2023

Aflac Group Vision Network Access Plan

COLORADO

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (“AFLAC”)

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Introduction

American Family Life Assurance Company of Columbus ("Aflac") establishes a written Access Plan for its participating provider network servicing its members. The network consists of access to providers contracted with Davis Vision, Inc. (referred to herein as "Davis Vision" or "Network"). Aflac has access to the full network offered by Davis Vision; Aflac Group Vision members have access to all providers within the Network. This Access Plan contains information regarding the accessibility and availability of the Network of participating providers, as well as information on the quality and type of services available to Aflac Group Vision members. This Access Plan is also available online at https://www.aflacbenefitssolutions.com/. Scroll down to the bottom of the website and you will find it under Legal & Miscellaneous. For more information, please contact the Vice President of Network Development and Credentialing, Greg Grocholski, at 813-440-4965, or write to Aflac Benefits Solutions, Inc., Attn: VP of Network Development, 4211 West Boy Scout Blvd., Suite 295, Tampa, FL 33607.

Network Leasing

Aflac has contracted with Aflac Benefits Solutions ("ABS"), formerly known as Argus Dental & Vision, a vision benefits manager and affiliate of Aflac, to administer the Aflac Group Vision program. ABS contracts with Davis Vision through a network leasing arrangement to access their contracted providers. Aflac and ABS will periodically monitor the Network to ensure the standards agreed upon are satisfactorily being met.

Davis Vision is responsible for credentialing the Network providers and is expected to comply with all state regulations. ABS retains oversight responsibility to ensure the credentialing and quality assurance standards are consistent with those required by the state and those established by ABS and Aflac. A delegated credentialing audit is performed on the network on an annual basis.

Aflac retains oversight responsibility of all services delegated to ABS and Davis Vision.

Criteria Used to Build Network

We consider many factors when adding providers to our network. Every provider must be licensed, maintain adequate professional liability insurance, operate in compliance with all laws and regulations, comply with state board orders, complete all credentialing and recredentialing requirements, and comply with our provider agreements, policies and procedures.

Network Adequacy and Corrective Action Process

Network Adequacy

Aflac's vision network meets Colorado's adequacy requirements. Aflac's vision plan provides access to at least one vision provider for at least 90% of our customers within the maximum road travel distance required for each county. Colorado designates each county as one of five

geographic types or classifications:

Geographic Type					
The plan provides access to at least one dental provider for at least 90% of the enrollees	**Large Metro**	**Metro**	**Micro**	**Rural**	**CEAC (Counties with Extreme Access Considerations)**
	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)
Vision Plan Provider	10	20	35	60	85

Aflac periodically monitors its participating provider network to ensure that members have access to a sufficient number of optometrists and ophthalmologists providing routine vision care in their area. Aflac's national standards with respect to member accessibility to participating providers are:

- Urban - provider within 30 miles from a member's residence
- Suburban - provider within 60 miles from a member's residence
- Rural - provider within 90 miles from a member's residence

This standard may be modified based on state regulation, if more stringent, or on state and local geographic conditions, such as optometrists, ophthalmologists, and member population in the area. The target of participating providers may be geographically distributed differently depending upon the density of population.

The above listed targets are state-wide measures, considering rural, urban, and suburban areas. While these targets take into consideration less populated rural areas where a supply of providers is limited, Aflac may require the network to exceed these targets in urban areas. Aflac will require the Network to make reasonable efforts to contract with providers in extremely rural areas in any state as well as geographic areas with recognized maldistribution of optometrists and ophthalmologists. Service areas are generally approved for an entire state.

The size and location(s) of the Network may be presented to an eligible group prior to the sale of the Aflac Group Vision Plan. ABS will monitor the availability of providers in the Network by analyzing statistics indicating current employee locations and provider utilization. Monitoring is done monthly through Geo-Access reports that compare the number of providers to the number of members/employees in a given county.

Members may request that Aflac send network provider recruitment information to their current providers. Aflac will communicate any recruitment requests received to ABS for notice to the Network.

In addition, Aflac's national standard with respect to appointment wait time for initial and routine vision care services is four (4) weeks (with certain state exceptions). Network providers are contractually required to provide vision services to Aflac Group Vision members on the same basis as they do their other patients, regardless of a member's vision health. Aflac will

rely on ABS and the Network to conduct surveys of each vision office on an annual basis (with certain state exceptions) to assess average appointment wait times.

