



COMPANION LIFE INSURANCE COMPANY  
1301 GERVAIS STREET, SUITE 900, COLUMBIA SC 29201  
P.O. Box 100102, Columbia, South Carolina 29202-3102  
(803) 735-1251

## **Companion Life Insurance Company Network Access Plan EyeMed Network**

Companion Life Insurance Company uses a leased managed vision provider network arrangement with EyeMed Vision Care, LLC (EyeMed). Providers in the Companion Life Insurance Company network contract through EyeMed. Providers participating in the EyeMed Network agree to provide eye care services and materials according to EyeMed, state and federal requirements. The Colorado Division of Insurance requires us to provide you with this Network Access Plan. The Network Access Plan describes your vision plan's provider network and related topics.

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## **NETWORK COMPOSITION, IDENTIFICATION OF PROVIDER CRITERIA**

Companion Life's EyeMed network of vision providers helps to ensure quality health care, value and convenience. Members enjoy easy access to thousands of conveniently located vision care providers. The scope of providers covered within the EyeMed panel consists of Optometrists - Doctors of Optometry (OD), Ophthalmologists - Doctors of Medicine (MD), and Opticians.

Providers who choose to participate in an EyeMed network agree to provide vision care services and materials according to EyeMed, state, and federal requirements. Prior to network participation, each provider must meet all criteria outlines in EyeMed's credentialing policies. EyeMed will only add approved providers to provider directories.

EyeMed created its vision network based on numerous market variables. EyeMed chooses providers for this network based on the following criteria:

- Access and availability
- EyeMed's credentialing standards
- Provider ability to meet network participation criteria
- Cost efficiency

You have access to many providers across the nation; including independent providers, popular retailers, and online options so you can see who you want to see, when and where you want to see them. You do not need an authorization or referral to seek eye care services or materials.

The best place to find an eye doctor is on the EyeMed website, [www.eyemed.com](http://www.eyemed.com). Just click on find an eye doctor or locate a provider. The online provider directory is the best place to go because EyeMed updates the information daily. Enter the zip code to narrow your choices to the place you want to start. You can narrow the zip code search to a network, provider name, specialty, languages spoken, new patient acceptance, gender, hours & scheduling and more. You can request a printed copy of the directory by clicking on the email link or by printing.

## **NETWORK STANDARDS AND ADEQUACY**

The vision network includes thousands of independent providers, popular retailers and online options so you can see who you want to see, where and when you want to see them. EyeMed builds their networks based on how many providers there are in a specific area and the provider's ability to meet network participation standards.

All providers must complete credentialing before joining Companion Life's EyeMed network. EyeMed requires re-credentialing every three years. Between credentialing cycles, EyeMed monitors the following as part of ongoing quality review:

- State board sanctions
- Loss of license
- Office of personnel management/office of inspector general reports
- State and federal program exclusion lists
- Medicare opt out

To the greatest extent attainable, EyeMed ensures that members can obtain services without unreasonable delay and within proximity to an in-network participating provider through routine network adequacy monitoring.

**NETWORK MONITORING AND CORRECTIVE ACTION PROCESSES**

EyeMed’s quality program monitors network provider quality through safeguards to prevent dissatisfaction through the following:

- Network sufficiency
- Member complaints and telephone satisfaction surveys
- Provider satisfaction surveys and provider disputes
- Prompt payment of claims and claim error rates
- Call center call abandonment rates, average speed of answer and other factors
- Provider billing patterns for potential fraud, waste or abuse
- Screenings to identify providers who are sanctioned or excluded from accepting federal funding
- Credentialing at application and rechecks every 3-years to make sure providers are qualified
- Annual compliance education and collection of compliance attestations
- Provider contracts and provider manual that clearly state requirements and expectations.

To assure on an ongoing basis that the network is sufficient to meet the needs of member, EyeMed monitors the network against the following accessibility and availability requirements -

**Accessibility**

EyeMed manages its networks to enable Companion Life’s members to obtain covered vision care services from participating providers without unreasonable travel time and distance. Travel time and mileage is measured using the DOI standards for vision providers, the EyeMed national accessibility guidelines are:

PROVIDER TYPE	URBAN AREA	SUBURBAN AREA	RURAL AREA
OPTOMETRISTS (OD)	2 IN 10 MILES	2 IN 10 MILES	1 IN 20 MILES
OPHTHALMOLOGISTS (MD/DO)	2 IN 10 MILES	2 IN 10 MILES	1 IN 20 MILES
OPTICAL DISPENSARY	2 IN 10 MILES	2 IN 10 MILES	1 IN 20 MILES

**Availability**

**EyeMed manages its networks to enable Companion Life’s members to schedule an appointment for routine vision services within the EyeMed requirement of 14 days, the DOI’s standard of schedule an appoint with 60 days 90% of the time and federal requirements. Non-availability**

For reimbursement of an out-of-network claim using in-network benefits, one of the following exceptions must apply:

Based on a Companion Life’s member’s home or work address the member was unable to:

- Locate a participating provider within a 10-mile radius in an urban-suburban area;
- Locate a participating provider within a 20-mile radius in a rural area; or
- Schedule a visit within two-weeks.

