Superior Vision Services, Inc.
Geographic Network Access Plan – Colorado

Introduction
Superior Vision Services, Inc. maintains an extensive provider panel throughout the State of Colorado in order to meet the applicable Geographic Network Standards established for Vision Plans in 3 CCR 702-4. The vision care services provided by Superior Vision include a wellness (non-medical) vision examination and corrective eyewear. The licensed providers (optometrists, ophthalmologists) contracted with Superior Vision provide access to these services within the required standards.

Superior Vision’s network accessibility analysis contains the following information:
Quest Analytics report on the accessibility of the Superior Vision provider network for the commercial members enrolled through the Superior Vision commercial group vision plan.

- Map – Superior Vision providers by points of access
- Accessibility summary and detail – Commercial members access to participating providers
- Provider Listing – Superior Vision provider list

Following initial development of its provider network, Superior Vision has continuously evaluated the need to enhance network access in specific areas as Superior Vision contracts with new clients and existing clients experience membership growth and/or service area expansion.
Superior Vision also monitors the impact of provider additions and terminations on the adequacy of the network overall, and in specific geographic areas.

Analysis
Superior Vision meets the Provider Network Adequacy requirements with 99.1% of current Colorado members having access to an optometrist within standards and 95.9% of Colorado members having access to an ophthalmologist within standards. We have arrived at these statistics when we combine the provider types of ophthalmology, optometry, and other vision providers, because the Superior Vision benefit is routine vision and is available from all three provider types.

<table>
<thead>
<tr>
<th>Provider Type – the plan provides access to at least one vision provider for at least 90% of the enrollees</th>
<th>Large Metro</th>
<th>Metro</th>
<th>Micro</th>
<th>Rural</th>
<th>CEAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ophthalmology</td>
<td>98.7%</td>
<td>96.4%</td>
<td>60%</td>
<td>80.4%</td>
<td>92.8%</td>
</tr>
<tr>
<td>Optometry</td>
<td>100%</td>
<td>99.7%</td>
<td>88.7%</td>
<td>98.5%</td>
<td>92.6%</td>
</tr>
</tbody>
</table>
Access Plan for Providing Services to Members

In the event there is a member who does not have access to a participating provider within the established access standards, such member is offered the opportunity of choosing the nearest participating providers or the non-participating provider from whom the member wishes to receive covered vision care services.

Superior Vision will continue to attempt to develop its delivery network in the counties without complete coverage through its identification of licensed providers with whom it can seek to contract.

For Members with Special Needs, the Superior Vision Benefit Management Provider Manual provides providers direction on Members with Special Needs.

Page 26 - The Company is committed to making arrangements to accommodate member’s with special needs to ensure that such members have access to administrative and clinical services within the scope of the Company’s program on the same basis as do members without special needs. Providers must notify the Company of members with special needs so that appropriate accommodation can be made for such members. Due to varying individual needs, the Company may determine the nature of the accommodation on a case-by-case basis pursuant to the special need identified.

In the event of a provider leaving the network, either voluntarily or involuntarily, the provider is sent a termination letter confirming the termination. If the termination is involuntarily, the provider termination letter includes the provider’s appeal rights. The participating provider agreement has provider requirements that live beyond the agreement termination for member protections. There is not Coordination and Continuity of Care (CoC) when a provider leaves the Superior Vision network. This is because the Superior Vision benefit is routine vision, which does not have a CoC need. The Superior Vision Benefit Management Provider Manual advises on member notification when a provider terminates from the network.

Page 28 - participating providers agree that in the event of expiration or termination of a participating provider agreement with the Company, the health plan will notify members seen on a regular basis by the terminating provider of the provider’s termination from the Company network.

Plan for Paying Non-Participating Provider Claims

Superior Vision works with the member to determine if the member has selected a non-participating provider, and, if not, Superior Vision will assist the member in identifying non-participating provider(s) within the area from whom the member can receive services. Once the member selects a non-participating provider, Superior Vision works with the non-participating provider to ensure that the member receives covered services from the provider.
Vision negotiates payment terms for the covered services with the non-participating provider selected by the member and makes arrangements for the provider to bill Superior Vision only. Once the claim is received, the non-participating provider is paid by Superior Vision for the covered services rendered to the member at the agreed upon rate(s).

**General Description of Day-to-Day Procedures to Assure that Covered Services are Accessible to Members**

Superior Vision provides each of its clients with a list of participating providers for such client at the inception of the contract and, thereafter, in accordance with the client’s desired schedule. Superior Vision’s provider directory is also available on its website.

Utilizing geographic analysis software, Superior Vision continually assesses network adequacy to address network development needs.

Superior Vision’s Customer Service staff has access to provider and member zip code locating software that is utilized to identify those providers in the closest proximity to the member. Members who do not have the required access are offered the choice of utilizing the services of either a participating or a non-participating provider.

**Network Adequacy Access to Service and Waiting Time Standards**

While Superior Vision did not conduct an appointment availability study on Colorado providers in CY2018, we did monitor member complaints related to appointment availability. There were zero (0) Colorado member complaints related to appointment availability. In addition, the Superior Vision appointment availability requirement is two weeks for a member’s request. As a result, we can confidently report that our result for CY2018 are > 95% of the time. To strengthen our controls on appointment availability, Superior Vision has started a provider appointment availability study in CY2019 for all network providers.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Time Frame</th>
<th>Time Frame Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty Care - non urgent</td>
<td>Within 60 calendar days</td>
<td>Met &gt; 95% of the time</td>
</tr>
</tbody>
</table>

**Conclusion**

Each year the number of provider points of access has grown significantly. Superior Vision’s efforts to continuously expand its provider panel, coupled with its willingness to pay a non-participating provider when a participating provider is not available within the established access standards, assures members access to covered vision care services.