Specialty Care Providers

The Aflac Group Vision Plan does not provide for specialty care. Please refer to the Aflac Vision Plan Schedule of Benefits for the routine vision services covered for members.

Corrective Action Process

If a network adequacy issue exists, Aflac will provide benefits for the member to receive covered services at the office of an out-of-network provider at the same plan allowance as if they utilized a network provider.

The member may call ABS Member Services toll-free at 877-864-0625 for prior approval for in-network benefits at the non-participating provider. If a network adequacy issue is confirmed, the approval will be documented with a Single Case Agreement between ABS and the provider, and the claim will be adjusted to reflect in-network benefits post payment.

The claim will be adjusted to ensure the member's in-network benefit level is applied to all covered services. The member's portion of the coinsurance will be based off of the Maximum Allowable Charge (MAC) for the area to ensure the member's out of pocket costs will be no more than if they had been treated by a participating vision provider.

ABS will provide oversight on the network management and will establish network expansion targets to ensure adequate appointment availability. ABS shall exercise contract termination provisions in extreme situations such as appointment discrimination or prolonged failure to comply with corrective action efforts.

Aflac retains oversight responsibility of all services delegated to ABS and Davis Vision.

Referrals

Aflac members have the freedom of choice in selection of a routine vision provider. Members are not required to designate or choose a primary routine vision provider. Aflac does not require the member to contact Member Services for a referral in order to select or change a routine vision provider.

Comprehensive Listing of Participating Providers

Aflac ensures members have access to an updated list of participating Network providers in a variety of ways.

1. List of Participating Providers
   Every Aflac Group Vision member has access to view the online Provider Directory. To locate a provider, the member will select Provider Search located at https://www.aflacbenefitssolutions.com/. The member will select the Aflac Vision Plan

from the drop down list, enter his/her City and/or Zip Code, and the distance then click Search. The member can narrow the search results by selecting a Provider Specialty type, entering in a provider's name or practice name, and select the gender. Additional search fields are available including language. The Provider Directory is updated daily.

Any member of the public can access the online Provider Directory; it is available to non-members without a login required.

A request for a printed copy of the provider directory will be completed within five business days.

2. Member Services
   Members may contact Aflac Member Services toll-free at 855-819-1873 or ABS Member Services toll-free at 877-864-0625 to find a participating provider or to obtain further information on their Aflac Vision Benefits.

Ongoing Monitoring

Aflac and ABS have established extensive policies and procedures to ensure the routine vision care needs of the members are consistently and sufficiently met. One of the main focuses of the policies and procedures is to monitor the accessibility and availability of the provider network on a regular basis.

Using Geo-Access reporting through Quest Analytics, Aflac measures, tracks, and trends network adequacy against the required access standards on a monthly basis in each county/state for each provider type. The reports compile information such as the number of members and their geographic distribution, distance to providers in their closest residential proximity, the percentage of providers accepting new patients, after-hours clinic availability and appointment standards, as well as the type of care (emergency, urgent care, or routine care).

Evaluation of performance indicators and diligent monitoring of network and enrollment changes assist ABS in identifying any hotspots where member need is high and network concentrations are not in sync. This analysis is the foundation of an informed recruitment strategy, making sure that members have access to optimum high-quality routine vision care.

Provider Directory Audit

To maintain a high degree of data accuracy, the provider directory content is verified and updated on a regular basis. Our Provider Representative will contact providers quarterly via phone, email, or fax to verify their information in the provider directory is correct. Any necessary updates are sent to the Credentialing Department for system updates. Updates are completed within 24 hours to two business days of receiving updated information.

Members can report a discrepancy in the provider directory by calling ABS Member Services toll-free at 877-864-0625 or sending an email to Provider.relations@argusdentalvision.com.

Records of the provider directory audit are retained in compliance with Aflac's corporate record retention schedule.

Needs of Special Population

Aflac, through its affiliate ABS, has developed various services that are designed to address the special needs of members with limited English proficiency or literacy, diverse cultural and ethnic backgrounds, and with physical or mental disabilities.

