



Nationwide Life Insurance Company

Home Office: One Nationwide Plaza, Columbus, Ohio 43215

**Preferred Provider Organization (PPO)
Network Access Plan: Maximum Care Plus Network**

PPO Network Overview

Nationwide Life Insurance Company (Nationwide) utilizes a leased network arrangement with Careington for access to the **Maximum Care Plus Dental PPO Network**, thus maximizing the available participating providers to our insured members.

Website to search for, or nominate, providers:

[https://www1.careington.com/\(S\(3j2sipjmvfqwb2xfyridxxz\)\)/co/maxCarePlus/index.aspx](https://www1.careington.com/(S(3j2sipjmvfqwb2xfyridxxz))/co/maxCarePlus/index.aspx)

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 for pre-estimate of benefits when the charge is expected to exceed \$1,000.

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 the network being inadequate in their area, the insured should contact Customer Service at the number listed on the back of their identification (ID) card to get instructions regarding a visit to an out-of-network provider. The insured must request that the covered benefit from an out-of-network provider be paid as in network within 120 days of a condition that requires care from the out-of-network provider. The request will be reviewed within 5 days of receipt, and once reviewed, the insured will be notified of the determination within 1 day.

Coordination and Continuity of Care:

Participating dental providers agree that except in instances of immediate termination by Careington for reasons related to professional competency or conduct and upon expiration or termination of the Agreement, participating dental providers will continue to provide dental services to insureds and cooperate with Careington to transition insureds to other participating dental providers in a manner that ensures medically appropriate continuity of care.

Once Careington has initiated a termination or received a request to term network participation, Careington will notify Nationwide of termination. Nationwide will make a good faith effort to provide written notice, no later than thirty (30) days after receiving a notice of termination, to all insureds who are patients being treated on a regular basis (receiving treatment at least once during the previous 12 months) by the terming provider.

Emergency Services:

Participating dental providers are contractually obligated to arrange for emergency call coverage on their office phone via voice mail, answering service/machine after hours, or to arrange for on-call coverage during afterhours to accommodate emergency patients.

If an insured must receive emergency treatment from a non-participating provide because a participating provider is not available to immediately treat the condition, Nationwide will pay benefits at the in-network benefit level. Please refer to the Certificate of Coverage for additional information and applicable limitations.

Provider Credentialing:

Careington credentials all new dental providers and dental specialists licensed as DDS or DMD, and Oral Surgeons who are licensed as MD, who apply for participation in the Careington network. Careington re-credentials all current network providers every 36 months.

Credentialing and re-credentialing is performed by Careington Credentialing Specialists. All providers must meet the following criteria to gain and/or retain “in-network” (or “participating”) status.

- A. Must be a graduate of an ADA accredited dental school or equivalent.
- B. Must possess an active and unrestricted license to practice dentistry in the state in which the office(s) is/are located.
- C. Must comply with any applicable radiology requirements.
- D. Must have a current DEA certificate, if applicable.
- E. Must detail work history for the last 5 years.
- F. Must provide proof of malpractice insurance.
- G. Must detail history of malpractice claims.
- H. Complete a network provider agreement attesting to the following:
 - 1. Ability to perform the essential functions of the position.
 - 2. Physical and mental health status.
 - 3. Lack of impairment due to chemical dependency/substance abuse.
 - 4. History of loss of license and/or felony convictions.
 - 5. History of loss or limitation of privileges or disciplinary activity.
 - 6. Correctness/Completeness of the application.
- I. Authorize Careington to query the National Practitioners Data Bank (NPDB).

Provider Accessibility and Availability:

Careington uses the Quest Analytics (GeoAccess) software to run provider accessibility and availability within a geographic region. The application allows Careington to determine the number of providers by area of practice and by geographic segment, i.e. state, county, etc. With this data, Careington is able to run provider lists, maps and other visual representations of the network, upon request.

Methodology of establishing general accessibility and availability targets:

Careington uses specific experience with carriers and insured individuals using the network to target and maintain acceptable accessibility and availability of network providers for all participants accessing the provider network. With the experience Careington has developed over the many years of operating a Dental network, they have created the general standards outlined below. With the ability to track the adequacy of the network as it relates to provider locations through the aforementioned Quest software, Careington can continuously monitor and evaluate the accuracy of the standards based on feedback received from carriers and insureds.

If the standards outlined below are not being met, then additional recruiting efforts are made to satisfy the standards as quickly as possible.

General guidelines for provider quantity and geographic distribution:

Accessibility – Careington has adopted the following general accessibility standards:

Large Metro: 1 in 15 miles

Metro: 1 in 30 miles

Micro: 1 in 60 miles

Rural: 1 in 75 miles

CEAC: 1 in 110 miles

Timely Access – Careington has adopted the following general driving time targets:

While specific driving times are hard to formalize due to unknown factors such as speed limits, construction, terrain being travelled, number of stop lights/signs, traffic, etc. we have set the guidelines below as general driving time targets:

Urban: 5 to 25 minutes

Suburban: 5 to 35 minutes

Rural: 5 to 60 minutes

Availability – The following are general availability standards state-wide

(dentists:members):

General Dentists: 1:2,000

Specialists: 1:6,000

Network Accuracy:

Careington conducts a quarterly audit of 25 percent of the provider directory by calling the office to confirm the data listed on the directory is correct and update their proprietary database, as applicable.

Network Growth:

Careington conducts continual network recruitment and accepts all dental providers who pass through Careington’s credentialing process. Insureds may also nominate a provider for inclusion in the network via the website above.

Annual Assessment:

Careington performs an annual assessment of the standards set for both accessibility and availability by creating Quest reports to determine the standards are being met and implementing recruiting strategies to correct areas of deficiency. Careington’s Network Development team annually assesses if changes are needed to the standards by which they measure accessibility and availability, or to the method with which they analyze the network.

In addition to its continual national recruitment efforts, Careington prides itself on having the ability to focus its provider recruitment based on a specific client request or the need for improved accessibility and availability in a specific geographic region. The targets for special recruitment mirror the general guidelines for accessibility and availability.

Teledentistry:

Careington’s fee schedules do provide for discounts on teledentistry codes; however, teledentistry is not currently a covered benefit under the plan.

Plan Disclosures and Notices

Communication:

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 on-line 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:

Nationwide 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):

Nationwide 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 back of their ID card to be connected to an interpreter.

In the event of a call from a non-English speaking caller, the Customer Service representative will initiate a conference call to a 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.

Careington'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.

Hearing and Visual Impairment:

Nationwide utilizes 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 on our standard Customer Service line, the Customer Service representative will initiate a call to the TTY Service.

For visually impaired insureds, Nationwide has the ability to provide insurance documents in large font, Braille or reader accessible formats, upon request. Please contact our Customer Service department for any special accommodations.

Other Special Needs:

We are 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:

Nationwide and Careington Customer Services 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 insureds 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. 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 director for further assistance in addressing the special need.

Complaints & Grievances:

Insureds should contact Customer Service in writing or at the number listed on the back 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 on the back of their ID card that outlines their concerns and their efforts to resolve the matter. The appeal must be filed within 60 days of the receipt of denial. A written decision with respect to the appeal shall be sent within 60 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.

If an insured is not satisfied by the appeal response for any reason, they may write to the State Department of Insurance, describing the circumstances and their complaint.

Careington will also accept provider inquiries, provider complaints, and provider grievances directly from the member, group, or provider's office. Careington's toll-free number for member questions, information and complaints is (800) 290-0523. Complaints or grievances may involve matters concerning Careington administrative policies and procedures or concerns involving delivery or quality of care.