



COMPLAINT PROCEDURES

INFORMATION DESCRIBED IN THIS NOTICE MAY ALSO BE FOUND IN THE MEMBER'S INDIVIDUAL DENTAL POLICY OR GROUP CERTIFICATE OF COVERAGE. CAPITALIZED TERMS IN THIS NOTICE ARE DEFINED IN THOSE COVERAGE DOCUMENTS.

DELAWARE:

Step 1

Most Member issues can be resolved verbally over the telephone. If a Member has discussed a Complaint relating to dental care with a Participating Dentist and is not satisfied with the resolution (or if the Participating Dentist is not available to receive the Complaint), the Member may refer the Complaint to Customer Service by calling toll-free 888.518.5338. The Complaint will be investigated and the result of the investigation will be verbally communicated to the Member within thirty (30) working days after receipt of the Complaint.

Step 2

If the matter cannot be resolved in Step 1, a Member or dentist may submit it in writing to Grievances and Appeals, c/o Dominion National, 251 18th Street South, Suite 900, Arlington, VA 22202 or fax 703.518.4450. Grievances and Appeals will acknowledge receipt of the Appeal and/or Grievance to the Member or dentist in writing within thirty (30) days. Grievances and Appeals will then conduct a review of the Appeal and/or Grievance and initiate any correspondence necessary to resolve it.

If the matter involves significant health services, quality or ethical aspects, the matter will be referred to the Director of Provider Relations. The Director of Provider Relations will consult with parties involved and may contact members of the Quality Assurance Committee to review findings.

The Member and/or dentist will receive a final Appeal Decision and/or Grievance response in writing within sixty (60) days after the date on which the Appeal and/or Grievance is filed. All Appeals and/or Grievances should be provided to Dominion National within 180 days of the Adverse Benefit Determination or date of occurrence resulting in the Grievance. If additional time is needed to resolve the issue, the Member or dentist will be notified in writing. Appeals and Grievances will be categorized by type or subject matter and presented to the Quality Assurance Committee.

When corresponding with Dominion National regarding an Appeal and/or Grievance, Members must indicate their name, address and phone number, as well as the group number listed on their I.D. card.

Step 3

Member has the right to seek a review of a claim reduction or denial through the Delaware Insurance Department. The Delaware Insurance Department provides free informal mediation services which are in addition to, but do not replace, Member's right to a review of this decision through an external review or through the Department's arbitration program, as applicable. Member may contact the Delaware Insurance Department for information about claim denial review or mediation by calling the Consumer Services Division at 800.282.8611 or 302.674.7310.

The representative of the Plan who is responsible for the internal appeal and grievance process is: Carey Wintz, Director of Quality, Dominion National, 251 18th Street S., Suite 900, Arlington, VA 22202, Telephone: 703.518.5338 or 888.518.5338, Fax: 703.518.4450. When filing a complaint with the Commissioner, the Member will be required to authorize the release of any medical records of the Member that may be required to be reviewed for the purpose of reaching a decision on the complaint.

No Member who exercises the right to file a Complaint, Grievance, or Appeal shall be subject to disenrollment or otherwise penalized due to the filing of a Complaint, Grievance, or Appeal.

DISTRICT OF COLUMBIA:

Step 1

Most Member issues can be resolved verbally over the telephone. If a Member has discussed a Complaint relating to dental care with a Participating Dentist and is not satisfied with the resolution (or if the Participating Dentist is not available to receive the Complaint), the Member may refer the Complaint to Customer Service by calling toll-free 888.518.5338. The Complaint will be investigated and the result of the investigation will be verbally communicated to the Member within thirty (30) working days after receipt of the Complaint.

Step 2

If the matter cannot be resolved in Step 1, a Member or dentist may submit it in writing to Grievances and Appeals, c/o Dominion National, 251 18th Street South, Suite 900, Arlington, VA 22202 or fax 703.518.4450. Grievances and Appeals will acknowledge receipt of the Appeal and/or Grievance to the Member or dentist in writing within thirty (30) days. Grievances and Appeals will then conduct a review of the Appeal and/or Grievance and initiate any correspondence necessary to resolve it.

