Network Composition Standards:

Renaissance Life & Health Insurance Company of America ("Renaissance") is committed to offering a robust provider network that has the maximum number of dentists available to ensure all covered services will be accessible without unreasonable delay to its subscribers and their eligible dependents (collectively "covered members"). Renaissance builds it PPO dental network by seeking to partner with leading national and regional networks to offer covered members the maximum choice of participating providers and the best value for their dental benefit plans. Renaissance currently contracts to utilize the DenteMax Plus Network, which provides access not only to DenteMax contracted providers, but also contracted providers in the following three, nationwide networks: the Maverest Dental Network (www.zelis.com/), the Careington Dental Network (www.careington.com), and the Connection Dental Network (https:gehasolutions.com Each network strives to provide a sufficient number of participating providers to its covered persons and uses software to run provider accessibility and availability mapping within a geographic region. This allows for a determination of number of providers by area of practice and geographic segment (city, county, etc.) and a corresponding visual representation of this distribution, which identifies where further targeted provider recruitment may be necessary. In addition, Renaissance's network partners entertain input from subscribers, groups, and carriers who request that certain providers be added to the network or require a targeted recruitment.

Renaissance's networks have independent criteria and processes in place to properly credential participating providers. Renaissance's network partners are required to certify their sufficiency, including time and distance standards and provider-to-enrollee ratios, by comparing the Renaissance covered membership for all areas to the participating provider's location and specialty. Additionally, Renaissance does annually review our network partner's provider credentialing and re-credentialing policies and procedures to make sure our network is in compliance with state regulatory standards.

The state-wide accessibility standards for the Renaissance Dental Network are the following for both general dentists and specialists:

- Urban – 1 in 15 miles
- Suburban – 1 in 30 miles
- Rural – 1 in 45 miles

The state-wide availability standards for the Renaissance Dental Network are the following (dentists: members):

- General Dentists 1:2,000 covered members
- Specialists 1:6,000 covered members

The standards above ensure a sufficient number and type of dentists are available to covered persons and all services will be accessible without unreasonable delay. Renaissance's network

partners conduct continual network recruitment and accept all dental providers who pass the rigors of the credentialing process. In the event covered membership increases in a certain area, Renaissance shall request its network partners conduct a targeted recruitment to provide its members with adequate access to care.

Renaissance periodically runs reports (described in the Ongoing Monitoring Process below) to identify the number of participating providers within a state, as well as comparing its networks against other networks in each geographic area. Review and analysis of these reports assists Renaissance with determining further recruitment needs. Additionally, several states have their own annual regulatory filings, certifying network composition and adequacy, and Renaissance files these in a timely manner as required. If at any time a covered person finds any provider information to be inaccurate, the covered person can email Renaissance at providerrelations@renaissancefamily.com. This information is located on our website at https://www.myrenproviders.com/provider-search/home.

The provider specialty and facility types available within the network, by West Virginia county are as follows:

Provider/Facility Type Available	**County Name**
General Practitioner	BARBOUR
General Practitioner, Endodontist, Periodontist, Oral Surgeon, Orthodontist, Other	BERKELEY
General Practitioner	BOONE
General Practitioner	BRAXTON
General Practitioner, Orthodontist	BROOKE
General Practitioner, Endodontist, Periodontist, Oral Surgeon, Orthodontist	CABELL
General Practitioner, Endodontist	CALHOUN
General Practitioner	CLAY
General Practitioner	DODDRIDGE
General Practitioner, Orthodontist	FAYETTE
General Practitioner, Oral Surgeon	GILMER
General Practitioner	GRANT
General Practitioner, Pediatric, Endodontist, Orthodontist	GREENBRIER
General Practitioner, Orthodontist	HAMPSHIRE
General Practitioner, Periodontist, Oral Surgeon, Orthodontist	HANCOCK
General Practitioner	HARDY
General Practitioner, Pediatric, Endodontist, Oral Surgeon, Orthodontist	HARRISON
General Practitioner, Oral Surgeon, Orthodontist, other.	JACKSON
General Practitioner, Orthodontist	JEFFERSON

