



RIDER TO QUALCHOICE HEALTHCARE COVERAGE POLICY

(FORM # QCA Individual POS (1-2017), QCA Catastrophic Individual POS (1-2017), and QCA Individual HMO (1-2017)) FOR

PEDIATRIC DENTAL BENEFITS

This rider (the "Pediatric Dental Rider") amends the QCA Health Plan, Inc. Certificate of Coverage (Form # QCA Individual POS (1-2017), QCA Catastrophic Individual POS (1-2017), and QCA Individual HMO (1-2017)) (the "Certificate") and the Benefit Summary issued to the Enrollee. Unless otherwise stated herein, this Pediatric Dental Rider is subject to all terms, conditions, exclusions and limitations set forth in the Certificate and the Benefit Summary.

We have capitalized certain words in this Pediatric Dental Rider. Those words have special meanings and, unless defined otherwise in this Pediatric Dental Rider, are defined in Section 11, "Definitions", of the Certificate.

For purposes of this Pediatric Dental Rider and each section of this Pediatric Dental Rider, QCA Health Plan, Inc. (d/b/a "QualChoice") is referred to as "us", "we" or "our", and "you" or "your" means the Policy Holder.

The Pediatric Dental Coverage paragraph in the Outline of Coverage is deleted in its entirety.

The existing Section 3.8 is substituted in its entirety with the following:

Unless covered under Section 3.5, Section 3.6, Section 3.7, or Section 3.9, no dental care or orthodontic services are covered.

The existing Section 3.9 is substituted in its entirety with the following:

3.9 Dental – Pediatric

For a Child under the age of nineteen (19), we will cover basic dental services including routine examinations and cleanings, fluoride application, dental x-rays, cavity repair with amalgam, pulpomies, simple extractions, dental consultations, and care of abscesses. Periodontal therapy, root canals, dentures, biopsies, surgical extractions, and crowns may be covered for a Child under the age of nineteen (19) if authorized by QualChoice. The following specific limits and requirements apply:

1. Preventive Services:
 - a. Two (2) screening exams every six (6) months.
 - b. Complete dental x-rays every five (5) years, and bitewings every six (6) months.
 - c. Prophylaxis (cleaning) and fluoride treatment once every six (6) months.
 - d. Sealant on first and second permanent molars.
2. Space maintainers are only covered when a deciduous tooth is lost earlier than expected, where there is likely to be a significant shift in tooth spacing as a result, and where a permanent tooth is going to fill the space.
3. Restorations
 - a. Amalgam restorations are covered for all teeth.



- b. Composite restorations are only covered for anterior teeth. Composites posterior to the cuspids will be paid at the same rate as amalgam.
- c. Fillings are not covered on teeth with crowns within one (1) year of crown placement.
- 4. Crowns
 - a. Prefabricated stainless steel crowns are covered for deciduous teeth. Prefabricated stainless steel crowns are only covered for posterior permanent teeth for loss of cuspal function
 - b. Prefabricated stainless steel or resin crowns may be covered with pre-authorization for anterior teeth in Enrollees below the age of fourteen (14).
 - c. Porcelain to metal crowns may be covered in unusual cases for anterior incisors and cuspids.
- 5. Extractions
 - a. Simple extractions and simple surgical extractions are covered.
 - b. Complex surgical extractions (with unusual surgical complications of cutting procedure to remove residual roots) require submission of records for review of Medical Necessity prior to payment.
- 6. Anesthesia and analgesia
 - a. General anesthesia requires pre-authorization. See QualChoice Medical Policies for criteria.
 - b. Intravenous conscious sedation is covered when Medically Necessary. Pre-authorization is not required, but post payment review may be performed.
 - c. Nitrous oxide is covered when used with a surgical procedure or a covered pediatric dental procedure other than examination, prophylaxis, fluoride, sealants, or x-rays.

Orthodontic services are not covered. Anesthesia for dental services is covered as described in Section 3.6. Dental service for Accidental Injury is covered as described in Section 3.5. Other dental services are not covered. Please see your Benefits Summary for other limitations.

The first paragraph of the existing Section 7 is substituted in its entirety with the following:

You and your family members may have coverage under more than one health plan. This Plan contains a Coordination of Benefits (COB) provision. This is to eliminate duplication of payment for services. There is no COB for prescription drugs supplied at the retail pharmacy. COB will apply for drugs covered under the medical benefit. We do not coordinate against the following kinds of coverage: hospital indemnity coverage or other fixed indemnity coverage, accident only coverage, specified disease or specified accident coverage, limited benefit health coverage, as defined by state law, school accident type coverage, benefits for non-medical components of long-term care policies, Medicare supplement policies, Medicaid policies, or coverage under other federal governmental plans, unless permitted by law. We coordinate against dental coverage in accordance with the procedures set forth in this Section 7 for coordination with other health policies.

Michael E. Stock, President & CEO
QCA Health Plan, Inc.
The QualChoice Building
12615 Chenal Parkway, Suite 300
Little Rock, AR 72211

Non-Discrimination and Accessibility Notice

QualChoice complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. QualChoice does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

QualChoice:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at (501) 228-7111. If you believe that QualChoice has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

QualChoice Civil Rights Coordinator
QualChoice
P.O. Box 25610
Little Rock, AR 72221-5610
(501) 228-7111
Fax #: 501-707-6729
QCA_COE@qualchoice.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the QualChoice Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Notice of Discrimination Grievance Procedures

It is the policy of QualChoice not to discriminate on the basis of race, color, national origin, sex, age or disability. QualChoice has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of the QualChoice Civil Rights Coordinator, who has been designated to coordinate the efforts of QualChoice to comply with Section 1557 (the "Section 1557 Coordinator"):

QualChoice Civil Rights Coordinator
QualChoice
P.O. Box 25610
Little Rock, AR 72221-5610
(501) 228-7111
Fax #: 501-707-6729
QCA_COE@qualchoice.com

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for QualChoice to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within sixty (60) days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of QualChoice relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than thirty (30) days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the Vice President Corporate Responsibility within fifteen (15) days of receiving the Section 1557 Coordinator's decision. The Vice President Corporate Responsibility shall issue a written decision in response to the appeal no later than thirty (30) days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination. QualChoice will 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, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

QualChoice offers help for members with limited English proficiency (LEP). The following statement is printed in the top languages used in Arkansas, as required by the Federal government. *ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-800-235-7111 (TTY: 711).*

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-235-7111 (TTY: 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-235-7111 (TTY: 711).

Marshallese

LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jerbāl in jipañ ilo kajin ñe am ejjelōk wōṇāān. Kaalōk 1-800-235-7111 (TTY: 711).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-235-7111 (TTY: 711)。

Lao

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-235-7111 (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-235-7111 (TTY: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-235-7111 (رقم هاتف الصم والبكم: 117).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-235-7111 (TTY: 711).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-235-7111 (ATS: 711).

Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-235-7111 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-235-7111 (TTY: 711) 번으로 전화해 주십시오.

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-235-7111 (TTY: 711).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-235-7111 (TTY: 711) まで、お電話にてご連絡ください。

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-235-7111 (TTY: 711) पर कॉल करें।

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-235-7111 (TTY: 711).