

Equitable West Virginia Group Vision Insurance Network Access Plan

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Introduction

The West Virginia Office of Insurance Commissioner (OIC) has licensed Equitable Financial Life Insurance Company and Equitable Financial Life Insurance Company of America (Equitable) to provide routine vision care insurance to members of policyholders sitused in this state.

The OIC requires health carriers to provide members with a Network Access Plan. Network Access Plans are public documents that describe health carrier policies and procedures for maintaining and ensuring that their networks are sufficient and consistent with state and federal requirements. The Equitable West Virginia Vision Network Access Plan describes how we build, maintain, and provide our networks to members.

Equitable leases the Vision Service Plan (VSP) network to provide in-network services at a discounted level in order to minimize a member's out-of-pocket cost when covered services are rendered. Members can also access any out-of-network provider for covered services. When an out-of-network provider is used, members' out-of-pocket cost may be higher.

Members With Special Needs

VSP promotes cultural competency among its employees and network providers to ensure interactions with members are made with an awareness of and sensitivity to differences in culture, ethnicity, gender, age, disability, religion, social class and/or sexual orientation, especially as they relate to vision health care. VSP contracted providers cannot discriminate against the hearing impaired, developmentally challenged and/or physically challenged. They must also allow full and equal access to covered services, including members with disabilities as required under the federal Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.

VSP provides access to free language interpretation in up to 170 languages and/or written translation services for all members in several ways:



- Members may contact VSP by calling 800-877-7195 to indicate their language needs.
- An additional toll-free number is available for Spanish speakers as well as an IVR self- service option in Spanish and a Spanish version on vsp.com
- Auxiliary aids and services, including qualified interpreters for individuals with disabilities and information in alternate formats, are available free of charge when those aids and services are necessary to ensure equal opportunity to participate for individuals with disabilities. Members may contact 800-877-7195 (TTY: 800-428-4833).

Quality Assurance

VSP ensures quality eye care to members accessing VSP's doctors. VSP objectively and systematically monitors and evaluates the quality and appropriateness of care and services. Local doctor and member feedback is obtained through VSP appointed State Professional Representatives to provide local and/or state specific input. Each quarter, VSP measures patient satisfaction through email surveys to determine the extent to which VSP has met their vision care needs and satisfaction. VSP management reviews the results quarterly and has a process for taking corrective measures when necessary. Finally, VSP monitors members' complaints, grievances and appeals for potential quality of care cases and conducts clinical reviews to determine if a quality-of-care incident occurred, then takes appropriate corrective action up to and including termination.

VSP seeks to identify, evaluate and educate network doctors on matters that affect the quality of care and services provided to VSP members. All VSP doctors are eligible for review and doctor reviews can be any time during their participation in the VSP network. Doctors scheduled for a review may be selected based on prior non-passing reviews, complaints and grievances, referral from VSP's corporate committee and/or a special review request. Doctor review trends are communicated to the QM Committee and then shared with the Board of Directors. We strive to continuously pursue opportunities for improvement and problem resolution.

Monitoring and Securing Network Adequacy

Although VSP has overall responsibility for ensuring adequate network access, Equitable monitors the network quarterly to ensure that the number of providers to members is adequate according to access standards. The access standard is one doctor in a 10 mile radius in urban/suburban areas and one doctor in a 25 mile radius for rural areas. If it is determined the above standards are not being met, then we work with VSP to implement appropriate interventions and



recruiting efforts. VSP also utilizes member complaints and satisfaction surveys to ensure that participating providers are within a practical driving distance and that appointment wait times and availability are reasonable.

If a covered person is having difficulty accessing an in-network provider in their area, they should contact VSP's Customer Care toll-free number at 800-877-7195 for assistance. If an in-network provider cannot be found in the covered person's service area, VSP will reimburse the covered person for services received from a non-participating provider at the in-network rate.

Telehealth

Members should contact their provider to determine the type of Telehealth or other technology that may be available to them. Generally, Telehealth is performed via our WellVision eExam program. This is a comprehensive eye exam performed on the member in select locations and includes all applicable pre-testing that is administered by a trained technician that accompanies the patient throughout the entire appointment. The VSP network doctor will then complete the eye exam including refraction, as needed, through the remote technology/equipment. The member's out of pocket cost for the exam will only be their exam copay as applicable to their plan, just like when they receive an in-office WellVision Exam® conducted by a VSP network doctor in-person. These select preferred providers will be considered innetwork regardless of whether services are rendered in the office or via Telemedicine or other technology.

VSP currently follows American Medical Association (AMA) guidelines for refractive exam requirements for all exam service levels and requires all covered refractive exam services to be delivered by a licensed Eye Care Professional (ECP) in a VSP-qualified location. Any advances in telehealth should involve an ECP, keeping in place the role they play in promoting eye health and diagnosing and/or treating ocular disease.

VSP supports delivery of appropriate medical eye care services via telehealth channels to supplement access to quality vision care. As proof of concept, VSP also supports an ECP's provider's discretion to leverage technology for the remote delivery of a refractive routine eye exam to create access and scheduling/staffing flexibility to better manage patient flow. To remain current as telehealth policy changes, VSP annually reviews new and/or revised CMS-approved telehealth services for integration with VSP products, as appropriate.