General Practitioner, Pediatric, Endodontist, Periodontist, Oral Surgeon, Orthodontist, Other.	KANAWHA
General Practitioner	LEWIS
General Practitioner	LINCOLN
General Practitioner, Orthodontist	LOGAN
General Practitioner, Oral Surgeon, Orthodontist	MARION
General Practitioner, Oral Surgeon, Orthodontist	MARSHALL

General Practitioner	MASON
General Practitioner	MCDOWELL
General Practitioner, Pediatric, Oral Surgeon, Orthodontist	MERCER
General Practitioner	MINERAL
General Practitioner	MINGO
General Practitioner, Pediatric, Endodontist, Periodontist, Oral Surgeon, Orthodontist, Other.	MONONGALIA
General Practitioner, Orthodontist	MONROE
General Practitioner	MORGAN
General Practitioner, Oral Surgeon, Orthodontist	NICHOLAS
General Practitioner, Pediatric, Endodontist, Periodontist, Oral Surgeon, Orthodontist, Other.	OHIO
General Practitioner	PENDLETON
General Practitioner	PLEASANTS
General Practitioner	POCAHONTAS
General Practitioner, Oral Surgeon, Orthodontist	PRESTON
General Practitioner, Pediatric, Endodontist, Periodontist, Oral Surgeon, Orthodontist	PUTNAM
General Practitioner, Pediatric, Endodontist, Oral Surgeon, Orthodontist	RALEIGH
General Practitioner, Oral Surgeon, Orthodontist	RANDOLPH
General Practitioner	RITCHIE
General Practitioner	ROANE
General Practitioner	SUMMERS
General Practitioner	TAYLOR
General Practitioner	TUCKER
General Practitioner	TYLER

General Practitioner, Oral Surgeon, Orthodontist	UPSHUR
General Practitioner, Pediatric, Orthodontist	WAYNE
General Practitioner,	WEBSTER
General Practitioner, Orthodontist	WETZEL
General Practitioner	WIRT
General Practitioner, Endodontist, Periodontist, Oral Surgeon, Orthodontist	WOOD
General Practitioner, Oral Surgeon, Orthodontist	WYOMING

Ongoing Monitoring Process:

As mentioned above, Renaissance's network partners are required to certify their sufficiency, including time and distance standards and provider-to-enrollee ratios, by comparing the Renaissance covered membership for all areas to the participating provider's location and specialty. Each network partner is expected to take into consideration any change in population for a given area. If there is a significant change in membership for a given area, a targeted recruitment will take place there.

Network recruitment is perpetual and dentists are only involuntarily terminated for cause (i.e., inability to maintain a license, disbarment from governmental program, numerous quality complaints, patterns of fraudulent activity, etc.), provided they pass the credentialing or recredentialing process. Software programs are used to generate reports continuously to confirm network adequacy.

Corrective Action

Renaissance periodically runs reports (described in Ongoing Monitoring Process) to identify the number of participating providers within a state, as well as comparing its networks against other networks in a given geographic area. Review and analysis of these reports assists Renaissance with determining further recruitment needs. Additionally, several states have their own annual regulatory filings, certifying network composition and adequacy, and Renaissance files these in a timely manner as required.

If our network is ever found to be inadequate Renaissance will promptly work with our network partners to get back into compliance with the laws and regulations of West Virginia.

In the event that insufficient network adequacy is identified including the lack of Essential Community Providers or Indian Health Care Providers, action will be taken to try to improve provider participation in the identified area.

Use of Telehealth

Where medically appropriate, Renaissance provides coverage for dental services provided by means of telehealth. If a service is covered when provided in-person, it will be covered when performed via telehealth, to the extent medically appropriate. Telehealth services may be covered when provided by either participating or non-participating providers.

