NETWORK ACCESS PLAN

Table of Contents

ABOUT YOUR PROVIDER NETWORK

Colonial Life & Accident Insurance Company and Starmount Life Insurance Company are subsidiary companies which operate under the insurance holding company Unum Group (the Company). Starmount is an independent provider of dental and vision insurance in the United States.

Network Composition

To the greatest extent attainable, the Company maintains an extensive dental and vision in-network participating provider panel in all service areas. In the same manner, the Company ensures that members can obtain services without an unreasonable delay and within proximity to an in-network participating provider, according to adequacy and accessibility standards.

> **VISION:** Our national network includes independent optometrists, ophthalmologists, optical locations and retail stores like Walmart Vision Center, America's Best Contacts & Eyeglasses, and Target Optical.
>
> Vision services covered by our vision plans (routine exam to screen for disease and evaluate vision acuity for necessary vision correction) can be supported by optometrists and do not necessarily require the services of an ophthalmologist. When we receive a nomination for an ophthalmologist for our panel, we recruit them as an accommodation and to help prevent disruption.
>
> **DENTAL:** Our national dental network is comprised of dentists from both leased network arrangements and our own proprietary dental network to expand the network and maximize the available participating providers to our members.

Participating network providers have agreed to certain fee schedules. Members that seek services from participating network providers will generally incur less out-of-pocket costs.

Provider Directories

Search our online provider search to find a participating network provider in your area. The provider directory is available to the public online, twenty-four hours a day, seven days a week. You can contact us at (888) 400-9304 to help you locate a provider or to request a print copy of the directory at no charge to you. Our provider directories are updated at least monthly, when informed of and upon confirmation that the provider's demographic information has changed.

Provider Criteria

Our network of participating providers has been rigorously reviewed for competency and contracted to follow specified guidelines, including meeting standards of care, meeting rules and regulations of their jurisdiction, and complying with HIPAA.

Providers are welcome to join our network if they agree to the participation terms in the contract and meet our provider credentialing standards. We do not close our network to new providers. Each provider in our network must meet credentialing standards prior to network participation and maintain those same standards for continued participation. The credentialing process helps ensure each provider possesses the professional credentials, including licensing, experience, and training, to provide you with quality care. Providers who are approved will be added to the Provider Directory in a consistent manner with information obtained during the credentialing process during the next scheduled directory update.

Network Monitoring and Maintenance

The number of members and providers are tracked throughout the year. We use enrollment data to generate Geographic Access reports regularly and review the reports to determine areas that may need additional providers.

When service areas are identified where there are members without access to a participating provider within the applicable access standard, we determine the reason that covered services are not available through the existing provider network. For example, covered services are not available through the existing provider network due to a lack of providers in the noted areas or, in areas with a provider presence, the local providers were not amenable to contracting with the network. In those areas where there is no established reason for the lack of access, a network development campaign is initiated with the intent of achieving the required access.

In addition, either during the evaluation period by a potential client or implementation of a new client program, upon request we will provide reports to determine network access. The types of reports available include:

- Geographic Access reports and maps using the client's zip code listing of its enrollment data.
- Disruption report using the client's previous claims activity.
- Provider Directory for any requested geographical area(s).

The adequacy of our network to provide services to the client's members is assessed and opportunities, to the extent appropriate, for supplementation of the network are identified. When such areas are identified, we initiate a network development campaign to secure the participation of the providers deemed necessary.

We have dedicated Network Recruiters who focus on building our network in assigned geographical areas. When a network development campaign is initiated due to an inadequacy, they start by researching the area to determine if there are any non-participating providers in the area. The Network Recruiter will start recruiting non-participating providers in the area and invite them to join our network. The recruiting process includes building a relationship with the prospective provider, informing them about our business, and answering all questions. The recruiting process typically takes months and will be conducted by phone, email or mail, depending on the provider's preference. If a provider is interested in joining our network, the Network Recruiter will negotiate the terms of the agreement. Once an agreement is signed, the credentialing process will begin to determine if they meet our criteria for participation.

This process will repeat until the area of inadequacy has been addressed and has sufficient coverage for our members, unless there are no providers available in the area to contract. All network development campaigns are prioritized based on the needs of current and potential membership.

We actively work with clients and providers to address issues pertaining to accessibility to services and appointment wait times for both new and established patients.

Individual providers are also contacted on an ad hoc basis to request network participation when requested by future or current members.

Network Adequacy and Accessibility Standards

Because we do business across many different jurisdictions and because state and/or federal regulations generally require network accessibility standards specific to a certain jurisdiction and/or line of business, we do not have a single set of network accessibility standards. Rather, we adopt the accessibility standards applicable to each of the jurisdictions and lines of business and recruit providers to meet the accessibility needs of our members. Telehealth is not included when evaluating network access.

USING YOUR BENEFITS

Referrals & Authorizations

Members may seek covered services from an in-network or out-of-network provider, including specialists, without pre-authorization or referral. Members can change providers at any time without contacting us.

