Beam Insurance Administrators LLC
Preferred Provider Organization (PPO)
CT Network Access Plan: Beam Dental Network

PPO Network Access Plan Overview:

Beam Insurance Administrators LLC ("Beam") is a licensed third-party administrator, administering dental policies underwritten by Nationwide Life Insurance Company, National Guardian Life Insurance Company and Hartford Life and Accident Insurance Company. Beam utilizes a leased network arrangement with DenteMax Plus (DenteMax), Connection Dental, Maverest, Dental Benefit Providers (DBP), and Careington. The combination of available providers from Beam's leased networks are made available to enrollees via the Beam Dental Network thus maximizing the available participating providers to our insured members.

The following types of dental providers are represented in the Beam Dental Network: General Dentists, Endodontists, Pedodontists, Periodontists, Prosthodontists, Oral Surgeons, and Orthodontists.

To search for a provider or to report a provider inaccuracy, visit:
https://app.beambenefits.com/dentists

General Plan for Providing Dental Care Services:

Each insured member has the option to use in-network (participating) providers that offer services according to their contracted fee schedule. Insureds are also allowed to use any out-of-network (non-participating) provider at all times, though individuals who seek services from in-network providers generally incur less out-of-pocket costs. Insureds may seek covered services from an in-network or out-of-network provider without a pre-authorization or referral, though we do strongly recommend that all providers submit a treatment plan or pre-estimate of benefits when the charge is expected to exceed $300.

Frequent analysis of network adequacy is conducted to ensure proper network coverage for insureds. However, if an insured is unable to obtain services from an in-network provider due to network inadequacy in their area, the insured should contact Customer

Service at the number listed on their identification (ID) card to get instructions regarding a visit to an out-of-network provider.

Coordination and Continuity of Care:

Provider service agreements require a provider to continue services upon their removal from the network for a period of 30 days following their termination, except when termination is initiated by the network due to adverse action against the provider license, the provider's failure to maintain insurance, or if the network determines danger to insured members due to causes of health or safety. Additionally, provider contracts stipulate that a provider may only collect applicable copayments, deductibles, or fees for non-covered procedures from members. Further, Provider contracts require all providers to assist in the transfer of dental records to ensure continuity of care.

Members in an active course of treatment at the time a provider is removed from the network have the freedom to select a new treating provider of their choice. Members also have the freedom to change providers at any time. In the event a provider is terminated from the Beam Dental Network and when an insured has not already selected a new treating provider, Insured Members will receive assistance to select a new treating provider through the use of Beam's provider directory tools based on their geographical area. Continuity of care questions and assistance with new provider selection is also available through Beam's Customer Service Team by phone at 800-648-1179, by email at support@beambenefits.com, or by mail at PO Box 75372, Cincinnati, OH 45275.

Emergency Services:

Beam does not require members to undergo special protocols when seeking emergency or urgent care. If an insured member must receive emergency treatment and an in-network provider is not available to immediately treat the condition and an out-of-network provider is available to do the emergency treatment, Beam will pay benefits as if the emergency treatment is provided by an in-network provider. Please see the Certificate of Coverage for additional information and applicable limitations.

Provider Credentialing/Recredentialing:

Beam's leased network partners are responsible for and comply with the following credentialing/recredentialing requirements:

DenteMax, Connection Dental, and Maverest

All dentists seeking participation with DenteMax shall meet established Policy requirements.

1. Credential each new provider prior to that provider being added to the network.
2. Re-credential existing network providers at least every thirty-six months.
3. Engage in ongoing monitoring activities as it relates to licensure of, and sanctions against, existing network providers.
4. Ensure that each office used by a network provider to render services to a DenteMax member meets a certain set of requirements and standards prior to being added to the network.

Provider Requirement - Dentists must meet the following requirements to be admitted to and remain in the network:

A. Possess an active, current, valid license in the state(s) where the dentist will render services to DenteMax members.
B. Be a graduate of an accredited dental school or school recognized by the state board where the dentist is licensed.
C. Obtain and maintain appropriate malpractice coverage as required by the state(s) in which the dentist is licensed to practice but never to be less than $200,000 per claim / $600,000 in aggregate for general dentists and all specialists except Oral Surgeons who must maintain minimum coverage of $1,000,000 per claim / $3,000,000 in aggregate.
D. Not have any current federal Medicaid or Medicare sanctions or appear on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals List (SDN). When a provider is identified as a potential match, in the absence of information necessary to verify the provider is not the individual on the list, the provider will be denied admission or continued participation with the right to appeal the decision.
E. Maintain an active, current, valid Drug Enforcement Agency (DEA) certificate. a. DEA- eligible dentists who do not prescribe medications may be accepted if during the initial credentialing process, the dentist provides written explanation detailing why they do not prescribe medications and how they accommodate

patients who need prescriptions for medications requiring DEA certification.