If the matter involves significant health services, quality or ethical aspects, the matter will be referred to the Director of Provider Relations. The Director of Provider Relations will consult with parties involved and may contact members of the Quality Assurance Committee to review findings.

The Member and/or dentist will receive a final Appeal Decision and/or Grievance response in writing within sixty (60) days after the date on which the Appeal and/or Grievance is filed. All Appeals and/or Grievances should be provided to Dominion National within 180 days of the Adverse Benefit Determination or date of occurrence resulting in the Grievance. If additional time is needed to resolve the issue, the Member or dentist will be notified in writing. Appeals and Grievances will be categorized by type or subject matter and presented to the Quality Assurance Committee.

When corresponding with Dominion National regarding an Appeal and/or Grievance, Members must indicate their name, address and phone number, as well as the group number listed on their I.D. card.

Step 3

If a Member is dissatisfied with the resolution reached through the insurer's internal grievance system regarding medical necessity, you may contact the Director, Office of the Health Care Ombudsman and Bill of Rights at the following:

For Medical Necessity cases, District of Columbia Department of Health Care Finance Office of the Health Care Ombudsman and Bill of Rights One Judiciary Square 441 4th St. N.W., Suite 900 South Washington, D.C. 20001 Phone: 877.685.6391 or 202.724.7491 Fax: 202.442.6724.

If a Member is dissatisfied with the resolution reached through the insurer's internal grievance system regarding all other grievances, you may contact the Commissioner at the following:

For Non-Medical Necessity cases, Commissioner, Department of Insurance, Securities and Banking 1050 First St. N.E., Suite 801 Washington, D.C. 20002 Phone: 202.727.8000 Fax: 202.354.1085 E-mail: disb@dc.gov.

The representative of the Plan who is responsible for the internal appeal and grievance process is: Carey Wintz, Director of Quality, Dominion National, 251 18th Street S., Suite 900, Arlington, VA 22202, Telephone: 703.518.5338 or 888.518.5338, Fax: 703.518.4450. When filing a complaint with the Commissioner, the Member will be required to authorize the release of any medical records of the Member that may be required to be reviewed for the purpose of reaching a decision on the complaint.

No Member who exercises the right to file a Complaint, Grievance, or Appeal shall be subject to disenrollment or otherwise penalized due to the filing of a Complaint, Grievance, or Appeal.

GEORGIA:

Step 1

Most Member issues can be resolved verbally over the telephone. If a Member has discussed a Complaint relating to dental care with a Participating Dentist and is not satisfied with the resolution (or if the Participating Dentist is not available to receive the Complaint), the Member may refer the Complaint to Customer Service by calling toll-free 888.518.5338. The Complaint will be investigated and the result of the investigation will be verbally communicated to the Member within thirty (30) working days after receipt of the Complaint.

Step 2

If the matter cannot be resolved in Step 1, a Member or dentist may submit it in writing to Grievances and Appeals, c/o Dominion National, 251 18th Street South, Suite 900, Arlington, VA 22202 or fax 703.518.4450. Grievances and Appeals will acknowledge receipt of the Appeal and/or Grievance to the Member or dentist in writing within thirty (30) days. Grievances and Appeals will then conduct a review of the Appeal and/or Grievance and initiate any correspondence necessary to resolve it.

If the matter involves significant health services, quality or ethical aspects, the matter will be referred to the Director of Provider Relations. The Director of Provider Relations will consult with parties involved and may contact members of the Quality Assurance Committee to review findings.

