

Notice to Fidelity Security Life Insurance Company members with Avesis Network coverage regarding Colorado Access Plan

Avesis Third Party Administrators, Inc. (Avesis), owns the managed vision provider network that certain health plans licensed to sell vision insurance in Colorado lease from Avesis. Fidelity Security Life Insurance Company (**FSL**) leases this network for its use by members insured under network vision policies it issues through its arrangement with Avesis. This network is statewide.

The Avesis Vision Commercial – Colorado network offers vision coverage plans in all Colorado counties. FSL is required as an insurer to create an Access Plan specific for the Avesis Network. This Access Plan describes our strategy, policies and procedures to create, maintain and administer an adequate network for our coverages issued through Avesis.

Network access plans are public documents that describe health plan policies and procedures for maintaining and ensuring that their networks are sufficient and consistent with state and federal requirements. This FSL Access Plan for the Avesis Vision Network describes how we build, maintain and provide our network to provide eye care and supplies to you through your FSL vision insurance.

The following is FSL's Access Plan for the Avesis Vision Network

Avesis Vision Commercial - Colorado

Network Access Plan

For: Fidelity Security Life Insurance Company

Contents

- Avesis Vision Commercial - Colorado 1
- Network Access Plan 1
- Introduction 2
- Network Adequacy and Corrective Action Processes 2
- Our network 2
- Standards for service and waiting time 2
- Network Criteria 2
- Quality management process and scope 3
- Corrective action process 3
- Covered benefits by an out of network provider 3
- Network Access Plan Procedures for Referrals 4
- Provider directory 4
- Referrals 4
- Accessing out of network benefits 4
- Network Access Plan Disclosures and Notices 4
- Grievance and appeal 4
- Limited English proficiency and illiteracy, with diverse cultural and ethnic backgrounds and with physical or mental disabilities 4
- Accessing health care needs 4
- Plans for Coordination and Continuity of Care 4
- Choosing and changing network providers 4
- Provider termination 5
- Hold Harmless 5

Introduction

This access plan is for the Avesis Third Party Administrators, Inc. (Avesis), Colorado network for use with the network vision policies of Fidelity Security Life Insurance Company issued as part of its arrangement with Avesis. This network is statewide.

The Avesis Vision Commercial – Colorado network offers vision coverage plans in all Colorado counties.

We are required as an issuer to create an access plan specific to each network. This access plan describes our strategy, policies and procedures to create, maintain and administer an adequate network for our coverages issued through Avesis.

To get more information about the FSL vision plans offered through the Avesis network, visit www.avesis.com.

To call Avesis, if you're a member, use the number on your ID card. All others call **1-855-214-6777**.

If the provider network is displaying inaccurate information call us or send an email to directorychanges@avesis.com.

This access plan is available upon request. Just call us at the toll-free number on your ID card.

Network Adequacy and Corrective Action Processes

Our network

As of October 2019, the Avesis Vision Commercial – Colorado network includes:

- 110 Ophthalmologist/Optomtrist
- 5 Eye Medical Specialist

We also have 72 eye care locations.

Standards for service and waiting time

Colorado state insurance regulation provide requirements for vision specialty care. All non-urgent appointments shall be set within 60 calendar days. This regulation requires at least 90% of the providers meet this standard.

Avesis performs annual provider phone surveys to assess their compliance with appointment wait times.

Based on our 2019 provider survey, Avesis demonstrated that 99% of the vision network offered appointments within

60 calendar days. The providers that did not provide for timely appointments were based on their special arrangement with senior facilities to provide services on an appointment basis only. On average appointments were set in less than 5 days. Avesis does not use telehealth as a determinate of network adequacy.

Avesis also looks at the adequacy of the network through geographical access requirements. For vision services, Avesis is required to ensure there is at least one provider within maximum road travel distance standards for at least 90% of enrollees.

For ophthalmologist, optometrist and other vision providers the following are the maximum road travel distance in miles:

- Large Metro (Urban) areas 10 miles
- Metro areas 20 miles
- Micro areas within 35 miles
- Rural areas within 60 miles

Based on our 2019 geographic assessment, Avesis' network is over 98% accessible.

Network Criteria

Avesis assesses each prospective network during implementation to determine the number of providers needed for routine and specialty care based on the benefits being offered. Goals are set based on state or client access requirements. If there are no state or client access requirements, Avesis has its own established access standards to measure network adequacy. Goals are set to dictate the appropriate number, specialty, and geographic proximity of the network to meet access requirements. Avesis uses Quest Analytics geo software to assess compliance with established recruitment goals. All provider prospects are solicited to participate in the Avesis network until all recruitment goals are met. If there are gaps in network adequacy, Avesis will continue recruitment activities until the network is complete, all provider options have been exhausted, or a provider shortage area has been documented. Avesis may negotiate enhanced fee schedules, if needed to comply with network adequacy requirements. Client approval will be obtained per the client contract. Network exceptions will be well documented and

presented to the client in the event that an access gap is unable to be filled.

All providers must pass credentialing in order to be added to the network. Our credentialing process ensures an efficient, high quality network of licensed providers who comply with all local, state and federal regulations, including CMS and NCQA accreditation standards.