DBP and Careington

The Credentialing Department ensures that all providers participating in the network are properly credentialed prior to participation.

Recredentialing must be conducted no later than three years from the original credentialing date, and at least every three years thereafter, according to State, Federal and contractual requirements.

Initial Credentialing includes detailed review to determine that:

A. A provider's education (Student Clearing House) and experience are adequate and appropriate for the services he or she provides;
B. A provider's license(s) are appropriate and up to date;
C. The provider maintains adequate malpractice insurance;
D. The provider is in good standing with the State Dental Board and Medicare/ Medicaid programs with no substantive complaints, probation or sanctions filed against him or her; and
E. Initial Site Visit review score, if applicable, falls within Quality Management standards.

Recredentialing must be conducted no later than three years from the original credentialing date, and at least every three years thereafter, according to State, Federal and contractual requirements.

A. Current valid dental license; and
B. Current valid DEA certificate (only for those applicable states); and
C. Current valid Controlled Dangerous Substance number (only for those applicable states); and
D. Board Certification (if applicable); and
E. Current professional malpractice insurance (only for those applicable states); and
F. Clinical privileges in good standing at a primary admitting facility (if applicable).

Provider Accessibility and Availability:

Beam maintains an online provider directory that is accessible to all insured members, 24/7/365. The directory can be accessed via https://dentists.beambenefits.com. Beam's directory provides members with geo-mapping tools for accessibility assistance along with specialty and provider language information to assist members with provider selection. In addition, insureds may request a printed copy of a provider directory by calling (800) 648-1179 or emailing support@beambenefits.com.

Network Adequacy

Beam operates in many jurisdictions across the United States and recognizes varying state and federal regulatory requirements pertaining to network adequacy and accessibility standards. As such, Beam conforms its standards to align with the applicable guidelines for the jurisdiction in reference at the state and federal level.

In the absence of state and federal adequacy standards, Beam defaults its standard below (which mirrors those of CMS). Ninety percent (90%) of members will have minimum access as follows:

	Large County	Metro County	Micro County	Rural County	Counties with Extreme Access Considerations
Minutes	30	45	80	90	125
Miles	15	30	60	75	110

In an effort to continually expand the availability of providers to insured members, Beam's leased network partners continually conduct network recruitment and accept all dental providers who pass through the applicable Network's credentialing processes.

Connecticut Network Adequacy Exception (Benefit paid INN when ONN)

In an effort to provide CT members with access to affordable coverage, exceptions will be granted for CT members who are unable to locate an in-network dental provider within a reasonable distance from their home or work, or one with a reasonable appointment wait time (as defined below), or one accepting new members, allowing their visit to be paid as in network. This exception allows the dental provider to be covered at an in-network level of cost share. The stipulations around this exception are as follows:

The covered person must request that the covered benefit from a non-participating provider be paid as in-network within 120 days of a condition that requires care from the non-participating provider. The covered person must request a pre-treatment estimate before requesting the exception from Beam Benefits. The request must be reviewed within 5 days of receipt, and once reviewed, the covered person must be notified of the determination within 1 day.

CT Time/Distance Requirements	
County	Time/Distance Requirement
Fairfield County	30 minutes/15 miles
All other Counties	45 minutes/30 miles

CT Appointment Wait Times	
Type of Appointment	Timeframe Requirement
Urgent care	Within 48 hours
Non-Urgent appointments for general dentist	Within 10 business days

Non-Urgent appointments for specialist care	Within 15 business days

Network Monitoring

Beam regularly monitors insured access to providers throughout the year. We use member location data and feedback received directly from member interactions to identify gaps in network adequacy. When inadequate service areas are identified, Beam works with its leased network partners to determine the reason for inadequate provider coverage. These reasons are leveraged to prioritize network outreach campaigns for inadequate service areas to expand in-network providers for insured members.

As Beam enrolls new groups, at the request of the group, Beam will provide network accessibility documentation including a complete Provider Directory and Geographical Access Maps to ensure member accessibility standards will be met upon enrollment for prospective members.

Teledentistry

Beam's leased network partners include fee schedules covering teledentistry codes. Beam's current plan offerings provide coverage for placement codes (i.e. D9995 and D9996) for consultation or emergency pain type visits that can be performed in an electronic setting.

Plan Disclosures and Notices:

Each insured is issued a Certificate of Coverage, which includes a Schedule of Benefits for their selected plan. The Certificate explains the benefits for dental care services, as well as applicable terms, conditions, exclusions, and limitations.

