Humana

Colorado Network Access Plan

Humana Vision Insight PPO Network of Colorado Network ID:

HIOS Issuer ID: ***73288***

INTRODUCTION

A. PURPOSE

The purpose of this Network Access Plan is to describe to Humana Vision Insight members of the Colorado specific policies and procedures for maintaining and ensuring that the Humana Vision Insight Network is sufficient and consistent with state and federal requirements.

The Colorado Network Access Plan is designed to demonstrate Humana Vision Insight is:

- An adequate network that is actively maintaining, as well as describe/explain network adequacy results and corrective action processes.
- Assurance that no referrals are needed.
- The required documentation, disclosures and notices to inform consumers of the plan's services and features.

B. SCOPE

The information contained in this Colorado Network Access Plan is specific to the following:

CARRIER	Humana Insurance Company
NETWORK	Humana Vision Insight Plan
NETWORK ID	227
NETWORK TYPE/ GENERAL DESCRIPTION	Employer Group and Individual PPO Routine Vision Network Plan
GEOGRAPHIC AREA COVERED BY THE NETWORK	Humana Vision Insight is available in the entire state of Colorado
WEBSITE	https://www.eyemedvisioncare.com/humanavis/public/provloc.emvc?networkId=227
CONTACT INFORMATION	Customer Service: 1-866-537-0229

C. NETWORK ADEQUACY AND CORRECTIVE ACTION PROCESSES

Network Adequacy Summary:

Humana's Participating Provider Network is measured against health plan enrollees utilizing the Network Adequacy Availability and Geographic Access Standards defined in Colorado DORA Regulation 4-2-60.

To establish mechanisms to ensure the Humana Vision Insight network has sufficient numbers and types of practitioners.

Humana Vision Insight maintains an adequate network of primary care providers for this routine care Vision PPO product and monitors how effectively the network meets the needs and preferences of its membership. Humana assess the cultural, ethnic, racial and linguistic needs of its members and adjusts the availability of providers in its network when necessary.

To evaluate the availability of providers who provide routine vision services in Colorado for Commercial Off-Exchange vision plans, Humana Vision Insight will:

- Utilize the Geographic Access Standards defined in Colorado DORA Regulation 4-2- 60 as the measurable standards for geographic distribution for each provider type.

- Humana Vision Insight evaluates compliance via regular Geo Access analyses that cross check member home addresses with network provider addresses. Analyses include determination of sufficiency and network provider access.

- Humana Vision Insight monitors enrollment to be sure that the total number of members for the provider network remains below maximum available ratios. Upon discovery of inadequacy, Humana Vision Insight performs recruitment.

- Humana does not currently utilize telehealth providers to meet routine vision needs and network adequacy standards. Humana reviews the vision provider network monthly and makes adjustments to meeting network adequacy and access standards accordingly.

D. Assessment of Network Adequacy

Objective: To monitor access to healthcare services and take action to improve it.
Humana collects and analyzes data from complaints and appeals about network adequacy for:

a. Routine Vision services
b. Eyewear and contacts
c. Uses the aspects of analysis from a&b to determine if there are issues specific to particular geographic areas or types of practitioners or providers.

Humana:

1. Prioritizes opportunities for improvement of routine vision care services identified from analyses of availability, accessibility, and member complaints and appeals
2. Implements interventions on at least one routine vision care services opportunity, if applicable
3. Measures the effectiveness of interventions for routine vision care services, if applicable

This process is outlined in Humana Policy NNO 702-044-12.

E. Participating Provider Selection

The business needs and regulatory requirements (including state specific laws, rules and regulations) of each market network and membership needs, as determined on a market-by- market basis, dictate the numbers and types of physicians and other providers with whom the market contracts, so long as such needs do not discriminate in terms of participation, reimbursement, or indemnification against any health care professional who is acting within the scope of his or her license or certification under state law, solely on the basis of the license or certification. Leaders at each local market determine specific network configurations (for example, if a network is “open” or “closed” for a provider specialty type).

Provider selection for participation in the Humana Vision Insight network may include but is not limited to the following standards:
Accessibility:

- Must meet Geographic Access Standards defined in Colorado DORA Regulation 4- 2-60 for provider type and service area
- Humana makes a priority of contracting with doctors who are accepting new patients and are located in the areas where current members live.

Contractual Compliance: Provider's willingness to accept:

- Humana Vision Insight standard contract language
- Humana Vision Insight offered reimbursement rates. In order to participate in Humana Vision Insight network, vision care providers must be willing to agree to a negotiated rate. These negotiated rates are one advantage of having health insurance because you usually pay less for the services you receive when you visit a vision care provider in your Humana network. Humana looks for vision care providers who are willing to agree to reimbursement arrangements that reward them for meeting certain performance standards or outcome metrics for their patients.