VSP will provide coverage for health care services appropriately delivered through telehealth on the same basis and to the same extent that VSP is responsible for coverage for the same service through in-person diagnosis, consultation, or treatment.

VSP does not include telehealth providers when determining the adequacy of its network's provider access.

Referrals



VSP does not make nor require referrals nor does VSP provide prior authorization for referrals. A member is able to obtain covered benefits, at the in-network benefit level, from a non-participating provider should VSP's network prove to not be sufficient.

Primary Care Providers

Members are not required to select a primary care provider. They may use any provider at point of service. If an innetwork provider is used, covered services will be paid at the in-network benefit level. If an out-of-network provider is used, covered services will be paid at the out-of-network benefit level.

Emergency, Urgent and Specialty Care

There is no special process or requirement for covering emergency, urgent or specialty care as our policy only covers routine vision care. If a member requires emergency, urgent or specialty care, they should contact a physician under their medical insurance plan.

Choosing and Changing Providers

Members may freely choose or change any in or out of network provider at point of service. However, it is always recommended that a member tells the provider that they are an Equitable member that uses the VSP network – this way the provider can contact VSP to verify eligibility up front so that there is no hassle to the member later on. Instructions on how to access a network provider is provided on the ID card.

Factors Used to Build Our Network

VSP chooses network doctors carefully based on their professional licensing, work history, education, malpractice history, professional liability and ethics. VSP network doctors have the following certifications: Optometrists (Doctors of Optometry) are Therapeutic Pharmaceutical Agent (TPA) certified and Ophthalmologists are American Board of Ophthalmology (ABO) certified.

VSP continually assesses the doctor network to ensure adequate access for members. VSP utilizes reports to analyze and



determine the percentage of members that will have access to a doctor within a specified distance. VSP runs specific reports to determine if standards are being met and whether to apply appropriate interventions when gaps are identified.

All doctors requesting participation in the VSP doctor network must complete the initial credentialing process and be recredentialed every 36 months going forward. VSP looks at a multitude of factors, and verifies the presence and timeliness of the following: professional licensing, work history, education, malpractice history, professional liability, Medicare/Medicaid sanctions and enrollment, along with other factors in accordance with NCQA standards.

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 providers without prior vision history.

Upon termination of a provider agreement, Equitable shall remain liable for covered services rendered to each insured who remains eligible under a policy with us or by operation of law, and who is under the care of a participating provider at the time of termination, until the covered services being rendered to the enrollee by the participating provider are completed, or we make reasonable and medically appropriate provisions for assumption of such covered services by another provider.

VSP's network providers agree to not bill a covered person in cases of insolvency or if operations cannot be continued.

Provider Directories

Members may find the locations of VSP network providers by visiting VSP's web site at **vsp.com** or by calling 800-877-7195. Members are not limited to any geographic area when they wish to use covered benefits. They may select and utilize a network provider anywhere throughout the United States by using drop down options and the advanced search criteria within the provider directory. Members may also contact VSP to request a printed version of the provider directory which will be provided within 5 business days of the request. Both the online and print directories are updated weekly on Sunday evenings and the date of the most recent provider directory update can be found on the last page, last line of the provider directory. The information found in the provider directories are provided by the individual providers, subject to quarterly audits, and based on VSP's records as of the date of the search and/or printing of the provider directory. Providers must confirm their current information or provide new information which is immediately updated in VSP's file. VSP takes additional follow up action if there is no response or if there is a returned response. Change responses for certain types of information independently and automatically populate without verification from the providers. Change responses for other information are identified and reviewed and verification calls are made by VSP staff to the practice owners. Providers are pro-actively sent a bi-monthly reminder to ensure the information that is



appearing in the provider directory is accurate. Audit information is retained in a protected database for a period of six years. Members may report a directory inaccuracy by contacting VSP at 800-877-7195 or emailing directory@vsp.com.

Plan Services and Preventive Care Benefits

Members should log into **vsp.com** for specific services and features. Coverage includes preventive exams and eyeglasses or contact lenses in lieu of eyeglasses. Copayments and/or allowances may vary based on the plan design purchased by the policyholder. Members are responsible for all copayments. Members are responsible for any amount over our allowance for out-of-network claims. There may also be additional discounts available when an in-network provider is used. VSP or the provider may be contacted for more information on discounts.

Grievances and Appeals

Members have the right to submit a grievance or appeal if there is a disagreement regarding our payment decision on any aspect of coverage.

A grievance may be submitted by mail, telephone or online via the contact information shown in the Contact Information section below or through an in-network provider. Once a grievance is submitted, it will be resolved within 30 days following receipt unless an extension of time is needed in which case it will be resolved as soon as possible, but not later than 120 days from receipt. Members will be notified of an expected resolution date if necessary. Members will be notified in writing upon resolution.