If one of the three exceptions above applies to a Companion Life member, they may complete the “CLAIM FORM 2: Out-of-Network Reimbursement if not able to use In-Network Provider” form. For directions on how to access this form, see the “COMMUNICATIONS” section below. By mail, members can print, complete and sign this claim form.

## **Telemedicine**

EyeMed will contract with telemedicine providers only when specific requirements are met. Telemedicine providers will be held to the same standards of appropriate care as providers offering in-person service. The level of care will also be equal to in-person service.

## **REFERRAL PROCESS**

Companion Life members do not need a referral to seek eye care services or materials or to select or change their vision providers.

## **COMMUNICATIONS**

The Member Web (<https://eyemed.com/en-us/member>) is an online tool designed to assist you with locating benefit details, confirm eligibility, check claim status, print replacement ID cards, locate a provider, schedule an appointment online, view health and wellness information, or get special offers. For the “CLAIM FORM 1 Out-of-Network Claims if you have Out-of-Network benefits” and “CLAIM FORM 2: Out-of-Network Reimbursement if not able to use In-Network Provider” or to check the status of a claim, members can log in to their member account and navigate to the Claims tab.

To view network providers, members can log in to Member Web or just click the “Find an eye doctor” link on EyeMed’s home page, <https://eyemed.com>. If members are having issues accessing Member Web, they may contact EyeMed at (866) 939-3633. Members can manage their communication preferences from Member Web on the My Account tab.

If a member loses their card or needs extra cards for their covered family member, they can print a replacement on [Member Web](#). Members can view a digital version anytime, anywhere, by downloading the EyeMed Members App through the [App Store](#) or [Google Play](#).

## **PATIENTS WITH SPECIAL NEEDS**

### **1. Translation Services**

For members whose primary language is not English, EyeMed offers language assistance services through interpreters and other written languages to answer questions you may have. For language assistance, call 1-888-249-5194 at no additional cost. Access TTY services by dialing 711. For alternate formats, call 1-866-939-3633.

### **2. Members with Diverse Cultural and Ethnic Backgrounds**

Your plan complies with DOI and federal laws to prevent discrimination. EyeMed, its health plans and network providers do not consider an individual’s race, disability, religion, sex, sexual orientation, health, ethnicity, creed, age or national origin when providing access to care.

### **3. Members with Physical and Mental Disabilities**

For people with disabilities, EyeMed offers free aids and services, such as sign language interpreters, large print, audio, and accessible electronic formats.

EyeMed’s network providers are required to provide services in a culturally competent manner to all members, including those with limited English proficiency or reading skills, diverse cultural and ethnic

backgrounds, physical and mental disabilities and health conditions. Annual cultural competency training is required to help providers and staff members understand how to deliver care across cultures and patients with disabilities.

If you believe that your plan has failed to provide these services or discriminated on the basis of race, disability, sex, sexual orientation, health, ethnicity, creed, age, or national origin you can file a complaint, also known as a grievance, by emailing [eyemedQA@eyemed.com](mailto:eyemedQA@eyemed.com) or calling 1-866-939-3633.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## APPEALS AND GRIEVANCE

You have the right to appeal a denied claim. You can ask for a review if we deny a claim and you do not agree. This is called an appeal. Appeals may be submitted via mail, email, or fax.

You can initiate a grievance or appeal by following the instructions available on the Explanation of Benefits (EOB). If you need help with any step in the process, you can contact the Member/Patient Services at 866-723-0513 which is also found on your ID card.

A complaint/grievance is defined as a verbal or written expression of dissatisfaction by a member, member authorized representative, or a provider. You can submit a complaint for any reason.

You may also contact us to obtain information regarding your appeal rights.

## COORDINATION AND CONTINUITY OF CARE

Continuity of care is not applicable to routine vision plans as only routine exams and materials are covered. Routine exams and materials may be provided by eye care professionals without prior vision history.

This section describes your rights and Companion Life's responsibilities in the event of contract termination between a vision provider and EyeMed.

### Claims payment:

EyeMed will process all claims submitted before the termination date and within claim-filing limits per the plan design.

### Notification:

Providers will notify their patients that they are leaving the network. Providers are required to inform you that they are no longer a participating provider before seeing you.

**Removal from locator:**

Once a provider is no longer participating on the network, their location(s) will be removed from EyeMed's automated locator services effective the day of termination.

**Referrals and follow-up care:**

If a referral is required, terminated providers will provide referral instructions for follow-up care or clinical record requests when necessary.

**HOLD HARMLESS**

All EyeMed network provider contracts contain a "hold harmless" provision. This prevents network providers from balance billing you in the event of the health plan's insolvency or inability to continue operations.