Choosing a Dentist and Referrals

Renaissance does not require covered persons to select a primary dentist nor do they require referrals. Covered persons may visit any dental provider they choose, and at any time have the authority to change providers. Covered persons are able to access their provider options on our website, https://www.myrenproviders.com/provider-search/home and easily search for a full listing of providers in their area. Upon enrollment, each subscriber will receive a policy or certificate which informs the subscriber to go to our website to find a provider in the area, or call our toll free number at 1-888-791-5995 and our Customer Service Department can assist.

Plan for Addressing the Needs of Special Populations:

When a covered person calls the Renaissance customer service number, the covered person immediately has the option to have the call transferred to a customer service representative who will immediately contact a contracted translator to help answer any questions or concerns posed by the covered person. Renaissance has established a Language Assistance Program in order to make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided Auxiliary aids and services or language assistance services.

Auxiliary aids and services include, but are not limited to, the following:

- Qualified interpreters on-site or through video remote interpretation, note takers, real-time computer-aided transcription services, written materials, telephone handset amplifiers, assistive listening devices, telephones compatible with hearing aids; etc.
- Qualified readers, taped texts, audio recordings, Braille materials and displays, screen reader software, magnification software, etc.
- Qualified sign language interpreter, large print materials, Text telephone (TTY), Captioning, Screen reader software, video remote interpreting services.

Language assistive services include, but are not limited to, the following:

- Oral language assistance, including interpretation in non-English languages provided in person or remotely by a qualified interpreter; or
- Written translation, performed by a qualified translator of written content in paper or electronic form

Covered persons have the option of requesting a significant document concerning benefit information in a language other than English free of charge, by contacting Renaissance Customer Service number at (888) 791-5995. Covered persons are provided a copy of their policy or certificate, which directs them how to contact and proceed for any assistance they may need. In

the event Renaissance becomes aware of certain service areas that are predominately non-English or special needs, Renaissance will contact its networks and require targeted recruitment to provide the appropriate dentists available for the given population.

Further, Renaissance offers the AT&T National Relay Service for all hearing-impaired covered persons. The 711 Relay service provides toll free telephone accessibility for people who are deaf, hard of hearing or speech impaired and is available 24 hours a day, 365 days a year. Specially trained Communication Assistants connect the call and remain on the line to assist in the conversation.

Processing Out-of-Network Claims:

If a covered person requires emergency treatment and received covered services from a non-participating provider, covered services for the emergency care rendered during the course of the emergency will be treated as if a participating provider had provided them. Also, if a covered person receives covered services that are not of the type provided by any participating provider or are not readily available from a participating provider within a reasonable period of time or driving distance, the covered services will be treated as if they had been provided by a participating provider. In such circumstances, payment for the claim shall be made at the same coinsurance percentage as the amount paid by the benefit plan for a participating provider, plus any additional amount owed to the non-participating provider based on the billed amount, to ensure the covered person doesn't pay more than they would have to a participating provider (i.e. no balance billing). Benefit plan accumulators, including any annual maximum amount shall be updated accordingly.

If a covered person feels like either of the above circumstances applies, they may contact the Customer Service Department at 1-888-791-5995 (TTY users call 711). Renaissance will review the covered person's situation and, if appropriate, authorize payment for the non-participating provider at the participating provider benefit level. A customer service representative will follow up with the covered person in a timely fashion, appropriate to the covered person's condition, to confirm whether the covered person is entitled to have their claim processed as if the covered services were provided by a participating provider.

