



Delta Dental PPO™ Network Access Plan September 2025

Administered by Delta Dental Insurance Company and
underwritten by Dentegra Insurance Company.

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INTRODUCTION

Administrator: Delta Dental Insurance Company

Underwriter: Dentegra Insurance Company

Network: PPO

Network ID: DENT001

Website: deltadentalins.com

Customer Service: 877-395-9420

At Delta Dental¹, we seek to provide our subscribers with access to the best dental care possible at a reasonable cost to fulfill our mission, to improve the oral health of the communities we serve. The Delta Dental PPO™ network has participating providers in all specialties in nearly every community across the state of Colorado. The Access Plan set forth below describes the process by which Delta Dental ensures that its members have sufficient access to quality care through the provider network.

DEFINITIONS

General Dentist: a primary care provider who is skilled in and licensed to practice dentistry for patients in all age groups and is responsible for the diagnosis, treatment, management, and overall coordination of services to meet the patient's oral health needs.

Specialist: a licensed provider in dentistry who has obtained additional education and/or certification to practice specialized treatment such as Pediatric, Oral Surgeon, Endodontics, Periodontics, Prosthodontics, and Orthodontics for patients in all age groups.

Independent Dental Hygienist: a hygienist licensed to independently provide authorized dental services.

Essential Community Provider: a provider who demonstrates a commitment to serve low- income and medically indigent populations that make up a significant portion of the Essential Community Provider patient population or, in the case of a sole community provider, serve the medically indigent patients within its medical capability. It is our policy to contract with any ECP that meets quality and credentialing standards. Of note, ECPs are included in all of the above categories.

County Types

| County Type | Population | Density |
|-------------|-------------------|--------------------------|
| Large Metro | 1,000,000 | 1,000/sq. mile |
| | 500,000 - 999,999 | 1,500/sq. mile |
| | Any | 5,000/sq. mile |
| Metro | 1,000,000 | 10 - 999.9/sq. mile |
| | 500,000 - 999,999 | 10 - 1,499.9/sq. mile |
| | 200,000 - 499,999 | 10 - 4,999.9/sq. mile |
| | 50,000-199,999 | 100 - 4,999.9/sq. mile |
| | 10,000- 49,999 | 1,000 - 4,999.9/sq. mile |
| Micro | 50,000-199,999 | 10 - 99.9/sq. mile |
| | 10,000- 49,999 | 50- 999.9/sq. mile |
| Rural: | 10,000- 49,999 | 10 - 49.9/sq. mile |
| | <10,000 | 10 - 4,999.9/sq. mile |
| CEAC: | Any | <10/sq. mile |

¹ Although Dentegra Insurance Company ("DIC") underwrites these Delta Dental PPO plans, Delta Dental Insurance Company ("Delta Dental" or "DDIC") is the administrator, and handles all administrative aspects of these Delta Dental PPO plans and the Delta Dental PPO provider network.

NETWORK ADEQUACY

We strive to maintain a comprehensive array of providers within its Delta Dental PPO™ network sufficient to serve the dental needs of subscribers throughout Colorado, regardless of the enrollee's dental need, location, or cultural characteristics. To do so, we regularly and systematically monitor the networks to determine the adequacy of the network to ensure it meets member dental needs. Such monitoring includes, but is not limited to, the following: Periodic Geo Access reports are also generated as needed. Periodic reports are used to document and track issues until resolved as needed or required Enrollment and network numbers are compared monthly to determine any access to care deficits within our service area. If an access to care deficit is identified, a meeting is held to ascertain the recruitment steps necessary to address the deficit.

Enrollees outside of the minimum network adequacy standard. Enrollees without adequate access can be identified in two ways:

- 1. Internal reporting and analysis.** If our internal reporting process identifies a geographic area that does not have access pursuant to our minimum network adequacy standard, our Network Development team is engaged to recruit dentists, specialists or ECPs in the impacted area. If our analysis shows that there is an enrollee without adequate access, our recruiters will target providers in such enrollees' local area.
- 2. Grievance or complaint process.** If an enrollee contacts Delta Dental through the grievance and appeals process regarding a lack of access, a dedicated team will triage the enrollee's specific dental access needs. Delta Dental will work with the enrollee to provide access to an in-network dentist through available means, including but not limited to recruiting in the enrollee's local area or targeted recruitment of a specific requested provider. If we are unable to restore access for the enrollee within a reasonable period, Delta Dental will direct the enrollee to an available out-of-network provider at no additional cost.

