy of General Dentistry

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Our continuous research relies on individual involvement with specific professionals in each field of dentistry, as well as reading and utilizing published position papers and long-term, scientifically based clinical research reports.

Cigna Dental meets regularly with the leadership of organized dentistry and is a visible presence at the annual meetings of numerous dental specialty groups. We have an established working relationship with each of these specialty organizations and are continuously improving our abilities to achieve a complete understanding of all new treatment protocols. These same organizations also have access to Cigna Dental staff to arbitrate areas of misunderstanding within the claim benefit process.

Encounter data is used in the evaluation of utilization trends and patterns. Under the direction of the Dental Director, this data is routinely analyzed and presented to the Quality Management Committee. The committee considers this data, along with other relative information, in creating appropriate action plans to improve the clinical needs of plan customers. The Quality Management Committee meets at least quarterly.

XI. Methods for Tracking and Assessing Clinical Outcomes from Network Services

Cigna Dental utilizes a variety of methods to track and assess clinical outcomes from network services. Cigna Dental's Quality Management Program contains additional information on the methods used to track and assess the clinical outcomes of network services.

XII. Methods for Evaluating Consumer Satisfaction with Services Provided

Customer satisfaction is assessed through evaluation of customer surveys and customer complaint and grievance information. Customer satisfaction surveys are conducted no less than annually in order to measure Cigna Dental's performance and to assess customer satisfaction with plan services. Customer complaint and grievance information is trended to identify potential opportunities for improvement.

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The results are assessed, and action plans are developed for those areas where opportunities for improvement have been identified.

XIII. Method for Informing Covered Persons of Plan's Services and Features

A. Grievance & Appeal Procedures

Cigna Dental's grievance and appeals process is outlined in the Member Plan Booklet, which every customer receives upon enrolling in the plan.

To submit a verbal grievance or appeal, customers may contact us by phone toll-free at 1-800-244-6224.

Written grievance or appeal may sent to:
Cigna Dental Health, Inc. P.O. Box 188047
Chattanooga, TN 37422-8047

Cigna will provide customers with a grievance and appeal form upon request. Customers are not required to use the form in order to make a written grievance or appeal.

B. Extent to which Dental Services are Available

Cigna Dental offers a variety of dental benefit plans from which clients may choose. The extent to which dental services, including both preventive care and specialty services are covered depends upon the type of dental benefit plan chosen. Dental services are outlined in full detail in the Plan Booklet and in the customer's particular Patient Charge Schedule.

C. Process for Choosing and Changing Providers

Plan customers select a Network General Dentist within Cigna Dental's approved service area upon enrolling in the plan. Cigna Dental offers Members' Choice, which permits each enrolled family member to select his/or her own Network General Dentist. Customers may transfer dental offices at any time by contacting Cigna Dental Customer

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Services. The process for choosing and changing dental offices is described in the Plan Booklet.

D. Process for Providing and Approving Emergency and Non-Emergency Care

Cigna Dental's process for providing and approving emergency and non-emergency care is outlined in the Plan Booklet.

The Network General Dentist, in accordance with Cigna Dental policies and procedures, may refer a customer directly to a Network Specialist for necessary specialty care. Cigna Dental customers can access a Network Pediatric Dentist or Orthodontist directly. Specialty care procedures do not require prior authorization from Cigna Dental.

An emergency is a dental condition of recent onset and severity that would lead a customer to believe that his or her condition requires immediate dental treatment necessary to control excessive bleeding, severe pain or eliminate acute infection. Participating dentists are contractually obligated to schedule emergency appointments within 24 hours and are required to provide after-hours emergency access. In addition, Cigna Dental has an established emergency benefit provision. Cigna Dental will reimburse the difference between the fee for emergency palliative covered services including diagnosis, relief of pain, and/or to eliminate acute infection and the applicable patient charge, up to a total of \$50.00 per incident. Our Standard Operating Procedure for emergency benefits outlines the requirements and the procedures to ensure customers receive emergency care when the general dentist office is not available.

E. Process for Updating Provider Directories

Customers have the ability to notify Cigna Dental of online provider directory discrepancies by clicking the "Let us know" link on the directory. Customers may also notify Cigna Dental by calling us at 1-800-244-6224 or by email at DentalProviderDataManagementInbox@cigna.com.