Quality management process and scope

The purpose of the Quality Improvement Program is to improve the quality and safety of healthcare services provided to our membership while simultaneously ensuring a high level of member, provider and partner satisfaction. The Quality Improvement Program is accountable for achieving these responsibilities by providing the necessary operational direction to monitor, measure, and evaluate the quality of care, the appropriateness and safety of care, perceived opportunities, the resolution of identified opportunities, intervention results and strategic adjustments. The Quality Improvement Program provides a written outline of quality improvement operations, objectives, goals, activities and results to ensure organization and coordination throughout Avēsis.

The Quality Improvement Program also complies with all applicable State and Federal regulations including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This includes submitting all requested quality improvement data and reports. The Quality Improvement Program also provides oversight of any delegated quality improvement activities.

The scope of the Quality Improvement Program encompasses members, providers, clients, and delegated partners involved in all aspects of care, across all dimensions of quality. This includes:

- Accessibility and availability of care
- Member and provider satisfaction
- Development, implementation and assessment of quality improvement initiatives and activities
- Identification and reduction of health care disparities
- Linguistic and cultural competency

- The delivery and safety of care
- Potential quality of care incidents
- Grievances and appeals
- Utilization with a focus on over-, under- and mis-utilization
- Involving the designated Eye Care Providers (ECP) in the Quality Improvement Program
- Credentialing and re-credentialing the provider network
- Delegated activities
- The quality work plan
- Medical chart reviews

Corrective action process

Avesis continues to monitor and improve availability and access to providers and facilities. Here are the steps we routinely take:

- Every year, we measure and analyze:
 - Geographic distribution of providers.
 - Member compliants
 - Provider availability

For network counties that do not meet geographic standards or who are without sufficient access, Avesis determines a provider recruitment strategy.

Covered benefits by an out of network provider

If you need services from an out of network provider (because there are no participating providers), Avesis requires you to get an approval through the prior authorization process. This process will ensure that you receive covered benefits at the in-network benefit levels. This means your share of the costs – copayment, coinsurance and/or deductible– will be at the in-network level.

These prior authorizations are onetime only and are reviewed to determine if a participating provider may provide the service without unreasonable delay.

All clinical determinations are made by the Clinical Director, Vision UM, or designee.

Network Access Plan Procedures for Referrals

Provider directory

Avesis maintains both print and online provider directories. Online directories are updated every night. Avesis prints directories upon request. You can request a printed copy by calling our toll-free number.

Referrals

The commercial vision benefits provided by Avesis are routine only and do not require a referral for services to be provided.

Accessing out of network benefits

Depending on the benefit plan you have, access to out of network benefits may be available. Refer to your Certificate of Coverage or Summary of Benefits and Coverage (SBC) for specific coverage information.

Network Access Plan Disclosures and Notices

Grievance and appeal

You can find grievance procedures in a number of documents. These include member disclosures and plan documents, including the Certificate of Coverage.

Members may file a grievance by calling customer service.

Limited English proficiency and illiteracy, with diverse cultural and ethnic backgrounds and with physical or mental disabilities

Members with limited English proficiency, physical or mental disabilities: Avesis uses Voiance Language Services, an interpretation service, to address the needs of enrollees with limited English proficiency. Voiance offers 24/7 over-the-phone interpretation in over 200 languages.

For hearing-impaired or speech-disabled individuals, Avesis uses a relay service. The relay service acts as an intermediary for telecommunications between hearing

individuals and individuals who are deaf, hard of hearing, deaf-blind and/or have speech disabilities. We have specially trained communication assistants who complete the calls and stay online to relay messages either:

- Electronically over a teletypewriter (TTY) or telecommunications device for the deaf (TDD), or
- Verbally to hearing parties

Avesis doesn't consider the member's race, disability, religion, sex, sexual orientation, health, ethnicity, creed, age or national origin when providing access to care.

Avesis and participating providers must comply with these laws:

- Title VI of the Civil Rights Act of 1964
- Age Discrimination Act of 1975
- Americans with Disabilities Act
- Laws that apply to those who receive federal funds
- All other laws that protect your rights to receive health care

If a member chooses to provide certain information about race, ethnicity and languages spoken, it may help to improve access to health care and better serve a member. All information that a member provides is private. The member disclosure document addresses privacy and access to health care in more detail.

Accessing health care needs

Avesis is committed to providing members with quality health care. Through our quality management program and strategy, we assess, measure and monitor the care we provide. A printed copy of this information is also available. Just call Member Services at the number on your ID card.

Plans for Coordination and Continuity of Care

Choosing and changing network providers

The commercial vision benefits provided by Avesis are routine only and do not require a provider assignment. You may select any in network provider to receive services without Avesis approval. If your provider is not a part of the

Avesis network, you may recommend them. Recommend your vision provider by filling out the *Provider Nomination* form in the Welcome Packet.

Provider termination

Our provider contracts with participating providers and facilities ensure a seamless transition in the event the contract ends. The benefits offered are routine and would not include services to be provided after the contract ends.

Hold Harmless

Our contracts contain a hold harmless provision. This prevents network providers from balance billing members in the event of the insurer's insolvency or inability to continue operations.