In the event that emergency treatment is needed, Delta Dental will work with the enrollee to provide immediate access to an available dentist.

While our service area covers the entire state of Colorado, there could be counties where there are no in-network providers. If an enrollee does not have access to a dentist within the distance standards, we will locate a non-network provider that meets the enrollee's needs. We ensure that the enrollee pays only the enrollee coinsurance to the non-network provider. In this instance, we will advance payment arrangement with the non-network provider ensures that the enrollee is not balance billed, and the enrollee is not held responsible to pay any amount that exceeds payment to the non-network provider.

The Delta Dental PPO™ network currently contracts with the following participating providers:

- 3,554 general dentists at 2,495 locations
- 813 specialists (Endodontics, Oral Surgery, Orthopedics, Pediatric, Periodontics, and Prosthodontics) at 948 locations

Dentegra Insurance Company utilizes the Delta Dental PPO Network which has the following Adequacy Standards:

| Geographic Type | | | | | |
|--|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Provider type - plan provides access to at least one dental provider for at least 90% of the enrollees | Large Metro | Metro | Micro | Rural | CEAC |
| | Maximum Road Travel Distance (miles) | Maximum Road Travel Distance (miles) | Maximum Road Travel Distance (miles) | Maximum Road Travel Distance (miles) | Maximum Road Travel Distance (miles) |
| Dentist | 15 | 30 | 60 | 75 | 110 |

DIC's goal is to provide access to care to the extent such services are relatively available based on location, number and types of dental providers available, cost and quality of care, credentialing requirements, considering usual travel patterns within the community. We are willing to contract with all licensed dental providers that meet the credentialing and participation requirements identified at www.deltadentalins.com on the Provider page.

| | Large Metro | Metro | Micro | Rural | CEAC |
|--------------|--------------------|--------------|--------------|--------------|-------------|
| General | 100% | 99.8% | 100% | 100% | 100% |
| Pediatric | 100% | 99.8% | 100% | 100% | 100% |
| Endodontics | 100% | 99.6% | 63.8% | 60.8% | 82.7% |
| Periodontics | 100% | 99.6% | 51.8% | 60.8% | 51.8% |
| Oral Surgery | 100% | 99.8% | 100% | 99.1% | 93.4% |
| Orthodontics | 100% | 99.8% | 100% | 100% | 92.5% |

NETWORK MONITORING

Our Network Access and Adequacy Monitoring Committee (NAAMC) has oversight responsibility to ensure adequate and accessible networks for enrollees. The Committee monitors provider network internal access and adequacy standards, in addition to external network regulatory requirements for all networks.

Committee Duties and Responsibilities:

Request and review all network adequacy reporting to ensure an appropriate network access exists for all enrollees. Review results of accessibility reporting and results from required service calls. Upon discovery of inadequacies or access gaps, request a corrective action plan from the appropriate Network department. Monitor corrective action plan(s) to ensure satisfactory resolution. Review and discuss PPACA (Exchange) network inadequacies. Report ongoing monitoring and related activities to the Quality Management Committee. Review and approve the regulatory access and adequacy reporting before such filings are submitted to the state regulatory agencies. Review the aggregated results of the Provider Relationship Surveys. Perform other duties and responsibilities requested by the Committee and consistent with the Committee Charter.

Membership, Roles and Responsibilities:

The Committee has a total of six seats and the following membership:

- Network Development recruitment directors (3)
- Network Development Administration director (1)
- Provider Relations Director (1)
- Network Development Vice President (1)
- A delegate from the Actuarial Department (1)

The Network Development Vice President serves as the Committee Chair. All Committee members are appointed or removed by the Committee Chair. An associate serves as a secretary but is not a committee member. Other guest associates may be invited to attend Committee meetings, to participate in relevant agenda topics.

Meetings:

The Committee meets quarterly but may meet more frequently as agreed by the Committee based on Company trends and needs. The Committee retains records of its meetings, including attendance, consistent with the Company's records retention policies. The Committee reports on its activities, including meetings, recruitment and retention efforts, at the next quarterly meeting. The Committee also submits reporting on a quarterly basis to the Quality Management Committee. Minutes of each Committee meeting is available as an historical record, for reference or review by the Committee or the Company's Board of Director.