The Member and/or dentist will receive a final Appeal Decision and/or Grievance response in writing within sixty (60) days after the date on which the Appeal and/or Grievance is filed. All Appeals and/or Grievances should be provided to Dominion National within 180 days of the Adverse Benefit Determination or date of occurrence resulting in the Grievance. If additional time is needed to resolve the issue, the Member or dentist will be notified in writing. Appeals and Grievances will be categorized by type or subject matter and presented to the Quality Assurance Committee.

When corresponding with Dominion National regarding an Appeal and/or Grievance, Members must indicate their name, address and phone number, as well as the group number listed on their I.D. card.

Step 3

Should the aggrieved party remain dissatisfied following Step 2, they may file a complaint with the Office of Commissioner of Insurance, Consumer Services Division via the Consumer Complaint Portal at: oci.georgia.gov/insurance-resources/complaints-fraud, or by mail at: 2 Martin Luther King, Jr. Dr., SE, Suite 716, West Tower, Atlanta, GA, 30334.

The representative of the Plan who is responsible for the internal appeal and grievance process is: Carey Wintz, Director of Quality, Dominion National, 251 18th Street S., Suite 900, Arlington, VA 22202, Telephone: 703.518.5338 or 888.518.5338, Fax: 703.518.4450. When filing a complaint with the Commissioner, the Member will be required to authorize the release of any medical records of the Member that may be required to be reviewed for the purpose of reaching a decision on the complaint.

No Member who exercises the right to file a Complaint, Grievance, or Appeal shall be subject to disenrollment or otherwise penalized due to the filing of a Complaint, Grievance, or Appeal.

MARYLAND:

Step 1

Most Member issues can be resolved verbally over the telephone. If a Member has discussed a Complaint relating to dental care with a participating Dominion National dentist and is not satisfied with the resolution (or if the dentist is not available to receive the Complaint), the Member may refer the Complaint to Customer Service by calling toll-free 888.518.5338. The Complaint will be investigated and the result of the investigation will be verbally communicated to the Member within fifteen (15) working days after receipt of the Complaint.

Step 2

If the matter cannot be resolved in Step 1, a Member, Member's representative, and/or dentist acting on behalf of the Member may submit it verbally or in writing to Grievances and Appeals, c/o Dominion National, P.O. Box 21522, Eagan, MN 55121-0522 or fax 703.518.4450. Grievances and Appeals will acknowledge receipt of the Appeal and/or Grievance to the Member, Member's representative, and/or dentist acting on behalf of the Member in writing within fifteen (15) working days. Grievances and Appeals will then conduct a review of the Appeal and/or Grievance and initiate any correspondence necessary to resolve it.

If the matter involves significant health services, quality or ethical aspects, the matter will be referred to the Director of Provider Relations. The Director of Provider Relations will consult with parties involved and may contact members of the Quality Assurance Committee to review findings.

The Member, Member's representative, and/or dentist acting on behalf of the Member, will receive a final decision in writing within: (i) thirty (30) working days after the date on which the Grievance is filed for a Grievance involving a pre-determination of services not yet provided that does not involve an Urgent Dental Condition, (ii) forty-five (45) working days after the date on which the Grievance is filed for a Grievance involving a retrospective denial of services received, and (iii) sixty (60) working days after the date on which the Appeal is filed for an Appeal of a Coverage Decision, or any other Member issue. If a Grievance involves a retrospective denial of services received it must be received by the Plan within 180 days of receipt of the Adverse Decision. If a Grievance involves an Urgent Dental Condition, it will be expedited. The Member, Member's representative, and/or dentist acting on behalf of the Member may request a review orally or in writing. A Grievance Decision will be provided within 24 hours of the date it is received by the Plan. Appeals will be categorized by type or subject matter and presented to the Quality Assurance Committee.

When corresponding with Dominion National regarding an Appeal and/or Grievance, the Member, Member's representative, and/or dentist acting on behalf of the Member must indicate Member's name, address and phone number, as well as the group number listed on the Member's I.D. card.

