NETWORK ACCESS PLAN

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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 insureds 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, opticals and retail stores like Walmart Optical, 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 insureds.

Participating network providers have agreed to certain fee schedules. Insureds 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.

Each provider must also meet our credentialing standards and, at a minimum, meet the NCQA standards or other similar industry acceptable organization's standards, established nationwide, as applicable to the specific type of provider and benefit plan. Providers who are approved will be added to the Directory of Participating Providers in a consistent manner with information obtained during the credentialing process during the next scheduled directory update.

Network Monitoring and Maintenance

The number of insureds 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 insureds 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:

- Geographical Access report 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 insureds 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 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 insureds.

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 insureds. Telehealth is not included when evaluating network access.

USING YOUR BENEFITS

Referrals & Authorizations

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

General Plan for Providing Services

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

If a Insured 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 Insured's condition or disease, the Insured 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 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 our contact center for a copy of your certificate and benefit summary.

All insureds may register for online access to www.AlwaysAssist.com, an online tool designed to assist the you with locating providers, printing ID cards, printing benefit summaries, checking claim status, contacting Customer Service, 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 insureds 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, insured satisfaction, complaints and appeals.

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

GRIEVANCE & APPEALS

If an insured 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 insured 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 insured 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) insureds receive after claims are processed.

CONTINUITY OF CARE

Our insureds 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, contact our Customer Service department by phone at 888-400-9304 or by mail to P.O. Drawer 98100, Baton Rouge, LA 70898-9100.

INSUREDS WITH SPECIAL NEEDS

We are committed to providing equal access to services to insureds with physical and visual disabilities as to insureds without such disabilities. 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 insureds who have special needs to ensure that they have equal access to administrative and clinical services on the same basis as do insureds who do not have special needs.

Non-English Speaking

We offer interpreter services for non-English speaking insureds. Our service interprets over 180 languages and dialects. If language assistance is required, please contact Customer Service at 888-400-9304 to be connected to an interpreter.

In the event of a call to Customer Service from a Non-English speaking caller, the representative initiates a conference call to the interpreter service and either requests assistance with the language needed, if the representative has been able to determine the language, or assistance with determining the language needed, if the representative has been unable to determine this.

Hearing Impairment

We utilize a TTY line for communication with individuals who are hearing-impaired. Insureds 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 Customer Service, the representative initiates a call to the TTY Service.

Minors and Mental, Physical, And Visual Disabilities

Accordingly, to the extent a minor insured requires special accommodation, or an adult insured 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 an insured 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 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 or vision 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.

Other Special Needs

While the specific circumstances referenced above represent a majority of special needs that we have experienced, we recognize that insureds face many special needs, many of which cannot be foreseen and planned for. As we, our clients, and our participating providers identify insureds 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 insureds 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 an insured 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 Customer Service representatives are trained with regard to the procedures for facilitating calls as referenced above so that these calls are handled professionally and efficiently. All representatives are also trained to process all calls with regard to special needs insureds in a professional and courteous manner and to treat all special needs insureds with the same level of professionalism, respect and courtesy as is afforded to insureds who do not have special needs including those with diverse cultural and ethnic backgrounds.

Our representatives are further trained that no insured with special needs is to be denied access to information or vision/dental care services. 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 insured Services supervisor or director for further assistance in addressing the special need.

Confidentiality

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

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 our Customer Service Department at (888) 400-9304 to request a policy for a specific state.