Resources:

The Company's senior leadership ensures the availability of staff and financial resources to support the function of the Committee. The Committee also utilizes the services of the Company's legal counsel and other advisors to the Company.

Teledentistry

We provide the same benefit for covered services whether Enrollees see a Delta Dental PPO™ dentist in a dental office setting or consult via Teledentistry. We do not use out-of-network Teledentistry Dentists to supplement our networks.

CORRECTIVE ACTION PROCESSES

Corrective action is especially important when deficiencies in patient care are discovered through professional review. The following enterprise policy is used to formulate a corrective action plan:

Delta Dental's first priority is the protection of the patient. We are pro-active in assuring that the Enrollee's health care needs are met in a safe and professionally acceptable fashion. If negative patient care issues arise, Delta Dental works with the Provider to improve performance where indicated. We will provide reasonable support to a network Provider who shows sincere intent to correct deficiencies. Termination of a network Provider's participating agreement is a last resort, taken only when it is clearly necessary to protect Enrollees from substandard care or unsafe facility conditions.

If a Corrective Action Plan is indicated, Delta Dental will notify the Provider of deficiencies that have been observed and will advise the Provider what measures are required to correct the deficiencies. If Delta Dental is alerted via a Grievance or by other avenues to a potentially significant condition pertaining to facility health and safety standards, we will contact the Provider to assess the allegation and to request that the Provider implement corrective actions. If indicated, an on-site assessment of the Provider's facility will be conducted. The review will be conducted by a Delta Dental representative qualified by training and experience to assess that sterilization and cleanliness meet professionally recognized standards.

Based on the nature of the deficiencies and the Provider's written response, the Corrective Action Plans may include other Peer Review processes, such as post-treatment reviews of a sample of the Provider's claims by a resident Dentist Consultant, or pre or post treatment reviews of the Provider's dental records, or requiring that the Provider attend a training session and/or participate in continuing education programs, to ensure that the Provider is able to meet and maintain professional standards. The Peer Review Committee will review all aspects of the Provider's records and if appropriate, make a recommendation to the Vice President, Chief Dental Officer for Corrective Action Plan.

If there is a pattern of deficiencies that represents unacceptable care with potential adverse effects on the oral health and safety of Enrollees, the Provider may be recommended for termination of his/her network contract and participating agreement. If the deficiencies violate federal or state regulations and are not corrected, the appropriate authorities are contacted. Continued failure to respond to Corrective Action Plans may result in the termination of the Provider's participating agreement.

Providers and/or facilities who fail to cooperate with the Peer Review processes by not submitting requested records may be recommended for administrative (contractual) membership termination.

Although termination of a Provider is a last resort, it will be done whenever the safety of Enrollees is judged to be at risk. Termination for cause is a serious matter, and one that is reportable to both the appropriate state dental licensing agency and to the National Practitioner Data Bank.

Delta Dental's primary tools for assessing Enrollee satisfaction are printed or electronic surveys. Enrollee surveys focus on the Enrollee's perceptions of Delta Dental, services and care received, and his or her Provider. Enrollee surveys are sent to selected Enrollees. Enrollees chosen to receive a survey are randomly selected from the population of all active Enrollees by line of business. Active Enrollees are defined as those Enrollees who have recently utilized services. Delta Dental then records and assesses the results of the surveys to build programs and action plans to address issues raised.

PROVIDER SATISFACTION SURVEYS

Delta Dental's primary tool for assessing Provider satisfaction is a satisfaction survey. The survey responses are entered into the enterprise database and analyzed by Delta Dental personnel. The survey form features a balanced response scale with "very satisfactory" and "very dissatisfactory" at the extremes, "neutral" at midpoint and "not applicable" as an option. The survey allows Delta Dental to assess and monitor Providers' satisfaction with our delivery of services and to identify and pursue opportunities for improvement.

ONGOING MONITORING

The Quality Program is monitored by the Quality Management Committee (QMC) through quarterly reports. Quarterly reports are submitted to the QMC and Board of Directors for review and comment each quarter.