Step 3

If an Appeal, Complaint, or Grievance cannot be satisfactorily resolved in Steps 1 and 2, the Member, Member's representative, and/or dentist acting on behalf of the Member may file a complaint with the Insurance Commissioner within four (4) months after Appeal, Complaint or Grievance Decision at: Maryland Insurance Administration, Life and Health Complaint Unit, 200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202 Phone 410.468.2000 or 800.492.6116 or TTY number: 800. 735.2258 - Fax 410.468.2260.

MARYLAND Continued:

The Member, Member's representative, and/or dentist acting on behalf of the Member may file a complaint with the Maryland Insurance Administration without first filing a Grievance with Dominion National and receiving a final decision on the Grievance if, Dominion National waives the requirement that its internal Grievance process be exhausted before filing a complaint with the Commissioner, Dominion National has failed to comply with any of the requirements of the internal Grievance process as described in this Part, or the Member, Member's representative, and/or a dentist acting on behalf of the Member provides sufficient information and supporting documentation in the complaint that demonstrates a compelling reason to do so. Sufficient documentation includes a showing that the potential delay in services that may result by filing the Grievance first with Dominion National could result in loss of life, serious impairment to a bodily function, serious dysfunction of a bodily organ, or the Member remaining seriously mentally ill or using intoxicating substances with symptoms that cause the Member to be in danger to self or others, Member continuing to experience severe withdrawal symptoms.

A Member, Member's representative, and/or dentist acting on behalf of the Member may file a complaint with the Commissioner if the Member or the dentist does not receive a Grievance decision from Dominion National on or before the 30th working day on which the Grievance is filed. The Member, Member's representative, and/or dentist acting on behalf of the Member may file a complaint with the Maryland Insurance Administration without first filing an Appeal or Grievance with Dominion National if the Appeal pertains to a Coverage Decision that involves an Urgent Dental Condition for which care has not been rendered, or in the case of a Grievance, the Member, Member's representative, and/or dentist acting on behalf of the Member must provide sufficient documentation in the complaint to the satisfaction of the Maryland Insurance Administration demonstrating a compelling reason to do so. Sufficient documentation includes a showing that the potential delay in services that may result by filing the Grievance first with Dominion National could result in loss of life, serious impairment to a bodily function, serious dysfunction of a bodily organ, or the Member remaining seriously mentally ill or using intoxicating substances with symptoms that cause the Member to be in danger to self or others, Member continuing to experience severe withdrawal symptoms.

The Health Advocacy Unit of Maryland's Consumer Protection Division is available to assist the Member, Member's representative, and/or dentist acting on behalf of the Member with filing an Appeal or Grievance. The unit can also attempt to mediate a resolution to a Member's dispute. The Health Advocacy Unit is not available to represent the Member during any proceeding of the Appeal or Grievance process. The Member, Member's representative, and/or dentist acting on behalf of the Member may contact the Health Advocacy Unit at: Office of the Attorney General, 200 St. Paul Place, 16th Floor, Baltimore, Maryland 21202 - Phone 410.528.1840 or toll-free 877.261.8807 -Fax 410.576.6571 - Email heau@oag.state.md.us.

The representative of the Plan who is responsible for the internal appeal and grievance process is: Carey Wintz, Director of Quality, Dominion National, P.O. Box 21522, Eagan, MN 55121-0522, Telephone: 703.518.5338 or 888.518.5338, Fax: 703.518.4450. When filing a complaint with the Commissioner, the Member will be required to authorize the release of any medical records of the Member that may be required to be reviewed for the purpose of reaching a decision on the complaint.

No Member who exercises the right to file a Complaint, Grievance, or Appeal shall be subject to disenrollment or otherwise penalized due to the filing of a Complaint, Grievance, or Appeal.

For assistance at any step of the Complaint, Appeal, or Grievance Process, Member, Member's representative, and/or dentist acting on behalf of the Member may contact Plan by phone at 888.518.5338.