ABS has implemented a Cultural Competency Plan to address issues of disparities and bias that can affect the quality of healthcare. Aflac and ABS are keenly aware that we provide services to a population that is continuously evolving into a highly diverse and multicultural population. Our goal is to provide services to members in a manner sensitive to the cultural background, religious beliefs, values and traditions. A copy of the Cultural Competency Plan is made available to our members and Network providers upon request and at no cost, and is shared via our public website https://www.aflacbenefitssolutions.com/. Scroll down to the bottom of the website and you will find it in the Legal & Miscellaneous section. Furthermore, ABS strives to provide all information in a culturally competent manner that assists all individuals in obtaining healthcare services. This includes those with limited English proficiency or reading skills, diverse cultural and ethnic backgrounds, or physical-mental disability issues.

If a member requires special accommodations for his/her special needs, the member can contact ABS Member Services toll-free at 877-864-0625. The Member Services Representatives will work with ABS's Care Coordinators to facilitate the special request for the member.

Telehealth Services

Aflac's vision plan does not currently offer telehealth vision services; however, we will follow any state or federal emergency orders requiring them.

Communication with Members

Members are informed about their Aflac Vision Plan benefits through enrollment materials, the certificate of coverage, a public website, and a secure member portal.

Members may search our website for a Network provider in their area at any time or they may contact us at our toll-free number. Routine vision providers are not assigned, and members are able to visit any Network routine vision provider without the need for a referral.

Aflac's process for providing and approving emergency care is outlined in the member's certificate of coverage. An emergency is a vision condition of sudden onset and severity that

would lead a member to believe his or her condition requires immediate treatment to address vision loss, eye pain, or infection. ABS participating providers are contractually obligated to schedule emergency appointments within 24 hours and are required to provide after-hours emergency access with 24-hour telephone access. Callers who contact Aflac or ABS are instructed to seek assistance from any participating routine vision provider or to seek care from their medical provider. If the member does not have a current vision provider, the Member Services Representative will assist the member in finding a routine vision provider.

If a member would like to file a complaint, grievance, or appeal with Aflac, the process to do so can be found on our website. Members may also contact Aflac Member Services toll-free at 855-819-1873 or ABS Member Services toll-free at 877-864-0625 to obtain information about their appeal rights.

Coordination Activities

To ensure coordination for covered persons in the event of a provider's contract termination, the provider is obligated to cooperate and assist us in transferring members to another provider. We will notify these members no later than 30 days. Members may also contact Aflac Member Services toll-free at 855-819-1873 or ABS Member Services toll-free at 877-864-0625 to assist them in finding a new vision provider.

Continuity of Care

Provider Contract Termination

Aflac utilizes the network leased from Davis Vision for optometrists and ophthalmologists. Participating providers are contractually obligated to complete procedures in progress in the event of contract termination, for a period not to exceed 90 days.

Aflac will make a good faith effort to provide written notice of termination of discontinued providers within fifteen (15) business days, or otherwise as soon as practicable, to all members who are seen on a regular basis (within the past 12 months) by the provider or that receive routine vision services from the provider. Since routine vision providers are not assigned to members, members are encouraged to check the status of an optometrist or ophthalmologist before receiving routine vision care.

With the exception of collecting copayments, deductibles, and amounts exceeding (a) benefit maximums or (b) for noncovered services as provided for in a member's benefit plan, participating providers will only look to the carrier/payor for compensation for covered services provided to member. The participating provider will at no time seek compensation, remuneration, or reimbursement from members or persons acting on member's behalf, other than for allowable copayments, for covered services even if the carrier/payor for any reason, including insolvency, fails to pay the provider.

Plan for Insolvency or Other Inability to Continue Operations

Aflac is a well-established, national provider of life and health insurance products. In the unlikely event Aflac should ever become insolvent or otherwise be unable to continue operations, it would ensure members receive uninterrupted routine vision benefit coverage through the end of the applicable contract period. Aflac would ensure members receive advanced written notice of any anticipated change to Aflac's business operations.

Quality Assurance Standards

Aflac has established an extensive Quality Assurance Program to allow Aflac to identify, evaluate, and remedy potential problems relating to access, continuity, and quality of care.

Aflac Group Vision products are supported by ABS' Quality Improvement Program ("Program") which serves as the foundation of our organization's commitment to members, providers, regulatory agencies, and accrediting bodies and associates to continuously improve the quality of the treatment and services we provide. The Program links the activities of compliance, quality assurance, quality improvement, peer review, grievance and appeals, utilization management, and risk management into an organized, systematic, metric driven manner.