ANNUAL EVALUATION

A formal evaluation of the Quality Program is performed annually via the Quality Management Committee. The appropriate enterprise business area is responsible for the implementation, monitoring, and reporting on the Quality Improvement activities. Status and progress to goal reporting is delivered to the QMC quarterly. In addition, business areas identified by the QMC as demonstrating the need for additional quality improvement or quality oversight may be identified to be the focus of a QMC meeting and assigned quality improvement goals/work outside of the annual QIWP.

PROCEDURES FOR REFERRAL PROCESS

Enrollee plan documents include information about our open-access fee-for-service plans, meaning that Enrollees may see any Dentist for covered services, including services related to emergent-urgent and specialty care whether the Dentist is a PPO Dentist, Premier Dentist or a Non-Delta Dental Dentist. Enrollees may also change their PPO Dentist or Premier Dentist at any time.

To locate a PPO Dentist or Premier Dentist Enrollees may access Dentist participation information by visiting our Dentist directory available through our website at deltadentalins.com and selecting the Find A Dentist feature or by contacting our Customer Service Center at 866-261-4275. A disclosure in the Dentist directory informs Enrollees that it is updated every business day with updated listings appearing each week Tuesday through Saturday.

COMMUNICATIONS

We recognize the cultural, racial, and ethnic diversity of our Enrollees. Since a diverse population may also have different language needs, vital documents and significant communications are translated into non-English languages to facilitate communication regardless of the Enrollee's medical condition whether serious, chronic, or complex to facilitate the following:

- Communicate their dental needs to Dentists using face-to face interpretative services (e.g., sign language, large print, audio, and accessible electronic formats)
- Understand plan documents and Enrollee communications by providing free documentation translation services, including:
 - o Our deltadentalins.com web portal displays multiple links to Language Assistance Program ("LAP") information.
 - o We provide a LAP notice in multiple languages in all plan documents and on our website. Our Find a Dentist website portal at deltadentalins.com includes a convenient link to the LAP notice and is available in multiple languages
- Enhance Dentist-chair LAP experiences by PPO Dentists or Premier Dentists who have self-reported they or their staff speak languages other than English and can assist with language assistance. Self-reported language information is displayed on the Find a Dentist on-line directory available at deltadentalins.com

PLAN FEATURES

Enrollee plan documents contain information regarding the Enrollee's network options, plan benefits, any cost sharing features such as deductibles, annual maximums and waiting periods and limitations and exclusions applicable to their plan benefits. Any preventive care services offered are described in the Enrollee's plan documents (e.g., Certificate of Coverage and Disclosure Form). Preventive dental services are not a mandated benefit in Colorado.

Our fee-for-service plans are supported by the following:

- The Delta Dental PPO™ network
- The Delta Dental Premier® network

Delta Dental Dentists are reimbursed based on the Maximum Allowance covered under their contract with us. PPO Dentists have agreed to accept the PPO Maximum Allowance as payment in full for covered services. Claims are paid to PPO Dentists based on the PPO Maximum Allowance and the plan's benefit levels. Enrollees are encouraged to visit a PPO Dentist to reduce out-of-pocket costs.

A Premier Dentist is a Delta Dental contracted Dentist who has not agreed to accept the PPO Maximum Allowance as payment in full for covered services. Rather, claims are paid to Premier Dentists based on the Premier Maximum Allowance, which in most cases is higher than the PPO Maximum Allowance, and the plan's benefit levels.

Under certain plan designs, regardless of whether an Enrollee receives services from a PPO Dentist or a Premier Dentist, claims are paid based only on the PPO Maximum Allowance and a Premier Dentist may bill the Enrollee for the difference between the PPO Maximum Allowance and the Premier Maximum Allowance. In such instances, the Enrollee's out-of-pocket expense will be higher than a visit to a PPO Dentist. Under other plan designs, claims for a Premier Dentist are paid based on the Premier Maximum Allowance. In these plans, the Enrollee's out-of-pocket expenses is their coinsurance amount.

When seeking services from a Premier Dentist, Enrollees are encouraged to verify their Dentist's in-network status by reviewing their plan documents or by contacting our Customer Service Center at 866-261-4275.