NEW JERSEY:

Step 1

Most Member issues can be resolved verbally over the telephone. If a Member has discussed a Complaint relating to dental care with a Participating Dentist and is not satisfied with the resolution (or if the Participating Dentist is not available to receive the Complaint), the Member may refer the Complaint to Customer Service by calling toll-free 888.518.5338. The Complaint will be investigated and the result of the investigation will be verbally communicated to the member within thirty (30) working days after receipt of the Complaint.

Step 2

If the matter cannot be resolved in Step 1, a Member or dentist may submit it in writing to the Grievances and Appeals Department, c/o Dominion National, 251 18th Street South, Suite 900, Arlington, VA 22202 or fax 703.518.4450. Grievances and Appeals will acknowledge receipt of the Appeal and/or Grievance to the Member or dentist in writing within thirty (30) days. Grievances and Appeals will then conduct a review of the Appeal and/or Grievance and initiate any correspondence necessary to resolve it.

If the matter involves significant health services, quality or ethical aspects, the matter will be referred to the Director of Provider Relations. The Director of Provider Relations will consult with parties involved and may contact members of the Quality Assurance Committee to review findings.

The Member and/or dentist will receive a final Appeal Decision and/or Grievance response in writing within sixty (60) days after the date on which the Appeal and/or Grievance is filed. All Appeals and/or Grievances should be provided to Dominion National within 180 days of the Adverse Benefit Determination or date of occurrence resulting in the Grievance. If additional time is needed to resolve the issue, the member or dentist will be notified in writing. Appeals and Grievances will be categorized by type or subject matter and presented to the Quality Assurance Committee.

When corresponding with Dominion National regarding an Appeal and/or Grievance, Members must indicate their name, address and phone number, as well as the group number listed on their I.D. card.

Step 3

If a Member is unable to contact or obtain satisfaction from Dominion National or the Participating Dentist, they may file a complaint with the New Jersey Department of Banking and Insurance (NJDOBI) or the Office of Insurance Claims Ombudsman at the addresses shown below. Members may contact NJDOBI with complaints related to the nature of the Benefits described in the Policy, such as procedures that are covered or non-covered, frequency limitations, timely Premium payments and eligibility, as well as quality of care service issues, provider network availability, and other issues. Denials based upon medical judgment such as medical necessity or experimental and investigational should not be sent to NJDOBI. You may send your complaints to: New Jersey Department of Banking and Insurance *Consumer Protection Services*, P.O. Box 329, Trenton, NJ 08625-0329, or: The Office of Insurance Ombudsman, 20 West State Street, P.O. Box 472, Trenton, NJ 08625-0472 Phone: 800.609.7272 (outside of NJ call 609.292.5316 & ask for Ombudsman's Office) Fax: 609.292.2431 Email: ombudsman@dobi.nj.gov

The representative of the Plan who is responsible for the internal appeal and grievance process is: Carey Wintz, Director of Quality, Dominion National, 251 18th Street S., Suite 900, Arlington, VA 22202, Telephone: 703.518.5338 or 888.518.5338, Fax: 703.518.4450. When filing a complaint with the Commissioner, the Member will be required to authorize the release of any medical records of the Member that may be required to be reviewed for the purpose of reaching a decision on the complaint.

No Member who exercises the right to file a Complaint, Grievance, or Appeal shall be subject to loss of coverage or otherwise penalized due to the filing of a Complaint, Grievance, or Appeal.

NORTH CAROLINA:

Step 1:

Most Member issues can be resolved verbally over the telephone. If a Member has discussed a Complaint relating to dental care with a Participating Dentist and is not satisfied with the resolution (or if the Participating Dentist is not available to receive the Complaint), the Member may refer the Complaint to Customer Service by calling toll-free 888.518.5338. The Complaint will be investigated and the result of the investigation will be verbally communicated to the Member within thirty (30) working days after receipt of the Complaint.

