

## Required Regulatory Notices

### For Members in ALL States:

We offer interpreter service for non-English speaking members, at no cost to the enrollee. Our service interprets over 180 languages and dialects. If you require language assistance, please contact our Customer Service Department at (888) 400-9304 to be connected to an interpreter.

We offer full and equal access to covered services, including enrollees with disabilities as required under the federal Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.

Information included in this directory is accurate as of the date of printing and that covered persons or prospective covered persons should consult our electronic provider directory on our website or call (888) 400-9304 to obtain current provider directory information. Please notify us of any inaccuracies by calling (888) 400-9304 or emailing [VisionDirectory@AlwaysCareBenefits.com](mailto:VisionDirectory@AlwaysCareBenefits.com) or [DentalDirectory@AlwaysCareBenefits.com](mailto:DentalDirectory@AlwaysCareBenefits.com).

A non-electronic copy of the provider directory may be obtained free of charge. Please contact (888) 400-9304 to request a copy.

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 it manages to meet the needs of its clients and recruits its providers in order to meet the accessibility needs of those clients.

### For Members in Kentucky:

Members or their representatives and providers may initiate a grievance by contacting us via telephone at (888) 400-9304 or by writing to the following address: Starmount Life Insurance Company c/o AlwaysCare, Grievance Committee, P.O. Box Drawer 98100, Baton Rouge, LA 70898-9100. After receiving all required information, the member will be notified within 72 hours of receipt of the grievance. The Departmental Coordinator will investigate the grievance and make a final determination within 30 days, unless an extension is needed to obtain additional information. The member or someone on his/her behalf may elect to appear before our Grievance Committee to present written or oral information and/or to question those people responsible for making the determination that resulted in the grievance. The member will be informed in writing of the time and place of the meeting at least 7 calendar days before the meeting. Notification shall be sent to the member with the results of the Committee's investigation within one business day of making the final determination.

Vision Members in KY: Vision services may be provided by a licensed Optician, Ophthalmologist and/or Optometrist.

Dental Members in KY: Dental services may be provided by a licensed Dental Hygienist and/or Dentist.

A Participating Provider includes a dentist or dental hygienist who has been selected by Us for inclusion in the Participating Provider Program. These Participating Providers agree to accept Our Participating Provider Maximum Allowed Charges as payment in full for services rendered. When dental care is given by Participating Providers, the Insured will generally incur less out-of-pocket cost for services rendered.

**For Members in Montana:**

Montana members that have obtained services due to a network inadequacy (an in-network provider is not available within fifty (50) miles to accommodate a member's appointment request) may contact our Customer Service department at (888) 400-9304 and may request that the claim (with an out-of-network provider) be reprocessed as if they visited an in-network provider.

**For Members in Pennsylvania:**

For concerns/complaints related to provider network access you may write to or call:

Pennsylvania Department of Health Bureau of Managed Care  
Health and Welfare Building, Room 912  
625 Forster Street  
Harrisburg, Pennsylvania 17120-0701  
Telephone: (888) 400-9304  
Fax: (717) 705-0947

**For Members in Texas, Vision Only:**

The Company does not meet adequacy requirements specified in 29 TAC §3.3704 in Cottle, Crockett, Culberson, Dallam, Foard, Hardeman, Hartley, Hudspeth, Jeff Davis, King, Knox, Lipscomb, Loving, Presidio, Reeves, and Terrell counties because the listed counties do not have any providers available to contract.

The Company does not meet adequacy requirements specified in 28 TAC §3.3704 in Brewster, Childress, Pecos and Val Verde counties because the Company has not been able to reach an agreement with the available providers or the available providers have refused to contract with the Company.

All other counties meet adequacy requirements specified in 28 TAC §3.3704.

**For Members in Wisconsin:****IMPORTANT NOTICE**

You are strongly encouraged to contact us to verify the status of the providers involved in your care including, for example, the anesthesiologist, radiologist, pathologist, facility, clinic or laboratory, when scheduling appointments or elective procedures to determine whether each provider is a participating or nonparticipating provider. Such information may assist in your selection of provider(s) and will likely affect the level of co-payment, deductible and amount of co-insurance applicable to the care you receive. The information contained in this directory may change during your plan year. Please contact (888) 400-9304 to learn more about the participating providers in your network and the implications, including financial, if you decide to receive your care from nonparticipating providers.