CIGNA DENTAL
COLORADO WRITTEN ACCESS PLAN

Table of Contents

I. Introduction 2
II. Standards for network composition: 2
A. Primary Care Providers 2
Teledentistry 3
Corrective Actions: 3
B. Specialty Care Providers 3
C. Network Adequacy Issue 3
III. Network Criteria 4
IV. Specialty Referral policy: 4
A. Comprehensive Listing of Participating Providers 5
B. Restricted Referral Options 5
C. Timely Referrals for Access to Specialty Care 5
D. Expedited Referrals Process 5
E. Retrospective Denial of Specialty Referrals 5
V. Ongoing monitoring: 6
VI. Needs of special populations: 6
A. Telephone Calls 6
B. Marketing and Advertising Materials 6
C. Customers with Physical Disabilities 6
VII. Health needs assessment: 7
VIII. Communication with customers: 7
A. Grievance Procedures 8
B. Extent to which Specialty Services are Available 8
C. Process for Choosing and Changing Providers 8
D. Process for Providing and Approving Emergency Care 8
IX. Coordination activities: 8
X. Continuity of care: 9
A. Provider Contract Termination 9
B. Plan Insolvency or Other Inability to Continue Operations 9
XI. Quality Assurance Standards 9
XII. Methods for Tracking and Assessing Clinical Outcomes from Network Services 10
XIII. Methods for Evaluating Consumer Satisfaction with Services Provided 10

I. Introduction

Cigna Health and Life Insurance Company, on behalf of itself and its affiliates, Connecticut General Life Insurance Company and Cigna Dental Health, Inc. and its operating subsidiaries ("Cigna Dental"), hereby establishes a written Access Plan for its Colorado preferred provider network servicing its customers in Colorado ("Network"). The Access Plan contains information regarding the accessibility and availability of the Cigna Dental network of participating Health Care Professionals for Colorado, as well as information on the quality of type of services available to Cigna Dental plan customers. Except for any information specified as confidential, information contained in this Access Plan shall be available for inspection at Cigna Dental's administrative offices located in Sunrise, Florida, and shall be made available to any interested party upon request. When requested, the Access Plan will be provided within five (5) business days of request. This Access Plan is also available online at https://www.cigna.com/individuals-families/plans-services/state-policy-disclosures Health Insurance Plan Exclusions and Limitations & State Specific Information and Access Plan. Any material change to this Access Plan will be filed with the Colorado Division of Insurance within fifteen (15) business days. For more information, please contact the Cigna Dental Quality Compliance Manager, George Mendonca, at 571-539-5636 or write to: P.O. Box 29030 Phoenix, AZ 85038 c/o George Mendonca.

II. Standards for network composition:

A. Primary Care Providers

Through its Network Management Department and Quality Management programs, Cigna Dental maintains and monitors its Colorado provider network to ensure that customers have access to a sufficient number of independent licensed Network General Dentists in their area. Cigna Dental's standard with respect to customer accessibility to Network General Dentists is 2 participating dentists within 10 miles of each zip code. This standard may be modified based on local geographic conditions, such as dentist and consumer population in the area. The target of general dentists within the Metropolitan Statistical Area (MSA) may be geographically distributed differently depending upon the density of population. As a standard, we would target dentists within 5 miles in urban areas, 15 miles in suburban areas, and 25 miles in rural areas.

The Colorado provider network is monitored on a regular basis to determine if additional dentists 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 standard with respect to appointment wait time for initial and routine dental care services is four (4) weeks. Network General Dentists are contractually required to provide dental services to Cigna Dental customers on the same basis as they do

their other patients, regardless of customers' dental health. Cigna Dental surveys a statistically valid sample of dental offices on an annual basis 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.

1. 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 Colorado state laws, regulations, and / or licensure requirements, including direct and / or indirect supervision requirements.

2. Corrective Actions:

- 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.

B. 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.

Customers are not required to obtain a referral in order to receive specialty care however customers are free to discuss treatment options with their Network General Dentist.

The specialist network is monitored on a regular basis to determine if additional specialist dentists 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.

C. Network Adequacy Issue

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

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

Network adequacy issues for DPPO customers 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 claim will be adjusted to ensure that the customer's in-network benefit level is applied to all covered services. The customer's portion of the coinsurance will be based off of the Maximum Reimbursable Charge (MRC) for the area to ensure that their out of pocket will be no more than if they had been treated by an in-network dentist. Cigna Dental will then pay the difference between the dentist's submitted charges and the customer's calculated coinsurance for all covered services. Cigna Dental standard utilization review will apply in making coverage determinations.