Step 2:

If the matter cannot be resolved in Step 1, a Member or dentist may submit it in writing to Grievances and Appeals, c/o Dominion National, P.O. Box 21522, Eagan, MN 55121-0522 or fax 703.518.4450. Grievances and Appeals will acknowledge receipt of the Appeal and/or Grievance to the Member or dentist in writing within thirty (30) days. Grievances and Appeals will then conduct a review of the Appeal and/or Grievance and initiate any correspondence necessary to resolve it.

If the matter involves significant health services, quality or ethical aspects, the matter will be referred to the Director of Provider Relations. The Director of Provider Relations will consult with parties involved and may contact members of the Quality Assurance Committee to review findings.

The Member and/or dentist will receive a final Appeal Decision and/or Grievance response in writing within sixty (60) days after the date on which the Appeal and/or Grievance is filed. All Appeals and/or Grievances should be provided to Dominion National within 180 days of the Adverse Benefit Determination or date of occurrence resulting in the Grievance. If additional time is needed to resolve the issue the Member or dentist will be notified in writing. Appeals and Grievances will be categorized by type or subject matter and presented to the Quality Assurance Committee.

When corresponding with Dominion National regarding an Appeal and/or Grievance, Members must indicate their name, address and phone number, as well as the group number listed on their I.D. card.

Step 3:

Should the aggrieved party remain dissatisfied following Step 2, they may file a Complaint with the North Carolina Department of Insurance online at: <https://www.ncdoi.gov/assistance-or-file-complaint> or by mail to: North Carolina Department of Insurance 325 N. Salisbury Street, Raleigh, NC 27603.

The representative of the Plan who is responsible for the internal appeal and grievance process is: Carey Wintz, Director of Quality, Dominion National, P.O. Box 21522, Eagan, MN 55121-0522., Telephone: 703.518.5338 or 888.518.5338, Fax: 703.518.4450. When filing a Complaint with the Commissioner, the Member will be required to authorize the release of any medical records of the Member that may be required to be reviewed for the purpose of reaching a decision on the complaint.

No Member who exercises the right to file a Complaint, Grievance, or Appeal shall be subject to disenrollment or otherwise penalized due to the filing of a Complaint, Grievance, or Appeal.

OREGON:

Step 1

Most Member issues can be resolved verbally over the telephone. If a Member has discussed a Complaint relating to dental care with a Participating Dentist and is not satisfied with the resolution (or if the Participating Dentist is not available to receive the Complaint), the Member may refer the Complaint to Customer Service by calling toll-free 888.518.5338. The Complaint will be investigated and the result of the investigation will be verbally communicated to the Member within thirty (30) working days after receipt of the Complaint.

Step 2

If the matter cannot be resolved in Step 1, a Member or dentist may submit it in writing to Grievances and Appeals, c/o Dominion National, 251 18th Street South, Suite 900, Arlington, VA 22202 or fax 703.518.4450. Grievances and Appeals will then conduct a review of the Appeal and/or Grievance and initiate any correspondence necessary to resolve it.

If the matter involves significant health services, quality or ethical aspects, the matter will be referred to the Director of Provider Relations. The Director of Provider Relations will consult with parties involved and may contact members of the Quality Assurance Committee to review findings.

The Member and/or dentist will receive a final Appeal Decision and/or Grievance response in writing within sixty (60) days after the date on which the Appeal and/or Grievance is filed. All Appeals and/or Grievances should be provided to Dominion National within 180 days of the Adverse Benefit Determination or date of occurrence resulting in the Grievance. If additional time is needed to resolve the issue, the Member or dentist will be notified in writing. Appeals and Grievances will be categorized by type or subject matter and presented to the Quality Assurance Committee.

When corresponding with Dominion National regarding an Appeal and/or Grievance, Members must indicate their name, address and phone number, as well as the group number listed on their I.D. card.