Member Communication Methods:

Upon enrollment, each Renaissance subscriber will be issued a policy or certificate (depending on whether they have enrolled in an individual dental product or a group dental product) along with a summary of benefits. The policy or certificate will be mailed directly to the subscriber of an individual dental plan and directly to the employer for distribution for a group dental plan or, at the direction of the group, directly to the employee. The policy or certificate describes in detail the dental plan's benefits, annual maximums, co-payments, co-insurance, grievance procedures, process for choosing and changing providers, and its procedures for providing benefits in the event of an emergency situation. For example, a covered person is encouraged to seek treatment from a participating provider in order to receive the maximum dental benefits and reduce any out-of-pocket costs. However, if a covered person requires emergency treatment (or in some instances does not have access to a participating provider) and receives covered services from a non-participating provider, the covered services rendered by the non-participating provider during the

course of treatment will be treated as if they had been provided by a participating provider. The benefits of using a participating provider and a non-participating provider are illustrated in the summary document given to all subscribers.

In order to assess the dental care needs of covered persons and their satisfaction with services provided, Renaissance has a member survey accessible on its website for members to provide feedback at any time. https://surveymonkey.com/r/RenCustomerSurvey. If negative survey responses are provided, Renaissance's customer service team collaborates with applicable leadership team members to discuss the issues at hand. Members can also submit questions or concerns via the "Contact Us" section of our website, and the submission of concerns through the Contact Us section is monitored daily

Continuity of Care:

Renaissance updates, no less frequently than monthly, its websites which list the dentists participating in its network. Covered persons are free to transfer to a new provider or remain with their current provider in the event he or she no longer participates with a network partner, according to the terms and requirements of the covered persons insurance policy or certificate. Renaissance shall take reasonable steps to transition covered persons in an active course of treatment to another participating provider in a manner that facilitates continuity of care. Renaissance shall provide listings of other participating providers who are accepting new patients by way of its provider directory. Since Renaissance utilizes several third-party networks with a broad range of providers nationwide, it is not difficult for most covered persons to find another participating provider within a reasonable distance from their residence. All the network partners with which Renaissance contracts have language in their provider contracts which prohibits providers from balance billing patients under any circumstances.

If for any reason a covered person would like information regarding Grievances and Appeals, they can either review their policy or certificate or call our customer service number (888) 791-5995. The policy, certificate, explanation of benefits, and customer service number are all provided to each covered person and provide direction on how these procedures are handled.

Continuity of Care requirements are included in each of the leased network's provider agreements. Dentists shall continue to provide such dental services to those covered persons as shall be required by applicable law and at least until the completion of any episodes of care that may be underway on or as of such date of termination and dentists shall accept the then current fee(s) as payment in full for such dental services. Were Renaissance to become insolvent, we presume that all aspects of its operations, including communication to members, would be governed by the insolvency provisions of the applicable insurance code.

Provider Directory:

Renaissance updates their online provider directory every week. The online provider directory provides covered persons the ability to print the most current version of a hard copy of the provider directory. Additionally, if a covered person or prospective covered person contacts Renaissance

about obtaining a hard copy of the current provider directory, Renaissance will provide one to them within five (5) business days of the request.

The customer service phone number covered persons can call is (888) 791-5995 for individual plans and (888) 358-9484 for group plans. A covered person may also request a hard copy of the provider directory by mailing Renaissance at:

Renaissance
P.O. Box 1596
Indianapolis, IN 46206-1596

Each of our network partners have audit procedures in place to ensure that their provider directory information is correct and up-to-date. All of our provider data and information is received from our network partners. Fifty (50) total records per month are audited by comparing the hard copy error report with lists changes to provider networks status to what is in Renaissance PPO.

Appeals and Grievances:

Claims Appeal Procedure:

Renaissance will notify you or your authorized representative if we issue an adverse benefit determination after your claim is filed. An adverse benefit determination is any denial, reduction, or termination of the benefit for which you filed a claim, or a failure to provide or to make payment (in whole or in part) of the benefit you sought ("Adverse Benefit Determination"). This includes any such determination based on eligibility, application of any utilization review criteria, or a determination that the item or service for which Benefits are otherwise provided was experimental or investigational or was not medically necessary or appropriate.

