Colorado Option March 1 Carrier Network Adequacy Attestation Form

Carrier Name	UnitedHealthcare of Colorado, Inc.	
Market Segment	Small Group	
HIOS ID	59036	
Date	3/3/2025	
All networks to which this form applies		Network ID Number
Doctors Plan (CO Option)		CON004
Navigate (CO Option)		CON005

Please note: This attestation form DOES NOT replace the Medical Carrier Network Adequacy Form that must be filed with the Division during "normal" network adequacy filings. This form is used to determine whether the Commissioner will hold a public hearing pursuant to Section 10-16-1306, C.R.S. regarding a carrier's inability to meet network adequacy standards on Colorado Option plans .

Does the carrier EXPECT to file with the Division that it has met the Network Adequacy Standards so forth in Colorado Insurance Regulation 4-2-53 for the upcoming plan year for Colorado Option Plan Network?
If No, does the carrier EXPECT to prepare and file the appropriate attachments within the Medica
Network Adequacy Attestation Form with the specific reasons for not meeting the standard(s) for
Colorado Option Plan Networks?
Does the carrier EXPECT to file with the Division that it has met the Network Access Plan and
Continuity of Care requirements set forth in Colorado Insurance Regulation 4-2-54 and 4-2-56 for
Colorado Option Plan Networks?
If No, does the carrier EXPECT to prepare and file the appropriate attachment within the Medical
Network Adequacy Attestation Form with the specific reasons for a negative answer for Colorado
Option Plan Networks ²
Does the carrier EXPECT that the networks for all of the carrier's Colorado Option Standardized
Plan are no more narrow than the most restrictive network the carrier is offering for non-
Standardized plans in the individual or small group market for the metal tier for that Rating Area?
If No, does the carrier EXPECT to prepare and file the appropriate attachment within the Medical
Network Adequacy Attestation Form with the specific reasons for a negative answer for Colorado

Network Deficiency Explanation

The Health Plan does not anticipate a significant change in the network deficiencies from those submitted in Attachments B and C provided in the PY2025 filings, including Doctors Plan and Navigate, the CO Option Plan Networks. For the CO Option Plan Network midwife requirement, the plan does have a few rural areas that do not meet the network adequacy requirement.

Certification

I, THE UNDERSIGNED OFFICER OF UnitedHealthCare of Colorado, Inc. II, THE ONDERSIDE OFFICER OF OINTEGRAPATICATE OF CONDUCT, INCOMPACTING OF THE OFFICE OF HEALTH COVERAGES; HAVE CAREFULLY REVIEWED THE CONTENTS OF THIS ATTESTATION WHICH IS HEREBY FILED WITH THE COLORADO COMMISSIONER OF INSURANCE; AND CERTIFY, TO THE BEST OF MY GOOD FAITH KNOWLEDGE AND BELIEF, THAT THIS ATTESTATION IS ACCURATE AND CORRECT BASED ON CURRENT KNOWLEDGE AND THE BEST AVAILABLE DATA AS OF THIS DATE.

CMP2 Original Signature of Officer

03/03/2025 Date

Dorien M. Rawlinson_ Printed Name of Officer* _Vice President

Title/Position of Officer*

*If the individual signing the certification is other than the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation must be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors. Electronic signatures are not acceptable UNLESS provided through a signature verification provider such as VeriSign.

Last Revised 1/08/24