Step 3

If Member is dissatisfied with the resolution reached by Dominion National through its internal Appeal and Grievance system, they may contact the Oregon Division of Financial Regulation at:

Oregon Division of Financial Regulation Consumer Advocacy Unit
P.O. Box 14480 Salem, OR 97309-0405
503.947.7984 (phone)
888.877.4894 (toll-free)
503.378.4351 (fax)

DFR.InsuranceHelp@oregon.gov (email)

<http://www.oregon.gov/DCBS/insurance/gethelp/Pages/fileacomplaint.aspx> (website)

If your plan is governed by ERISA, you may contact the Employee Benefits Security Administration at 866.444.EBSA (3272).

If your plan is not governed by ERISA, you may contact the Department of Health and Human Services Health Insurance Assistance Team at 888.393.2789.

The representative of the Plan who is responsible for the internal appeal and grievance process is: Carey Wintz, Director of Quality, Dominion National, 251 18th Street S., Suite 900, Arlington, VA 22202, Telephone: 703.518.5338 or 888.518.5338, Fax: 703.518.4450. When filing a complaint with the Commissioner, the Member will be required to authorize the release of any medical records of the Member that may be required to be reviewed for the purpose of reaching a decision on the complaint.

No Member who exercises the right to file a Complaint, Grievance, or Appeal shall be subject to loss of coverage or otherwise penalized due to the filing of a Complaint, Grievance, or Appeal.

PENNSYLVANIA:

Step 1

Most Member issues can be resolved verbally over the telephone. If a Member has discussed a Complaint relating to dental care with a Participating Dentist and is not satisfied with the resolution (or if the Participating Dentist is not available to receive the Complaint), the Member may refer the Complaint to Customer Service by calling toll-free 888.518.5338. The Complaint will be investigated and the result of the investigation will be verbally communicated to the Member within thirty (30) working days after receipt of the Complaint.

Step 2

If the matter cannot be resolved in Step 1, a Member or dentist may submit it in writing to Grievances and Appeals, c/o Dominion National, 251 18th Street South, Suite 900, Arlington, VA 22202 or fax 703.518.4450. Grievances and Appeals will acknowledge receipt of the Appeal and/or Grievance to the Member or dentist in writing within thirty (30) days. Grievances and Appeals will then conduct a review of the Appeal and/or Grievance and initiate any correspondence necessary to resolve it.

If the matter involves significant health services, quality or ethical aspects, the matter will be referred to the Director of Provider Relations. The Director of Provider Relations will consult with parties involved and may contact members of the Quality Assurance Committee to review findings.

The Member and/or dentist will receive a final Appeal Decision and/or Grievance response in writing within sixty (60) days after the date on which the Appeal and/or Grievance is filed. All Appeals and/or Grievances should be provided to Dominion National within 180 days of the Adverse Benefit Determination or date of occurrence resulting in the Grievance. If additional time is needed to resolve the issue, the Member or dentist will be notified in writing. Appeals and Grievances will be categorized by type or subject matter and presented to the Quality Assurance Committee.

When corresponding with Dominion National regarding an appeal and/or Grievance, members must indicate their name, address and phone number, as well as the group number listed on their I.D. card.

Step 3

Should the aggrieved party remain dissatisfied following Step 2, they may file the complaint with the Pennsylvania Department of Health, Bureau of Managed Care, Commonwealth and Forester Street, Box 90, Room 912, Harrisburg, PA 17108, 717.787.5193, 888.466.2787, or fax 717.705.0946.

The representative of the Plan who is responsible for the internal appeal and grievance process is: Carey Wintz, Director of Quality, Dominion National, 251 18th Street S., Suite 900, Arlington, VA 22202, Telephone: 703.518.5338 or 888.518.5338, Fax: 703.518.4450. When filing a complaint with the Commissioner, the Member will be required to authorize the release of any medical records of the Member that may be required to be reviewed for the purpose of reaching a decision on the complaint.

No Member who exercises the right to file a Complaint, Grievance, or Appeal shall be subject to disenrollment or otherwise penalized due to the filing of a Complaint, Grievance, or Appeal.