Quality Compliance:

- Satisfies all applicable credentialing and re-credentialing standards. The credentialing process is a way to verify the qualifications of doctors and other health care providers. The process includes checking education and training, licensure, board certification, malpractice claims history, and other background information that applies to the provider's specialty. Doctors are reevaluated at least every three years.
- Humana also considers member complaints received about specific doctors when deciding whether to continue a provider's contract with our network.

NOTE: Humana Vision Insight does not have a tiered network.

Corrective Action Process

For networks found to be inadequate, Humana will make best efforts to comply with the deadlines and expectations of Colorado DORA to address corrective action plan upon notification.

Process may include but is not limited to the following:

- Validate networks found to be inadequate
- Identify impacts to policyholders
- Identify available providers for potential contracting opportunities
- Communicate action plan to the Division
- Communicate results of action plan to the Division

F. Corrective Action Plan for Current Network Deficiencies:

Provider/Facility Type	County(ies) - county type	Corrective Action Plan
Routine Vision Provider	Arapahoe El Paso Larimer Weld	To identify, reach out to and recruit providers in deficient areas.

G. Network Inadequacy Waiver Summary

Covered members may obtain Network Inadequacy Waivers to receive a covered benefit, at the in-network level of benefit, from a non-participating provider should Humana's provider network prove to be insufficient in meeting the Geographic Access Standards defined in Colorado DORA Regulation 4-2-60 for the servicing provider type.

If members are unable to find a participating provider that is reasonably accessible they should contact the customer service phone number on the back of their member id card for assistance with finding the closest in-network provider or to request a Network Inadequacy Waiver.Members that submit an out-of-network claim form have the opportunity to indicate if their choice to use an out-of-network provider was due to network inadequacy. Claims processors check zip code and network availability and when the area is inadequate, process the member's claim at their in-network level of benefit.

H. Directories

Members can search for participating providers using the Find a Doctor tool located at the following web address:
https://www.humana.com/

In addition, .pdf versions of the provider directories can be requested by calling the customer service number on the back of their member id card. Humana refreshes the web-based directory every 24 hours.

Humana's online provider directory identifies languages spoken by each provider and is searchable by languages spoken to aid members in identifying providers who meet their needs. Translation and interpretation services for any language are available free of charge through Customer Service. Humana also has a Spanish customer service unit and a Spanish version of the website, including the online provider directory, to further assist Spanish- speaking members.

I. Referrals

The Humana Vision Insight plan does not require any referrals. A member can utilize any vision care provider listed in the provider directory without a referral.

J. Services Outside the Network

Humana Vision Insight is a routine plan and does not require outside services.

K. Network Access Plan Disclosures and Notices

Humana members have access to important plan disclosures and notices via the online member portal found at https://www.humana.com/insurance -through-employer- support/guidelines.
Excerpts from the "Guidelines for Humana members" are below, and shall demonstrate Humana's publication of important plan services and features:

L. Grievances and Appeals

At least annually, the Plan reviews member complaints, grievances and appeals to identify and trend access issues. The goal for complaints, grievances and appeals is to be <= 3 per 1000 members.

	Commercial NPOS
2026	
# All Complaint Types	0
# Network Adequacy Complaints	0
Complaints per 1000 members	.0%
2025	
# All Complaint Types	4
# Network Adequacy Complaints	0
Complaints per 1000 members	.24%

Source: June 2025 through May 2026 Clinical Access Team Reports
Findings: The goal of <=3 grievances per 1000 members was met for all products in both 2025 and 2026. No patterns or trends were identified. No additional action regarding grievances is needed at this time.

Barriers: No barriers noted as all access complaints were resolved by the Clinical Access team and no assistance or intervention was needed by the Market office Network Operations Department.
Recommendations/Actions: none

Request for Out-of-Network Services

Category	Number of Requests
Requests for Out-of-Network Services	210

Source – Clinical Care Services Business Optimization, Colorado Non- Par Utilization **Report – 6/1/2025 through 5/31/2026.**

Humana has determined the following standard as the base for detailed analysis of out- of-network service requests pertaining to Network Adequacy:

- Network Operations will analyze its provider network when "approved" out-of- network service requests meet or exceed ten requests per 1,000 members.

- If you're unhappy with some aspect of your coverage or need to make a special request, we want to help. Use these procedures to tell us what's going on. You can also find detailed information in your plan benefit documents about grievances, appeals

a. Grievances

A grievance is a complaint about any aspect of your plan — for example, you have problems with the service you receive, or you believe our notices and other written materials are difficult to understand.