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.

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 Referral policy:

Cigna Dental contracts with Network General Dentists who are licensed in Colorado to provide a 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. We have contracted with endodontists, periodontists, oral surgeons, pediatric dentists and orthodontists to provide necessary specialty services to customers at negotiated fees.

For this Cigna Dental Network, no referral is necessary to see a Network Specialist

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 Network Directory ("Dental Directory") through Cigna Dental's website, www.cigna.com or www.mycigna.com. The online Dental Directory is updated weekly. Customers may search by location, dentist name and/or language(s) spoken. In addition, the customer can receive a Cigna Dental 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 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-Cigna24 to request an updated Dental Directory or to obtain further information on their Cigna Dental benefits.

B. Restricted Referral Options

No referral is required to see a Network Specialist.

C. Timely Referrals for Access to Specialty Care

No referral is required to see a Network Specialist.

D. Expedited Referrals Process

No referral is required to see a Network Specialist.

E. Retrospective Denial of Specialty Referrals

No referral is required to see a Network Specialist

V. Ongoing monitoring:

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 Colorado 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.

VI. Needs of special populations:

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, and with physical or mental disabilities. The following describes Cigna Dental's efforts:

A. Telephone Calls

Cigna Dental's Customer Services and Claims Departments staff includes bilingual 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.

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 Spanish and other languages as appropriate or required. Customers have the ability to view the myCigna.com website in Spanish.

C. Customers with Physical Disabilities

For the hearing impaired, the Cigna Dental Certificate of Coverage 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.

VII. Health needs assessment:

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

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.

Claim 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.

VIII. Communication with customers:

A. Grievance Procedures

Cigna Dental's grievance and appeals process is compliant with Colorado State and Federal law and is outlined in the customer Certificate of Coverage which every customer receives upon enrolling in the plan. Customers may submit grievances and appeals related, but not limited to, quality of care concerns, quality of service issues, and claim coverage disputes.

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, 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 Specialty Services are Available

Cigna Dental offers a variety of dental benefit plans from which clients may choose. The extent to which specialty services are covered depends upon the type of dental benefit plan chosen. Specialty care is outlined in full detail in the customer Certificate of Coverage.

C. Process for Choosing and Changing Providers

Dentists are not assigned and customers are able to visit any Dentist in the Dental Network without the need for a referral.

D. Process for Providing and Approving Emergency Care

Cigna Dental's process for providing and approving emergency care is outlined in the customer's Certificate of Coverage. Members may seek care from any dentist and no prior authorization is required for obtaining emergency services.

All Dentists' contracts require 24 hour telephone access and the scheduling of emergency appointments within 24 hours. Callers who contact Cigna Dental are instructed to seek assistance from any licensed dentist.

IX. Coordination activities:

The Cigna Dental Standard Extension of Benefits Provision provides benefits for multiple appointment procedures when a patient's coverage terminates. Specific services that fall under the Extension of Benefits Provision are: inlays, onlays, crown and bridgework, full and partial dentures, and root canal therapy. These services are rendered in two stages. If the services were started prior to termination and rendered with the 90 days the service would be paid

X. Continuity of care:

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.

Cigna Dental will make a good faith effort to provide written notice of termination of a discontinued provider within fifteen (15) working 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 12 months) by the provider or that receive primary care from the provider whose contract is being discontinued.

As Dentists are not assigned, customers are encouraged to check the status of a Dentist before receiving care.

B. Plan Insolvency or Other Inability to Continue Operations

Cigna Dental is a well-established, national provider of life and health insurance products. In the unlikely event that Cigna Dental should ever become insolvent or otherwise be unable to continue operations, it would ensure, through its affiliates, that policy holders and customers received uninterrupted dental benefit coverage through the end of the policy holder's contract period, until such time as Cigna Dental could restore its financial condition. Cigna Dental would ensure that groups and customers received advanced written notice of any anticipated change to Cigna Dental's business operations.

The provider contracts include limitations on billing participants. As required by Colorado law, every contract between Cigna and a participating provider sets forth that the obligation to hold the patient harmless for services rendered in the provider's capacity as a participating provider survives the termination of the provider contract.

XI. Quality Assurance Standards

As outlined above, 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. This Cigna Dental Quality Management Program description is publicly available online alongside this Access Plan at https://www.cigna.com/legal/compliance/disclosures under Federal and State-Specific Notices and Disclosures and Colorado.

XII. 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.

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