An appeal may be submitted if the grievance resolution is not satisfactory. These may be submitted by mail, telephone or online via the contact information shown in the Contact Information section below within 60 business days from the grievance determination. A determination will be made and communicated to members within 30 business days of receipt of all necessary information. Members will be notified in writing upon resolution.

Members also have the right to appeal the initial claim determination within 180 days following the denial of a claim. Upon written request, relevant information pertaining to the denial will be provided at no charge. A decision will be provided in writing within 30 days of receipt of request including reason for appeal denial if the appeal is denied. Members can submit a second level appeal within 60 days of initial appeal denial. A final decision will be provided in writing within 30 days of receipt of second appeal including reason for denial if the appeal is denied. Members may have additional voluntary alternative dispute resolution options, including mediation and arbitration. Members may call or write the state



department of insurance if they remain dissatisfied with our appeal determination.

In-Network Provider Access

Anyone in the general public can find an in-network provider by clicking on the Find a Doctor tab in the vsp.com website or calling the customer service telephone numbers in the Contact Information section below.

Notification of Contract Termination and Other Cessation

In the event of Equitable's insolvency or other inability to continue operations, our contractual obligation is to inform the policyholder who should then notify their members. For cases of insolvency, the domestic regulator would mandate the specific notice that would be required to be provided to the policyholder and we would comply with any mandated requirement regarding such policyholder notices. We are not responsible for communicating this information directly to members.

In the event of Equitable's contract termination with a policyholder, our contractual obligation is to inform the policyholder who should then notify their members.

In the event of VSP's contract termination with a provider, this information will be updated in the provider directory. Members should access the provider directory to obtain current in-network providers. The provider directory shows the following language: The list of providers is kept as up-to-date as possible. To ensure the best experience, members should confirm that their vision professional is participating in the VSP° Vision Care network when making an appointment.

Additional Helpful Information

While ID cards are not needed in order to receive covered treatment, members may log into **vsp.com** to print a card. These are not automatically sent out.

A VSP provider can locate member eligibility using a social security number.

In-network providers will submit claims directly to VSP. However, if an out-of-network provider is used, it is the member's responsibility to file the claim. Instructions on how to file a claim are available here: https://www.vsp.com/fags/claims-reimbursement.



Provider Type by County

The chart below identifies the types of providers that are available by county in West Virginia as of December 2021.

County Name	Provider/Facility Type Available
Barbour	None
Berkeley	Independent Optician, Optometrist
Boone	Independent Optician, Optometrist
Braxton	Independent Optician, Optometrist
Brooke	Independent Optician, Optometrist
Cabell	Independent Optician, Retail Optician, Optometrist
Calhoun	Independent Optician, Optometrist
Clay	None
Doddridge	None
Fayette	Independent Optician, Optometrist, Ophthalmologist
Gilmer	Independent Optician, Optometrist
Grant	Independent Optician, Optometrist
Greenbrier	Independent Optician, Optometrist
Hampshire	None
Hancock	Independent Optician, Optometrist
Hardy	Independent Optician, Optometrist
Harrison	Independent Optician, Optometrist



Jackson	Independent Optician, Optometrist, Ophthalmologist
Jefferson	Independent Optician, Optometrist
Kanawha	Independent Optician, Retail Optician, Optometrist, Ophthalmologist
Lewis	None
Lincoln	None
Logan	Independent Optician, Optometrist
Marion	Independent Optician, Optometrist
Marshall	Independent Optician, Optometrist
Mason	Independent Optician, Optometrist
McDowell	None
Mercer	Independent Optician, Optometrist, Ophthalmologist
Mineral	Independent Optician, Optometrist
Mingo	Independent Optician, Optometrist
Monongalia	Independent Optician, Optometrist
Monroe	None
Morgan	None
Nicholas	None
Ohio	Independent Optician, Optometrist
Pendleton	None
Pleasants	Independent Optician, Optometrist
Pocahontas	None
Preston	None
Putnam	Independent Optician, Optometrist
Raleigh	Independent Optician, Optometrist, Ophthalmologist
Randolph	Independent Optician, Optometrist
Ritchie	Independent Optician, Optometrist
Roane	Independent Optician, Optometrist
Summers	None



Taylor	Independent Optician, Optometrist
Tucker	None
Tyler	Independent Optician, Optometrist
Upshur	Independent Optician, Optometrist
Wayne	Independent Optician, Optometrist
Webster	None
Wetzel	Independent Optician, Optometrist
Wirt	None
Wood	Independent Optician, Optometrist
Wyoming	Independent Optician, Optometrist

Contact information

VSP

Website: https://www.vsp.com/

Customer service telephone number: 800-877-7195 Hearing impaired customers may call 800- 428-4833

Hours: Monday – Saturday, 6:00 AM to 5:00 PM Pacific Time Address: 3333 Quality Drive, Rancho Cordova, CA 95670-7985

Equitable

Website: https://equitable.com/employee-benefits/contact

Customer service telephone number: 866-274-9887 Hearing impaired members may call 800-877-8973

Hours: Monday – Friday, 8:00 AM - 8:00 PM Eastern Standard Time