The Quality Management Work Plan ("Work Plan") operates to continuously improve the quality of the treatment and services we provide to our valued partners. The Work Plan acts in conjunction with the Program and is carried out with the help of various committees. The Work Plan includes a corporate listing of required meetings, schedule of the meetings, and quality monitoring statistics necessary to maintain an organized reporting and management system.

Our Quality Improvement Committee ("QIC") is established by charter and provides oversight of quality related activities of all departments. The QIC sets benchmarks for department quality standards, performance goals, assures that they are appropriately reported, and are responsible for the integrity of the quality management and improvement program, the Utilization Management ("UM") Program, the Health Education and Wellness Program ("HEW"), Provider Network appointment and reappointment process, policies and procedures, Member Satisfaction Survey reporting, Provider Satisfaction Survey reporting, and Clinical Guidelines.

ABS' management approach is to govern by committee and the Program follows basic principles of quality improvement with a team approach of clinical leaders, subject-matter experts, and day-to-day leadership to measure and monitor processes. As per the Work Plan, regularly scheduled quarterly committee meetings are held by leadership in HEW,

Grievance & Appeals (G&A), UM, and Peer Review. High-level reporting of the metrics, discussions, and results in each meeting is then reported to the QIC no less than once each quarter.

The Governing Body, which includes the COO, is responsible for the oversight of all quality monitoring and improvement activities for ABS. This oversight is to include the approval of the Quality Management Work Plan, Quality Management Evaluation and Quality Improvement Program. In addition to oversight, the Governing Body provides guidance and strategic direction to all departments and committees. An annual evaluation of this is conducted and includes annual evaluation of process improvement projects and results, in addition to annual evaluation from leadership in the UM, G&A, and HEW Programs. All ABS Committees report up the Compliance Committee who in turn report up to the Governing Body.

Methods for Tracking and Assessing Clinical Outcomes from Network Services

Aflac's Utilization Management (UM) Department has established a comprehensive program to track and trend UM processes, which allow us to better evaluate and design our benefit structure and UM processes to assure continuity of care is provided to members. By monitoring utilization data, trends can be identified which can demonstrate rapid or unusual changes or patterns of treatment that may positively or negatively affect members. Routine vision utilization is tracked on a continual basis with hands-on involvement of the Medical Director.

Established methodologies are used for measurement purposes to every extent possible. When UM concerns are identified, an action plan is established by the QIC. Such action plans may include provider education, member education, staff development, administrative changes, provider contract changes and/or alteration of provider privileges. The scope of each action plan is determined based on the circumstances and identified causes that relate to each unique adverse outcome or variance from the standard. The scope of each action plan is approved by the QIC, which ensures that interventions are timely and meaningful. Re-measurement is performed at appropriate intervals to determine the effectiveness of interventions.

Aflac and ABS periodically review utilization within and across defined groups to determine trends, patterns, and aberrancy of utilization with the objective of early detection of member/provider trends. Comparisons are made against benchmarks, historic norms, and acceptable methodologies for measurement.

Methods for Evaluating Consumer Satisfaction with Services Provided

Aflac and ABS monitor member satisfaction through the analysis of member complaints, grievances and appeals. Aflac and ABS have a Grievance Committee, which is overseen by the Quality Improvement Department.

The Grievance Committee is responsible for the processes for identifying, reporting, and resolving reported grievances, complaints, and appeals from members. The Grievance Committee strives to oversee reported matters are handled in an efficient and timely manner. In addition, the Grievance Committee is responsible for the facilitation of reporting to the QIC. This is to ensure the implementation of an effective resolution process and adherence to all regulations and contract requirements. On a quarterly basis, the Grievance Committee analyzes, tracks, and trends all complaints, grievances, and appeals and works with the QIC to rectify any company or provider issues that appear to be trending.

Recommendations may be made to management related to benefits or administrative issues, or to providers or Davis Vision if the trends are related to provider offices, services rendered by providers, or network access issues. Corrective Action Plans may be instituted and monitored by the Grievance Committee.

Additionally, the Quality Department conducts member satisfaction surveys each month. Survey results are analyzed and reported to the QIC. The QIC is responsible for the integrity of the quality management and improvement program, including the Member Satisfaction Survey reporting.