General Plan for Providing Services

Members have the option to use participating providers that offer services according to their contracted fee schedule. Members are also allowed the opportunity to use any out-of-network provider at all times.

If a member is unable to obtain reasonable access (delay or travel) to a participating provider with the professional training and expertise to provide treatment or health care services for the member's condition or disease, the member should contact us at (888) 400-9304 to seek instructions regarding a visit to an out-of-network provider due to limited network access.

Covered Procedures

Each named subscriber is issued a Certificate of Coverage or Policy, which includes a Schedule of Benefits for their selected plan. The certificate outlines the benefits covered under your plan, how to use your benefits, and your rights and responsibilities under the plan. Once enrolled, subscribers can visit the member portal, [web address], to access the Certificate of Coverage/Policy and Schedule of Benefits/Schedule of Covered Procedures. If your coverage is through your employer, your employer may have your certificate available. You can also call us for a copy of your certificate and benefit summary.

All members may register for online access to the member portal, an online tool designed to assist you with locating providers, printing ID cards, printing benefit summaries, checking claim status, contacting a Dental/Vision Benefit Advisor for questions about your benefits, managing claim privacy and accessing certain forms.

Emergency & Urgent Care

Dental: The primary objective is to moderate or treat the condition that is causing the Emergency, severe pain management, and prevention/elimination of infection. Details on Covered services are provided in the Certificate of Coverage or Policy. In cases of an Emergency, it is recommended that you make an appointment to see your provider, call 911, or go to the Emergency room as soon as possible.

Neither pre-authorizations or pre-treatment estimates are required. Only the benefit determinations are affected by pre-treatment estimates. The ultimate decision regarding treatment is made by the provider and the patient.

Vision: Our vision plans do not cover emergency or urgent services, only routine well-vision examination. Please consult your medical carrier for benefit information regarding emergency and urgent care.

Telehealth Services

Coverage for services delivered via telehealth modalities will be at the same levels as those services provided through in-person encounters and not be limited or restricted based on the technology used or the location of either the patient or the provider as long as the health care provider is licensed in the state where the patient receives service.

QUALITY ASSURANCE

The purpose of our Quality Assurance program is designed to help ensure the arrangement for the delivery of high-quality services and materials to all our members through their plans by having

- network access that surpasses minimum standards,
- participating providers who meet rigorous credentialing and recredentialing standards, and
- service levels that exceed industry standard parameters.

The program is evaluated for improvement opportunities, including through network monitoring, credentialing program, member satisfaction, complaints and appeals.

Tell us about your member experience by calling our Contact Center at (888) 400-9304.

GRIEVANCE & APPEALS

If a member has a grievance or would like to appeal a claim, they may submit it to us verbally or in writing. We have policies and procedures in place to resolve it in a timely manner based on urgency and state regulatory requirements. It is imperative all requested information (such as x-rays and patient records) is submitted as soon as possible. Failure to submit complete information may impact our ability to meet deadlines and could negatively affect the final conclusion. All grievances and appeals are properly documented, and our responses will be provided and communicated to the member as required by federal and state law.

To initiate a grievance or appeal, please:

- Contact us at (888) 400-9304; or
- Submit in writing with the reason for the grievance/appeal and sufficient information to identify the member to: Grievance Coordinator, P.O. Drawer 98100, Baton Rouge, LA 70898-9100

Grievance and appeal information is also on our website, in the Certificate of Coverage or Policy, and on the Explanation of Benefits (EOB) members receive after claims are processed.

CONTINUITY OF CARE

Our members who are in an active course of treatment may be eligible to transition to a participating provider in a manner that provides for continuity of care when their provider leaves or is removed from the network. Providers who no longer participate on the network will be removed from the directory at the next scheduled update.

To request continuity of care, or request a copy of our policy, please:

- Contact us at (888) 400-9304; or
- Write to us at P.O. Drawer 98100, Baton Rouge, LA 70898-9100.

MEMBERS WITH SPECIAL NEEDS

We are committed to providing all members equal access to services, including members with physical and visual disabilities or cultural differences. We also strive to lead by example and provide websites that are accessible to all audiences, regardless of technology or ability.

Our providers are required to comply with all local, state and federal laws and regulations that relate to the provisions of dental or vision care services, including applicable requirements of laws prohibiting discrimination based on disabilities, including the Americans With Disabilities Act.

It is our policy to plan as necessary to accommodate those members who have special needs to ensure that they have equal access to administrative and clinical services on the same basis as do members who do not have special needs.

Non-English Speaking

We offer interpreter services for non-English speaking members. Our service interprets over 180 languages and dialects. If language assistance is required, please call us at (888) 400-9304 to be connected to an interpreter.

In the event of a call to our Contact Center from a Non-English speaking caller, our Benefit Advisors will initiate a conference call to the interpreter service and either requests assistance with the language needed, if the Benefit Advisor has been able to determine the language, or assistance with determining the language needed, if the Benefit Advisor has been unable to determine this.

