

QUESTIONS & ANSWERS

1. Q: Attachment I, pages 5 and 6, “Bidder’s Certification of Work (Printing)” and “Bidder’s Certification of Recycled Product(s)” - these are not listed on the Document Enclosure Checklist. Are we required to submit these forms in the vision care proposal?

A: **No. Only what is listed on the Document Enclosure Checklist.**
2. Q: Do you want 1 original and 5 copies?

A: **Yes**
3. Q: Are brokers invited to participate in the RFP process?

A: **Please refer to the paragraph “Pricing/Rates” on page 4, the first sentence of which reads “Bidder shall underwrite this plan without the payment of commissions”. This means no brokers.**
4. Q: The out of network requested was for \$25 in expenses covered and the remainder at 80% coverage. We can not administer a coinsurance plan on out of network. We can offer an allowance schedule for items that is in keeping with our standard plan. Is this acceptable as an alternative or is there something else you would like to look at?

A: **The out of network reads 80% not to exceed \$150. “The first \$25 of covered expenses are paid in full (exam and glasses combined), then 80% of the remaining covered expense will be paid, up to a maximum of \$150 per person per benefit cycle. So in essence the out of network is not a percentage but really a dollar amount.**
5. Q: Any issues or items you feel should be emphasized in the proposal? For example, service, number of providers, etc.

A: **Emphasis: Aside from cost is selection of frames/lenses and location of providers as well as ease of use (i.e. no paperwork if using a participating provider).**

6. Q: Would you please provide clarification on the frame benefit of your current plan? Eligibility data demonstrates that on average 75% were “Plan” frames. What do “Plan” frames consist of? Number of frames? Value of frames? In place of “Plan” frames members may choose doctor’s own frame receiving a \$55 wholesale credit. How does the member know the retail value of the frame in order to know what frames he/she is eligible for?
- A: **Our current provider has their own frames; they do not use frames from other sources. Therefore, the tiers mentioned are the tiers of frames from the Davis Vision program. Any other frames are treated as out of network and despite the \$55.00 credit the real issue is usually that the maximum reimbursed when non Davis materials etc. are used is \$150. We find that most people who go out of network do so at an out-of-network provider so the whole package (glasses and lenses) is reimbursed this way.**
7. Q: Are providers incentivised or paid a dispensing fee when selling a “Plan” frame?
- A: **As to how vendors are paid for dispensing a Davis frame, that is really a proprietary information. Each group has its own methods of dealing with this.**
8. Q: Would you provide clarification regarding spectacle lenses benefit of your current plan? What type of lenses are covered under the plan? What type of lens options are covered under the plan?
- A: **Spectacle lenses are just that - they go in frames and are not Contact Lenses.**
9. Q: Eligibility data from your existing plan regarding spectacles indicates that 100% were “Plan” lenses. Does this mean that all providers are not given freedom to use other than the Plan’s lenses/laboratories?
- A: **Lenses: No, the participant does not have to have the lenses made/provided by the carrier but if they go out of the plan so-to-speak, "the first \$25 of covered plan expenses (i.e. exam, frames and lenses all combined) then 80% of the remaining covered expenses is paid up to a maximum of \$150 per person per benefit cycle/year".**
10. Q: Regarding the contact lens benefit, specifically the asterisked comment on page 10, what type of contact lenses (brand and type) are covered by Plan?
- A: **Contact lenses: Each vendor will define this and/or what they call network/non-network.**

11. Q: Can members purchase additional pairs of glasses/contacts at a discount?
- A: **Other than the VDT benefit for the member only not his/her family, there is no stated discount per se for purchasing additional glasses.**
12. Q: The question is about the \$55 wholesale credit toward a network provider's own frame (see "Frames", p. 10). Can bidders use retail language instead of wholesale language?
- A: **In addition to wholesale amount, bidders are encouraged to answer in retail dollars as well, and/or in any language better understood by the customer.**
13. Q: What does the current plan include?
- A: **Please check the Vision Care Plan Benefit Description (4 pages - attached).**
14. Q: Are medically necessary contacts covered in full? Do they require prior approval, for how long are they covered, in what quantity?
- A: **Yes. See "Contact Lenses Elective", p.10**

As noted at the pre-bid conference, a typographical error was made in the paragraph "Contact Lenses Elective", page 10: The credit dollar amount toward contact lenses from the provider's own supply should read one hundred and five (\$105), not one hundred (\$100).