Non-Delta Dental Dentists are not limited by PPO or Premier Maximum Allowances and may bill Enrollees their submitted fee. Enrollees are reimbursed for covered services provided by Non-Delta Dental Dentists based on the lesser of the Dentist's submitted fee, the PPO Maximum Allowance, or the Premier Maximum Allowance. Because these Dentists are not in-network, we cannot limit the amount charged to Enrollees. An Enrollee's out-of-pocket costs may be significantly higher when choosing a Non-Delta Dental Dentist. In this instance, the Enrollee's out-of-pocket expenses include the coinsurance amount, if any, and the difference between the Maximum Allowance and the Dentist's submitted fee subject to any coinsurance.

All services received from PPO Dentists, Premier Dentists or Non-Delta Dental Dentists are subject to Enrollee coinsurance, and any applicable deductibles or maximum benefit limits, limitations or exclusions, or any charges for services not covered by the Enrollee's plan.

Under any plan option, if there is no PPO Dentist or Premier Dentist available, in accordance with Our Network Adequacy Exception, we will treat the services as in-network and Enrollees will not be subject to balance billing. However, services may be subject to coinsurance and other terms of their plan documents.

Choosing and Changing Dentists

Enrollee plan documents include information about our open-access fee-for-service plans, meaning that Enrollees may see any Dentist for covered services, including services related to emergent-urgent and specialty care whether the Dentist is a PPO Dentist, Premier Dentist or a Non-Delta Dental Dentist. Enrollees may also change their PPO Dentist or Premier Dentist at any time.

To locate a PPO Dentist or Premier Dentist, Enrollees may access Dentist participation information by visiting our Dentist directory available through our website at deltadentalins.com and selecting the Find a Dentist feature or by contacting our Customer Service Center at 866-261-4275. A disclosure in the Dentist directory informs Enrollees that it is updated every business day with updated listings appearing each week Tuesday through Saturday.

EMERGENT/URGENT CARE

Plan documents inform Enrollees they may seek Emergent/Urgent care from a Dentist other than a PPO Dentist or Premier Dentist with no referral. Benefits provided for Emergent/Urgent Care provided by a non-Delta Dental Dentist are subject to the Enrollee's coinsurance amount, if applicable, and other cost-sharing terms of their plan. Enrollees seeking emergent-urgent care should consult their Dentist or contact our Customer Service Center at 866-261-4275 for assistance in locating a Dentist.

SPECIALTY CARE

Enrollee plan documents explain that our Delta Dental PPO plans are considered open access plans offering Enrollees a free choice of Dentist for all services, including specialty services. Enrollees do not have to obtain a referral for specialty care. Enrollees seeking specialty care should consult their Dentist or contact our Customer Service Center at 866-261-4275 for assistance in locating a specialty care Dentist.

When necessary, and as detailed under the Network Adequacy/Access Exception section, we will treat specialty care from Non-Delta Dental Dentists as if the service was obtained from a PPO Dentist.

Enrollees with Special Communication Needs

We recognize the cultural, racial, and ethnic diversity of our Enrollees. Since a diverse population may also have different language needs, vital documents and significant communications are translated into non-English languages to facilitate communication regardless of the Enrollee's medical condition whether serious, chronic, or complex to facilitate the following:

Communicate their dental needs to Dentists using face-to face interpretative services (e.g., sign language, large print, audio, and accessible electronic formats) Understand plan documents and Enrollee communications by providing free documentation translation services, including Our Deltadentalins.com web portal displays multiple links to Language Assistance Program ("LAP") information. We provide a LAP notice in multiple languages in all plan documents and on Our website Our Find a Dentist website portal at delatadentalins.com includes a convenient link to the LAP notice and is available in multiple languages.

Enhance Dentist-chair LAP experiences by PPO Dentists or Premier Dentists who have self-reported they or their staff speak languages other than English and can assist with language assistance. Self-reported language information is displayed on the Find a Dentist on-line directory available at delatadentalins.com.

Grievance and Appeal Procedures

The ability to file grievances and appeals from adverse benefit determinations constitutes an important element in an insured's access to care. Without the right to appeal, a member might not be able to avail the benefits to which they are rightfully entitled. Delta Dental has thorough processes in place for evaluating grievances, complaints, and appeals. Such processes are described below in more detail.

Delta Dental will, upon written request from the Member or treating provider on behalf of the Member, re-evaluate benefit determinations when appropriate. The review will be premised on the submission of additional information, documentation, or narrative, by the treating provider, which could affect the benefit determination previously made, according to the terms of the benefit plan, clinical review, Delta Dental's processing policies and/or the provider handbook.