Hearing Impairment

We utilize a TTY line for communication with individuals who are hearing-impaired. Members may initiate a call through the TTY by calling a toll-free number or, in the event a call is received from a hearing-impaired individual by our Contact Center, the Benefit Advisor initiates a call to the TTY Service.

Minors and Mental, Physical, And Visual Disabilities

Accordingly, to the extent a minor member requires special accommodation, or an adult member requires special accommodation based upon a mental, physical or visual disability and such accommodation is not normally available within a participating provider’s office, we will make the necessary arrangements to ensure equal access to care. Due to varying individual needs, the nature of such arrangements is determined on a case-by-case basis pursuant to the special need identified.

Such arrangements may include allowing a member to receive services from a non- participating provider as appropriate to the situation and within the benefits provided in the Policy or Certificate of Coverage.

We will assist the coordination of care for members who are minors and require the involvement of a parent, guardian or other individual in making decisions concerning the minor's care. We also assist in the coordination of care for adult members who have instructed their provider by means of an advance directive for the provision or withholding of dental or vision care or the designation of another individual to make treatment decisions on the member's behalf, if the member is or becomes unable to make their own decisions.

Other Special Needs

While the specific circumstances referenced above represent a majority of special needs that we have experienced, we recognize that members face many special needs, many of which cannot be foreseen and planned for. As we, our clients, and our participating providers identify members with special needs not previously addressed in this procedure, we will make such arrangements as are necessary to provide equal access to administrative and vision/dental care services as are provided to members who do not have special needs. Due to varying individual needs, the nature of such arrangements is determined on a case-by-case basis pursuant to the special need identified. Such arrangements may include allowing a member to receive services from a non-participating provider, as appropriate to the situation and within the benefits provided by the Policy or Certificate of Coverage.

Non-Discrimination

All of our Dental/Vision Benefit Advisors are trained with regard to the procedures for facilitating calls as referenced above so that these calls are handled professionally and efficiently. Our Benefit Advisors are also trained to process all calls with regard to special needs members in a professional and courteous manner and to treat all special needs members with the same level of professionalism, respect and courtesy as is afforded to members who do not have special needs including those with diverse cultural and ethnic backgrounds.

Our Benefit Advisors are further trained that no member with special needs is to be denied access to information or vision/dental care services. In the event a Benefit Advisor is uncertain how to handle a certain request for special needs services, our staff is trained to bring the matter to the attention of the Contact Center supervisor or director for further assistance in addressing the special need.

Confidentiality

Our employees are trained to execute all duties, including those related to members with special needs, with the utmost regard given to protecting the confidentiality of any protected health information which comes to the staff member's attention in the process of executing their duties. The process followed for ensuring access to administrative and clinical services for members with special needs follows our Privacy Policies, which comply with HIPAA requirements and Appeal Procedures.

LANGUAGE NOTICE

We offer interpreter service for non-English speaking members. Our service interprets over 180 languages and dialects. If you require language assistance, please contact us at (888) 400-9304 to be connected to an interpreter.

CHINESE: 我译向非英译会译提供口译服译。 译译服译涵盖 180 种译言和方言的口译。如果您需要译言方面的帮 助， 译译打 (888) 400-9304 译系我译的客服部译，以与一位口译译译行译译通译

SPANISH: Ofrecemos servicios de intérpretes para los miembros que no hablan inglés. Nuestro servicio interpreta más de 180 idiomas y dialectos. Si usted requiere asistencia lingüística, por favor contacte nuestro departamento de servicios de atención al cliente al (888) 400-9304 para ponerse en contacto con un intérprete.

VIETNAMESE: Chúng tôi cung cấp dịch vụ thông dịch cho các thành viên không nói tiếng Anh. Dịch vụ của chúng tôi thông dịch hơn 180 ngôn ngữ và thổ ngữ. Nếu quý vị cần hỗ trợ về ngôn ngữ, vui lòng liên hệ với bộ phận dịch vụ khách hàng của chúng tôi theo số (888) 400-9304 để được kết nối với một thông dịch viên.

KOREAN: 본사는 영어를 모국어로 하지 않는 회원님들께 통역 서비스를 제공합니다. 180개 이상의 언어 및 방언에 대한 통역 서비스를 이용하실 수 있습니다. 언어 지원이 필요하시다면, 고객 서비스 (888) 400-9304로 연락하시면 해당 통역사에게 연결해드립니다.

RUSSIAN: Мы готовы предложить услуги переводчиков участникам, которые не говорят на английском языке. Выполняем переводы с и на более 180 языков и диалектов. Если вам нужна помощь переводчика, свяжитесь с ним, позвонив в наш отдел обслуживания клиентов по номеру: (888) 400-9304.

TAGALOG: To obtain assistance in Tagalog, call (888) 400-9304. Kung kailangan ninyo ng tulong sa Tagalog, tumawag sa (888) 400-9304.

The policies included in this document are applicable in all states. State specific policies are available when the state's requirements are stricter than what is included in this policy. Contact us at (888) 400-9304 to request a policy for a specific state.