There is not a specific requirement for grievance and appeals that applies to stand-alone vision plans. Human Vision Insight provides appeal information in the Explanation of Benefits at claim processing, posts complaint and appeal on the member website and the information is available upon request to the Call Center available Monday-Saturday 7:30 a.m. -11 p.m. and Sunday 11 a.m. – 8 p.m. Email and online resources are available 24/7

Grievances must be filed within 60 days of when the problem occurred. Please send written grievances to:
Humana Grievances and Appeals
P.O. Box 14165
Lexington, KY 40512-4165
Fax: 1-800 -949-2961

When calling or writing about a grievance, please have comments that support your request handy (include them with a written grievance) and tell us:

I. Your name
II. Your address
III. Your telephone number
IV. Your Humana ID number
V. The reason for the grievance

We'll investigate your grievance and inform you of our decision.

b. Appeals

You can file an appeal if your plan fails to provide required notices, give you a decision within the required timeframe, or forward your case to an independent reviewer if you don't receive a decision within the required timeframe. See your plan materials for more details about the timeframe for decisions.

M. Emergency and Non-emergency Care

Humana Vision Insight is a routine plan and therefore does not cover any life-threatening illness or injuries.

N. Finding a Provider in your Network

a. What is a network?

A network is a group of providers in a certain service area that have a contract to work with Humana. These providers agree to give you healthcare services at lower costs. When you visit in-network providers, you usually pay less for services, and the provider submits your claims to Humana for you. When you go to a provider who is not in your network, you pay more for your care. You also may have to file your own claims.

b. Find a doctor

Humana has different networks of providers for different health plans, so it is important to be sure you select providers from the specific network for your plan. Search for providers using the “Find a doctor or pharmacy” tool on the main page of Humana.com. You can enter your Member ID number from your Humana ID card at the beginning of your search, and you will see only the providers that are in your health plan’s network.

Or, you can log in to your personal account on Humana.com and use the “Find a doctor”

- Select "Find a Provider".
- Enter a Colorado zip code.
- When member's log-in, the locator auto-selects the member's network. Public access requires a network selection to avoid the public auto-default to our smallest network,.
- There are additional search field options
- Scroll to the bottom of the results page to the disclaimer section to locate the "How we build our network" description.
- Members can select the Print button to print their zip code filtered directory.
- The first level directory displays the provider location, the days/hours of operations, address, distance from the center of the zip code, the location's accessibility for disability, the regulatory disclaimers (at the bottom of the location listing) and a print button.
- The second level directory displays when you click on the location the list of providers in the location and their name, specialty, map, direction button, print button and the regulatory disclaimers.
- The third level directory display when you click on an individual provider reveals name, specialty, email address, gender, languages spoken other than English, education, accepting new patients, board certifications and certifications, primary license number and NPI.

O. Access and Accessibility of Services for Diverse Populations

a. Humana Accessibility Resources:

Humana Vision Insight complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Multi-language interpreter services:

If you (or someone you’re helping) have questions regarding your coverage, you have the right to get help and information in your language at no cost. To talk to an interpreter, call Humana Customer Support at the number on the back of your member ID card (TTY services are available).

Language assistance & alternative formats:

For our customers with disabilities or limited English proficiency, we provide the following communication services at no cost when interacting with Humana: Over-the- phone interpretation available in 200 languages
American Sign Language interpreters (in-person or video) Linguistically-trained interpreters for visually-impaired customers Video interpretation from a smartphone or computer
Teletype (TTY) services
Written materials available in languages other than English and alternative formats including braille, audio, large print, and accessible PDF

To request language assistance or request materials in alternative formats, please call Humana Customer Support at the number on the back of your member ID card (TTY services are available) or send an email message to accessibility@humana.com.

At the doctor or hospital:

Your doctors, hospitals, and other healthcare providers must provide free language assistance or in-person sign language interpretation at your request. If you need communication assistance, please let the staff know. If the provider will not provide the services you need, please call Humana Customer Support at the number on the back of your member ID card (TTY services are available) or send an email message to accessibility@humana.com.

b. Assessing the Health Care needs Covered Person

PLANS FOR 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 EyeCare professionals without prior vision history.

HOLD HARMLESS

The agreement between Humana Vision Insight and our contracted providers includes a “hold harmless” provision. This prevents network providers from balance billing you in the event of the health plan’s insolvency, inability to continue operations, and survives the termination of the provider contract.

Appendix B

(For Future State Access Plans with specific requirements)