Insureds also have access to an online portal which provides access to the following types of services: view and/or print identification (ID) cards, view benefit and claim detail, and opt-in to electronic communications.

Special Needs:

Beam is committed to providing equal access to administrative and dental care services for non-English speaking insureds and insureds with physical and mental disabilities or other special needs, and it is our policy to make arrangements upon request to accommodate those insureds.

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

Language Assistance (Non-English Speaking)

Beam offers translation services for non-English speaking insureds at no additional cost. If an insured requires translation services for benefit or dental care related inquiries, they should contact our Customer Service department at the number listed on the front of their ID card to be connected to an interpreter.

In the event of a call from a non-English speaking caller, Beam's Customer Service representative will initiate a conference call to TransPerfect, its language assistance vendor and either request assistance with the language needed, if the representative has been able to determine the language, or request assistance with determining the language needed.

For visually impaired insureds, Beam has the ability to provide insurance documents in large font and braille.

Beam's website allows insureds to search for participating providers by location and specialty, as well as to view the language(s) spoken by the provider. This feature helps insureds to feel more comfortable with the providers they select. To search for a provider or to report a provider inaccuracy, visit: https://app.beambenefits.com/dentists.

Hearing and Visual Impairment

Beam utilizes a TTY line for communication with individuals who are hearing-impaired. Insureds may initiate a call through the TTY by calling 711 or, in the event a call is received from a hearing-impaired individual on our standard Customer Service line, the Customer Service representative will initiate a call to the TTY Service.

For visually impaired insureds, Beam has the ability to provide insurance documents in large font and braille, upon request. To request these documents, contact support@beambenefits.com.

In addition to phone communication, Beam also enables its members to communicate via email and chat to meet their personal preferences and needs.

Other Special Needs

Beam is committed to assisting in the coordination of care for insureds 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 insureds who have instructed their provider by means of an advance directive for the provision or withholding of dental care or the designation of another individual to make treatment decisions on the insured's behalf, if the insured is or becomes unable to make their own decisions.

While the specific circumstances referenced above represent a majority of special needs that we have experienced, we recognize that insureds may have unforeseen needs for which they will need special accommodations. As we, our clients, and the participating providers identify insureds with special needs not addressed above, we will make arrangements as necessary to provide equal access to administrative and dental care services. 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 an insured to receive services from a non-participating provider at the in-network benefit level, as appropriate to the situation and within the benefits provided in the Certificate of Coverage.

In the unlikely event that we are unable to make arrangements that are satisfactory to the insured to address their need, we will notify the policyholder through which the insured is enrolled in order to determine the appropriate accommodation.

Non-Discrimination

Beam's Customer Service representatives are trained to handle all calls 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 insured who do not have special needs, including those with diverse cultural and ethnic backgrounds.

Representatives are further trained that no insured with special needs is to be denied access to information or dental care services on the sole basis of their special need. In the event a representative is uncertain how to handle a certain request for special needs services, the representative is trained to bring the matter to the attention of the Customer Services supervisor or manager for further assistance in addressing the special need.

Confidentiality

Beam's staff is regularly trained to handle all matters confidentially. This includes the handling of protected health information received while completing their duties. These regular trainings and Beam's processes follow our Privacy Policy and HIPAA requirements.

Complaints & Grievances:

Insureds should contract Customer Service in writing or at the number listed on the front of the ID card for benefit questions or complaints about claims payments or denials. If we deny a claim for benefit payments in whole or in part and the insured disagrees with our determination, the insured, a designated representative, or the provider have the right to file an appeal per below.

If an insured receives a written statement denying a Claim in whole or in part, they may submit a written appeal to the contact information listed on their Certificate of Coverage

that outlines their concerns and their efforts to resolve the matter. The address to submit a written appeal is:

Beam Insurance Administrators, LLC.
PO Box 75372
Cincinnati, OH 45275
(800) 648-1179
support@beambenefits.com

The appeal must be filed within 60 days of the receipt of the denial. A written decision with respect to the appeal shall be sent within 30 days after its receipt, unless special circumstances exist which require additional time, in which case a written decision with respect to the appeal will be sent as soon as possible. Beam will notify insureds in writing if additional time is needed to resolve the grievance.

If an insured is not satisfied with the appeal response for any reason, they may write to the Colorado Department of Regulatory Agencies at the address below to describe the circumstances and submit their complaint.

Colorado Department of Regulatory Agencies
1560 Broadway
Suite 850
Denver, CO 80202
(303) 894-7490 or (800) 930-3745
https://doi.colorado.gov/for-consumers/file-a-complaint

Beam works with members to intake, communicate, and address provider complaints and grievances directly with its leased network partners and will accept provider inquiries, provider complaints, and grievances directly from the member, group or provider office at 800-648-1179.