2022

Aflac Group Vision Network Access Plan

WEST VIRGINIA

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

Contents

Introduction

American Family Life Assurance Company of Columbus ("Aflac") hereby establishes a written Access Plan for its preferred provider network servicing its members in the state of West Virginia. The network consists of leased access to Davis Vision, Inc. (referred to herein as "Davis Vision" or "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. Except for any information specified as confidential, information contained in this Access Plan shall be available for inspection at Aflac's administrative offices located in Tampa, Florida and shall be made available to any interested party upon request. 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: ABS Dental & Vision, Inc., Attn: VP of Network Development, 4919 W. Laurel Street, Tampa, FL 33607.

Network Leasing

Aflac has contracted with Aflac Benefits Solutions ("ABS"), a vision benefits manager, 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 West Virginia regulations. Aflac retains oversight responsibility to ensure the credentialing and quality assurance standards are consistent with those required by West Virginia and those established by Aflac. A delegated credentialing audit is performed on the leased network on an annual basis.

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 periodically monitors its participating provider network to ensure that members have access to a sufficient number of optometrists and ophthalmologists providing routine visioncare 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 West Virginia 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 statewide 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. Aflac 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.

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. Aflac providers are contractually obligated to schedule emergency appointments within 24 hours and are required to provide after-hours emergency access.

Specialty Care Providers

The Aflac Group Vision Plan does not provide for specialty care. Please refer to the Aflac Group 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 a non-participating 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 or Davis Vision Member

Services at 1-800-999-5431 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 provider.

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

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 instant access to an updated list of Network participating 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 the Aflac Vision Plan from the drop down list located at https://www.aflacbenefitssolutions.com/find-a-provider/. The member will then enter his/her City and/or Zip Code, and then click Search. The member can narrow the search results by selecting a Provider Specialty type, or entering in a provider's name or practice name. The Provider Directory is updated daily.
2. Member Services
   Members may contact ABS Member Services toll-free at 877-864-0625 or Davis Vision Member Services at 800-999-5431 to find a participating provider or to obtain further information on their Aflac Group Vision Benefits.

The Company will ensure that the web-based provider directory is available via print or by contacting Member Services to request a copy. The requested hard copy will be mailed to the member within 3 business days of the request.

Ongoing Monitoring

Aflac has 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 2 business days of receiving updated information.

Members can report a discrepancy in the provider directory by calling Davis Vision Member Services at 800-999-5431 or complete the online e-mail request in the Davis Vision portal at https://davisvision.com/members/.

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

Provider Types by County

The provider types available within each West Virginia county are in the chart below.

Provider Type Available	County Name
Ophthalmologist	Fayette, Grant, Greenbrier, Marshall, Monongalia, Ohio
Optometrist	Berkeley, Boone, Braxton, Cabell, Doddridge, Fayette, Grant, Greenbrier, Hancock, Harrison, Jefferson, Kanawha, Logan, Marion, Marshall, Mercer, Mineral, Mingo, Monongalia, Nicholas, Ohio, Putnam, Raleigh, Randolph, Ritchie, Roane, Taylor, Upshur, Wayne, Wetzel, Wood

Needs of Special Population

Aflac 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. ABS is 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. It is also available on our public website at https://www.aflacbenefitssolutions.com/. Scroll down to the bottom of the website and you will find it under Legal & Miscellaneous. 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 Group Vision Plan benefits through enrollment materials, the certificate of coverage, a public website, and a secure member portal. Members can log into the Davis Vision portal at https://davisvision.com/members/ to view the covered services and the benefits offered in their Aflac Group Vision Plan.

Members may search our website at https://www.aflacbenefitssolutions.com/find-a-provider/ for a Network provider in their area at any time or they may contact ABS Member Services toll-free at 877-864-0625 or Davis Vision Member Services at 800-999-5431. 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 Group Vision Plan provides benefits for routine vision care. If a member has an emergency, they should call their medical provider.

All Network optometrists and ophthalmologists are required to have 24-hour telephone access and the scheduling of emergency appointments within 24 hours. Callers who contact ABS Member

Services toll-free at 877-864-0625 or Davis Vision Member Services at 800-999-5431 are instructed to seek assistance from any participating routine vision provider and if the member does not have a current 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 the process to do is on their Explanation of Benefits in the Important Information about Your Appeal Rights section. Members may also contact 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 provide a list of all members to us who received treatment during the previous 12 months. We will notify these members no later than 30 days. The letter to members will display a list of in-network providers located in their area to assist them in finding a new eye care 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, participating providers will not under any circumstances hold customers liable for money owed to them by a carrier for covered services and will not, in any event, collect or attempt to collect from a customer any money.

Participating providers will look only to the carrier/payor for compensation for covered services provided to a customer and will at no time seek compensation, remuneration, or reimbursement from customers or persons acting on customers' 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.

The Quality Improvement Program (Program) 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) continuously operates to 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 UM Program, the Health Education and Wellness Program, Provider Network appointment and reappointment process, policies and procedures, Member Satisfaction Survey reporting, Provider Satisfaction Survey reporting, and Clinical Guidelines.

ABS management's 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 Health Education & Wellness (HEW), Grievance & Appeals (G&A), Utilization Management (UM), and Peer Review. High - level reporting of the metrics, discussions, and results in each meeting is then reported to the Quality Improvement Committee 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 Quality Improvement Committee (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 conducts periodic review of 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 monitors member satisfaction through the analysis of member complaints, grievances and appeals. Aflac has a Grievance Committee, which is overseen by the Quality Improvement Department. The Grievance Committee is responsible for ensuring processes for the identification, reporting, analysis, prevention and beneficial resolution of 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 Quality Improvement Committee. 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 Quality Improvement Committee 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, member satisfaction surveys are conducted by the Quality Department each month. Survey results are analyzed and reported to the Quality Improvement Committee (QIC). The QIC is responsible for the integrity of the quality management and improvement program, including the Member Satisfaction Survey reporting.