

# Network Access Plan

Unum Vision, Powered by EyeMed

## NETWORK ACCESS

Unum Vision powered by EyeMed plans are marketed by Unum and EyeMed, administered by First American Administrators and underwritten by Starmount Life Insurance Company, Baton Rouge, LA.

Providers in the network utilized by Unum Vision Powered by EyeMed are contracted through EyeMed Vision Care, LLC.

Tell us about your member experience by calling the Customer Care Center number listed on your ID card.

## NETWORK COMPOSITION

The scope of providers covered within the EyeMed panels consists of Doctors of Optometry (OD), Doctors of Medicine (MD), and Doctors of Osteopathy (DO).

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

Participating network providers have agreed to certain fee schedules. Members that seek services from in-network participating providers will generally incur less out-of-pocket costs.

## PROVIDER DIRECTORY

A comprehensive listing of participating providers is available at [www.eyemed.com](http://www.eyemed.com). The online provider directory is updated daily, excluding interruptions due to system maintenance, upgrades or unplanned outages.

To get a printed copy of the provider directory, contact the Customer Care Center at 1.866.939.3633 (or your group-specific phone number on your ID card). Should you elect to request a printed copy or use a printed subset of the directory, keep in mind that the printed directory is only accurate as of the date printed and limited by the search filters. The online provider locator is the most current and complete provider directory.

## NETWORK QUALITY

The EyeMed network of participating providers has been rigorously reviewed for competency and contracted to follow specified guidelines. Each provider must meet EyeMed's credentialing standards, at a minimum, meet the NCQA standards or other similar industry acceptable organization's standards, established nationwide, as applicable to the specific type of provider and benefit plan.

## QUALITY ASSURANCE

All providers must complete credentialing before joining the EyeMed network. EyeMed requires re-credentialing every three years. Between credentialing cycles, EyeMed monitors the following as part of the 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

## NETWORK MONITORING AND MAINTENANCE

To the greatest extent attainable, EyeMed maintains an extensive vision in-network participating provider panel in all service areas. In the same manner, EyeMed ensures that covered persons can obtain services without an unreasonable delay and within proximity to an in-network participating provider, according to adequacy and accessibility standards.

The adequacy of the network to provide services to members is assessed and opportunities, to the extent appropriate, for supplementation of the network are identified. When such areas are identified, a request is sent to EyeMed to initiate a network development campaign to secure the participation of the providers deemed necessary. We actively work with EyeMed to address issues pertaining to accessibility to services and appointment wait times for both new and established patients. Telehealth is not used to meet healthcare needs and network adequacy standards.

## NETWORK ADEQUACY AND ACCESSIBILITY STANDARDS

Because we do business across many different jurisdictions and because state and/or federal regulations generally require network accessibility standards specific to a certain jurisdiction and/or line of business, we do not have a single set of network accessibility standards. Rather, we adopt the accessibility standards applicable to each of the jurisdictions and lines of business managed to meet the accessibility needs of our members.

## REFERRALS & AUTHORIZATIONS

You may seek covered services from an in-network or out-of-network provider without a pre-authorization or referral.

## GENERAL PLAN FOR PROVIDING SERVICES

You have the option to use participating providers that offer services according to their contracted fee schedule. You are also allowed the opportunity to use any out of network provider at all times.

When you live or work in an area where there are no network providers within a reasonable travel time and distance, you are eligible to receive services from an out-of-network provider at your in-network level of benefit. The exception to this right is if you choose to use an out-of-network provider based on your choice or convenience. When logged in to Member Portal, EyeMed's Enhanced Provider Search will display an informational message when you enter a zip code in your network that does not have enough providers. You must submit a [network access exceptions](#) form for reimbursement.

## COMMUNICATIONS

Each named subscriber is issued a Certificate of Coverage or Policy, which includes a Schedule of Benefits for their selected plan. The certificate outlines the benefits covered under your plan, how to use your benefits, and your rights and responsibilities under the plan.

You may register for online access for a Member Web account at <https://www.eyemedvisioncare.com/unum/public/login.emvc>, an online tool designed to assist you with locating providers, printing ID cards, printing benefit summaries, checking claim status, contacting Customer Service, managing claim privacy and accessing certain forms.

## PATIENTS WITH SPECIAL NEEDS

We are committed to providing equal access to services to members with physical and visual disabilities as to members without such disabilities. We also strive to lead by example and provide websites that are accessible to all audiences, regardless of technology or ability.

Our providers are required to comply with all local, state and federal laws and regulations that relate to the provisions of vision care services, including applicable requirements of laws prohibiting discrimination based on disabilities, including the Americans With Disabilities Act.

It is our policy to make arrangements as necessary to accommodate those insureds who have special needs to ensure that they have equal access to administrative and clinical services on the same basis as do insureds who do not have special needs.

### **Non-English speaking**

We offer interpreter service for non-English speaking members. Our service interprets over 200 languages and dialects. If you require language assistance, please contact the number on the back of your ID card be connected to an interpreter.

In the event of a call to our Member Services call center from a Non-English speaking caller, the Member Services representative initiates a conference call to Language Line and either requests assistance with the language needed, if the representative has been able to determine the language, or assistance with determining the language needed, if the representative has been unable to determine this.

### **Hearing impairment**

We utilize a TTY line for communication with individuals who are hearing-impaired. You may initiate a call through the TTY by calling a toll-free number or, in the event a call is received from a hearing-impaired individual on our standard Member Services line, the Member Services representative initiates a call to the TTY Service.

If you have a special need not previously addressed, we will make such arrangements as are necessary to provide equal access to administrative and vision care services as are provided to members who do not have special needs. Due to varying individual needs, the nature of such arrangements is determined on a case-by-case basis pursuant to the special need identified.

All calls are handled in a professional and courteous manner, and all special need members are treated with the same level of professionalism, respect and courtesy as is afforded to insureds who do not have special needs including those with diverse cultural and ethnic backgrounds.

## GRIEVANCE & APPEALS

You and your provider have the right to send us a grievance or appeal a claim. We have policies and procedures in place to resolve it in a timely manner based on urgency and state regulatory requirements. All grievances and appeals are properly documented, and our responses will be provided and communicated to you as required by state law.

You can initiate a grievance or appeal, by following the instructions available in your member certificate, on the Explanation of Benefits and our website. If you need help with any step of the process, contact us at the number on your ID card.

## COORDINATION & CONTINUITY OF CARE

A covered person who is in an active course of treatment may be transitioned to a participating provider in a manner that provides for continuity of care when a covered person's provider leaves or is removed from the network. However, services requiring continuity of care are not covered by routine vision plans.

All providers on the EyeMed network agreed to a “hold harmless” provision which prevents in-network providers from balance billing members if the insurer is insolvent or can no longer continue operations.

All providers on the EyeMed network also agreed to provide at least a 60 calendar day, or as defined by State specific guidelines, notice prior to leaving the network without cause.

## MEDICAL EMERGENCY CARE

Seek medical emergency care for eye injuries or illness from any available medical provider. To become more knowledgeable about medical eye care coverage, contact your medical carrier. While broken glasses are not an eye care emergency, one of our in-network eye providers can review your benefits to determine if you can get a replacement pair of glasses or contacts.

<sup>1</sup>The policies included in this document are applicable in all states. State specific policies are available when the state’s requirements are stricter than what is included in this policy. Contact the number on the back of your ID card to request state specific information.