If you receive notice of an Adverse Benefit Determination and you think that Renaissance incorrectly denied all or part of your claim, you or your dentist should contact Renaissance's Customer Service Department at their toll-free number, (800) 971-4108, and ask them to check the claim to make sure it was processed correctly. You may also mail your inquiry to the Customer Service Department at P.O. Box 1596, Indianapolis, Indiana 46206. When writing, please enclose a copy of your explanation of benefits and describe the problem. Be sure to include your name, your telephone number, the date, and any information you would like considered about your claim. This inquiry is not required and should not be considered a formal request for review of a denied claim. Renaissance provides this opportunity for you to describe problems and submit explanatory information that might indicate that your claim was improperly denied and allow Renaissance to correct this error quickly.

Whether or not you have asked Renaissance informally, as described above, to recheck our initial determination, you can submit your claim to a formal review through the Disputed Claims Appeal Procedure described below.

Disputed Claims Appeal Procedure:

If you receive notice of an Adverse Benefit Determination, you, or your authorized representative, should seek a review as soon as possible, but you must file your request for review within 180 days of the date that you received that Adverse Benefit Determination.
To request a formal review of your claim, send your request in writing to:

Dental Director
Renaissance Dental - RLHICA
P.O. Box 1596
Indianapolis, IN 46206

Please include your name and address, the subscriber's Member ID number, the reason you believe your claim was wrongly denied, any other information you believe supports your claim, and indicate in your letter that you are requesting a formal appeal of your claim. You have the right to review your policy or certificate, and any documents related to it. If you would like a record of your request and proof that Renaissance received it, you should mail it certified mail, return receipt requested.

The Dental Director or any person reviewing your claim will not be the same as, nor subordinate to, the person(s) who initially decided your claim. The reviewer will grant no deference to the prior decision about your claim. The reviewer will assess the information, including any additional information that you have provided, as if he or she were deciding the claim for the first time. The reviewer's decision will take into account all comments, documents, records and other information relating to your claim even if the information was not available when your claim was initially decided.

If the decision is based, in whole or in part, on a dental or medical judgment (including determinations with respect to whether a particular treatment, drug, or other item is experimental, investigational, or not medically necessary or appropriate), the reviewer will consult a dental health care professional with appropriate training and experience. The dental health care professional will not be the same individual or that person's subordinate consulted during the initial determination.

The reviewer will make a determination within 60 days of receipt of your request. If your claim is denied on review (in whole or in part), you will be notified in writing. The notice of an Adverse Benefit Determination during the Formal Claims Appeal Procedure will meet the requirements described below.

Your notice of an Adverse Benefit Determination will inform you of the specific reasons(s) for the denial, the pertinent policy or certificate provisions(s) on which the denial is based, the applicable review procedures for dental claims, including time limits and that, upon request, you are entitled to access all documents, records and other information relevant to your claim free of charge. This notice will also contain a description of any additional materials necessary to complete your claim, an explanation of why such materials are necessary, and a statement that you have a right to bring a civil action in court if you receive an Adverse Benefit Determination after your claim has been completely reviewed according to this Disputed Claims Appeal Procedure. The notice will also reference any internal rule, guideline, protocol, or similar document or criteria relied on in making the Adverse Benefit Determination and will include a statement that a copy of such rule, guideline

or protocol may be obtained upon request at no charge. If the Adverse Benefit Determination is based on a matter of medical judgment or medical necessity, the notice will also contain an explanation of the scientific or clinical judgment on which the determination was based, or a statement that a copy of the basis for the scientific or clinical judgment can be obtained upon request at no charge.

Questions regarding your policy, certificate or coverage should be directed to: Renaissance by (a) writing:

Renaissance
Attention: Customer Service
P.O. Box 1596,
Indianapolis, Indiana 46206

or (b) calling the toll-free number, 800-971-4108.

If a covered person (a) needs the assistance of a governmental agency that regulates insurance; or (b) has a complaint they are unable to resolve with Renaissance, they may also contact the West Virginia Department of Insurance, 1124 Smith Street, Charleston, West Virginia 25305.