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Provider directories are audited no less than three times a year and at least fifty percent of all practice locations are contacted. All practice locations are audited at least once every eighteen months to ensure the accuracy of the data elements in the provider directory. Audit documentation is retained in accordance with applicable federal and state requirements.

Online directory information is updated six days per week, excluding holidays, Sundays, or interruptions due to system maintenance, upgrades or unplanned outages. Hard copy paper directories are updated three times per year.

XIV. System for Ensuring Coordination and Continuity of Specialty Care

Coverage for a dental procedure (other than orthodontics) which was started before customer disenrollment from the plan will be extended for 90 days after disenrollment, unless disenrollment was due to non-payment of premiums.

Coverage for orthodontic treatment which was started before customer disenrollment from the plan will be extended to the end of the quarter or for 60 days after disenrollment, whichever is later, unless disenrollment was due to non-payment of premiums.

XV. Process for Enabling Covered Persons to Change Primary Care Professionals

Customers may transfer primary dental offices at any time by contacting Cigna Dental Customer Services, by telephone or in writing. Customers may also use Cigna Dental's automated telephone system to change providers. A Customer Services Representative will then enter the new dental office information into Cigna Dental's customer database and will document the reason for the transfer.

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Transfers are effective on the first day of the month following the date of the request. Customers are asked to complete any dental procedures in progress and to pay any outstanding Patient Charges to the previous dental office before initiating a transfer.

Written confirmation of the transfer is sent to the customer's new dental office, once the transfer has been processed. Customers will receive written confirmation of the transfer upon request.

XVI. Continuity of Care in the Event of Provider Contract Termination, Plan Insolvency, or Other Inability to Continue Operations

A. Provider Contract Termination

Cigna Dental Network General Dentists and Network Specialists are contractually obligated to complete procedures in progress in the event of contract termination, for a period not to exceed 90 days. These provisions are outlined in both the Network General Dentist and Network Specialist Agreements.

In the event a Network General Dentist is terminated from the plan, Cigna Dental will notify each affected customer, in writing, that the dentist will no longer be participating in the Cigna Dental Access & Access Plus Networks. Customers are automatically enrolled in an alternative dental facility however, they may contact Cigna Dental to select another dental facility.

If there are no available participating providers in the customer's immediate area, Cigna Dental will temporarily authorize fee-for-service benefits from a non-participating provider at in-network benefit levels.

Cigna Dental will make a good faith effort to provide written notice of termination of a discontinued provider within thirty (30) days, or otherwise as soon as practicable, of receipt or issuance of such termination to all enrollees that are seen on a regular basis (within the past 6 months) by the provider or that receive primary care from the provider whose contract is being discontinued.

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B. Plan Insolvency or Other Inability to Continue Operations

In the unlikely event that Cigna Dental should ever become insolvent or otherwise be unable to continue operations, its parent company, Cigna Dental Health, Inc., would provide financial backing to ensure uninterrupted dental benefit coverage for plan customers and policy holders through the end of the policy holder's contract period, until such time as Cigna Dental could restore its financial condition. If necessary, customers could be transferred, at the end of their contract period, to dental indemnity or dental PPO coverage through Cigna Dental's affiliates Cigna Health and Life Insurance Company ("CHLIC") or Connecticut General Life Insurance Company ("CGLIC"). Both are national providers of life and health insurance products. Cigna Dental would ensure that groups and customers received advanced written notice of any anticipated change to Cigna Dental's business operations.

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Appendix A

Access Network

| Provider/Facility Type Available | County Name |
|---|---|
| General Dentistry | Berkeley, Fayette, Kanawha, Ohio, Raleigh, Wood |
| Endodontist | No providers |
| Oral Surgeon | Berkley |
| Pediatric Dentistry | No providers |
| Orthodontist | No providers |
| Periodontist | No providers |
| Prosthodontic | N/A |

Appendix B

Access Plus Network

| Provider/Facility Type Available | County Name |
|---|---|
| General Dentistry | Berkeley, Cabell, Fayette, Hardy, Kanawha, Lincoln, Logan, Marion, Mercer, Mingo, Ohio, Pendleton, Putnam, Raleigh, Taylor, Wayne, Wood |
| Endodontist | No providers |
| Oral Surgeon | Berkley |
| Pediatric Dentistry | No providers |
| Orthodontist | No providers |
| Periodontist | No providers |
| Prosthodontic | N/A |

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