VIRGINIA:

Step 1

Most Member issues can be resolved verbally over the telephone. If a Member has discussed a Complaint relating to dental care with a Participating Dentist and is not satisfied with the resolution (or if the Participating Dentist is not available to receive the Complaint), the Member may refer the Complaint to Customer Service by calling toll-free 888.518.5338. The Complaint will be investigated and the result of the investigation will be verbally communicated to the Member within thirty (30) working days after receipt of the Complaint.

Step 2

If the matter cannot be resolved in Step 1, a Member or dentist may submit it in writing to Grievances and Appeals, c/o Dominion National, 251 18th Street South, Suite 900, Arlington, VA 22202 or fax 703.518.4450. Grievances and Appeals will acknowledge receipt of the Appeal and/or Grievance to the Member or dentist in writing within thirty (30) days. Grievances and Appeals will then conduct a review of the Appeal and/or Grievance and initiate any correspondence necessary to resolve it.

If the matter involves significant health services, quality or ethical aspects, the matter will be referred to the Director of Provider Relations. The Director of Provider Relations will consult with parties involved and may contact members of the Quality Assurance Committee to review findings.

The Member and/or dentist will receive a final Appeal Decision and/or Grievance response in writing within sixty (60) days after the date on which the Appeal and/or Grievance is filed. All Appeals and/or Grievances should be provided to Dominion National within 180 days of the Adverse Benefit Determination or date of occurrence resulting in the Grievance. If additional time is needed to resolve the issue, the Member or dentist will be notified in writing. Appeals and Grievances will be categorized by type or subject matter and presented to the Quality Assurance Committee.

When corresponding with Dominion National regarding an Appeal and/or Grievance, Members must indicate their name, address and phone number, as well as the group number listed on their I.D. card.

Step 3

If a Member has questions or requires assistance at any point during the grievance and appeal process, they may contact the Virginia State Corporation Commission's Bureau of Insurance, Consumer Services at: P.O. Box 1157, Richmond, VA 23218, 804.371.9691, toll-free (VA only) 800.552.7945, toll-free (nationwide) 877.310.6560.

OMBUDSMAN NOTICE: If a member has any questions regarding an appeal or grievance concerning the health care services that they have been provided which have not been satisfactorily addressed by Dominion, the member may contact the Office of the Managed Care Ombudsman for assistance at: Bureau of Insurance, Virginia's Office of the Managed Care Ombudsman, P.O. Box 1157, Richmond, VA 23218 – Phone 804.371.9032 or toll-free 877.310.6560 - Email: Ombudsman@scc.virginia.gov.

For Quality of Care issues or complaints, members may contact the Office of Licensure and Certification at 9960 Mayland Drive, Suite 401, Richmond, VA 23233-1463 - Phone 800.955.1819/Fax 804.527.4503. They may also be contacted via email at mchip@vdh.virginia.gov. Written correspondence is preferable so that a record of the Member's inquiry is maintained.

VIRGINIA Continued:

The representative of the Plan who is responsible for the internal appeal and grievance process is: Carey Wintz, Director of Quality, Dominion National, 251 18th Street S., Suite 900, Arlington, VA 22202, Telephone: 703.518.5338 or 888.518.5338, Fax: 703.518.4450. When filing a complaint with the Commissioner, the Member will be required to authorize the release of any medical records of the Member that may be required to be reviewed for the purpose of reaching a decision on the complaint.

No Member who exercises the right to file a Complaint, Grievance or Appeal shall be subject to disenrollment or otherwise penalized due to the filing of a Complaint, Grievance or Appeal.

RECORD RETENTION:

Dominion will maintain a record of all written Complaints, Grievances and Appeals for a period of ten (10) years in accordance with state laws. The record will indicate the total number of Complaints, Grievances and Appeals, their classification and nature, the disposition of each, and the time it took to process each.