Quality of Care Grievance

Enrollees are informed about complaint, grievance and appeal rights in enrollment materials, their plan documents, and our delatadentalins.com website. Enrollees may also contact our Customer Service Center at 866-261-4275 for assistance.

Enrollee plan documents include a process for Enrollees to express their concerns or complaints, and to request fair resolution that will correct perceived wrongs. The grievance and appeals process reviews and resolves Enrollee grievances and appeals in a manner that is timely, equitable and sensitive to the Enrollee's individual needs, including cultural, linguistic, and disability-related needs.

We support the linguistic and cultural needs of Enrollees, as well as the needs of Enrollees with disabilities. We ensure Enrollees have access to, and can fully participate in, the complaint, grievance, and appeal process by aiding Enrollees with limited English proficiency or with a visual or other communicative impairment, regardless of their medical condition. Assistance can be provided in multiple ways by translating plan documents, complaint, grievance, and appeal procedures, forms, and responses to enrollees; access to interpreters; as well as telephone relay systems and other devices that aid disabled individuals.

COORDINATION AND CONTINUITY OF CARE

The Quality Program outlines our approach to the continuity of care that our Enrollees receive. The Program utilizes routine dental record reviews, potential quality referrals, potential quality issue

scoring, grievance reviews, medical necessity reviews, and Enrollee satisfaction surveys to measure continuity of care. Delta Dental tracks and analyzes this information to identify opportunities for improvement.

ENROLLEE CONTRACT/POLICY TERMINATION

Our contracts with PPO Dentists and Premier Dentists require a seamless transition in the event the Enrollee's group contract or individual policy ends. Our Dentists agree to continue in-process dental services to Enrollees for a limited time following termination for dental treatment initiated while coverage is still in place.

DENTIST TERMINATION

In the event a PPO Dentist's or Premier Dentist's contract terminates, we will assist Enrollees in selecting a new Dentist. Our online Dentist directory is updated with the termination information in a timely fashion, and our Dentists have contractually agreed to notify all Enrollees of their termination for a period of up to one (1) year. Our Customer Service Center available at 866-261-4275 acts as resource for informing Enrollees about Dentist participation and will assist the Enrollee with locating a new PPO Dentist and/or Premier Dentist.

If, for any reason, the PPO Dentist or Premier Dentist is unable to complete treatment, we will make reasonable and appropriate provisions for the completion of such dental treatment by another PPO Dentist or Premier Dentist or other in-network Dentist.

INSOLVENCY/INABILITY TO CONTINUE OPERATIONS

We have implemented and maintain a Business Continuity Global Standard policy that includes a disaster recovery plan designed to ensure the restoration of critical business operations to affected company locations and functions (e.g., information technology) within targeted timeframes in the event of our inability to continue operations. Should such an event occur, we will provide messaging to Enrollees and Dentists about continued access to care through our Customer Service Center at 866-261-4275 and any other communication means available during the business disruption event.

Hold Harmless

Enrollee is responsible for the copayment, deductible and coinsurance applicable to his or her benefit Plan. Practice agrees to accept payments from Delta Dental, an Affiliate, or a Member Company, plus the Enrollee payments under the Plan, as payment in full for Plan Services and to not seek any surcharge or other additional payment from an Enrollee, whether or not payment is received from Delta Dental, an Affiliate, or a Member Company. Whenever Delta Dental, an Affiliate, or a Member Company receives notice of a surcharge, it shall take appropriate action, including but not limited to recouping the appropriate amounts from future payments to Practice, and/or terminating this Agreement. Neither Enrollees nor a Plan's sponsoring entity shall be liable to Practice or any Participating Provider for any sums owed to Practice by Delta Dental, an Affiliate, or a Member Company. Practice shall charge and make reasonable efforts to collect the entire amount payable by the Enrollee, under the terms of the Enrollee's Plan. Amounts determined to be an Enrollee's payment obligation shall not be waived, reduced or rebated. Practice shall cooperate with Delta Dental in the proper collection of third-party payments including coordination with other coverage, workers' compensation, third-party liens and other third-party liabilities. Practice agrees to disclose any other insurance for which the Enrollee is also eligible on any claims submitted to Delta Dental. Furthermore, if Delta Dental is secondary, Practice agrees to provide the explanation of benefits provided by the carrier that adjudicated the claim as the primary payer.