

**New York State Department of Civil Service  
NYS Vision Plan Services RFP  
Official Responses to Offeror Questions**

Following are the Department's responses to questions regarding the NYS Vision Plan Services RFP.

Note: If the Offeror's questions included their name, the name has been replaced with "Offeror."

**Questions and Answers as of March 29, 2011.**

<b>Section</b>	<b>Question &amp; Response</b>
<b>Q1</b> General	<p>We need the following document in Word Format: Section IV Technical Proposal Requirements (note: this is the main questionnaire).</p> <p>Need in Excel Format, Exhibit II.B: Enrollee Census for the GeoAccess and the GeoAccess reporting format doc.</p> <p>Exhibit I.Y: Can this Exhibit be provided in Excel format?</p>
<b>A1</b>	<p>To help potential Offerors develop a proposal to submit in response to this RFP, the following Sections/Exhibits have been added to the Vision Plan Services RFP website:</p> <p>Section IV of the Vision Plan Services RFP (Microsoft Word format) Exhibit I.Y Prerequisite Worksheet (Microsoft Excel format) Exhibit II.B Census for Geo.mdb (Microsoft Excel format) Exhibit II.B NYSGeoAccess.rpt (Adobe Acrobat PDF format) Exhibit III.A Participating Provider Claims (Microsoft Excel format) Exhibit III.B Indemnity Utilization (Microsoft Excel format) Exhibit III.C Dresswear Upgrade Utilization Summary (Microsoft Excel format) Exhibit III.H Laser Vision Correction Surgery 2008–2010 (Microsoft Excel format)</p> <p>Offerors are advised that if there are any discrepancies between the content of the Offeror's Proposal submission and the corresponding Department content as set forth in the document and Exhibits contained on the website (<a href="http://www.cs.state.ny.us/2012VisionPlanRFP">www.cs.state.ny.us/2012VisionPlanRFP</a>), the PDF files on the website are controlling.</p>
<b>Q2</b> General	<p>Can we please have a listing of current providers and the corresponding volume of claims (both number and dollars) and patients by providers.</p>
<b>A2</b>	<p>The top 100 participating providers for 2010 are included in <a href="#">Attachment 1</a> to the NYS Vision Plan questions &amp; answers document, dated March 29, 2011. Please note that Offerors are not required to solicit the same providers to participate in the NYS Vision Plan.</p>
<b>Q3</b> General	<p>Is it possible [sic] to get a few answers? (1=) SIC CODE (2) MALE AND FEMALE BREAKDOWN (3) legal address (4) legal name</p>
<b>A3</b>	<p>The SIC Code and enrollment breakdown between males and females are not required information in order for an Offeror to submit a Proposal. This information will not be provided.</p> <p>The agreement resulting from this RFP will be entered into by the New York State Department of Civil Service, having its principal office at the Alfred E. Smith State Office Building, Albany, NY 12239.</p>

- Q4** General Is this an insured product with 100% employer (NYS) premium contribution, or is this in fact a self-insured plan (that also does not require employee premium contribution)?
- A4** The NYS Vision Plan is a self-funded vision program that is paid for entirely by New York State (based on actual claims incurred by covered Members), with the exception of certain copayments, Upgrade Program fees and Laser Vision Surgery Discount Program fees paid by Members directly to the providers.
- Q5** General How will the current provider be handling run-out claims? For how long? Will this arrangement be expected to continue for the next contract?
- A5** If there is a change of vendor as of January 1, 2012, any eyewear orders that are open on December 31, 2010 would be the responsibility of the current vendor, EyeMed, and must be completed within the 90-day period at an EyeMed Participating provider location. Yes, this arrangement is expected to continue for the next contract.
- Q6** General How would you prefer to accept alternative plan designs to ensure they are considered and to ensure our compliance with your requirements?
- A6** Offerors must submit a Proposal that is responsive to the Administrative, Technical and Cost requirements of the RFP. The Department will only evaluate and consider for award, Proposal that are determined to be responsive to the Administrative, Technical and Cost requirements of the RFP.
- Q7** Section I Have there been any benefit changes made in the last 5 years?
- A7** Yes, there have been several benefit design changes over the last 5 years. Please refer to Exhibits II.C and II.D in the RFP for the current NYS Vision Plan design.
- Q8** Section I Would it be possible to provide current plan materials for each union that outline the entire benefit?
- A8** Exhibit's II.C and II.D in the RFP contains a Summary of Covered Benefits by Employee Group. You may also access Vision Plan benefit booklets for each Employee Group online at <http://www.cs.state.ny.us/ebd/epmc/ob.cfm>. To view the different Employer Group Vision benefits, use the "Change Your Group" option near the top of the page.
- Q9** Section I Do the contact lens benefits covered for \$105 and \$125 include the evaluation and fitting, or is that covered separately? If separate, please provide the coverage or discount percentage.
- A9** No, the contact lens evaluation and fitting benefit is not included in the current contact lens material allowance of \$105 and \$125. Contact lens fit and follow-up is a covered benefit for all Employee Groups, as set forth in Exhibit II.D. Please refer to Exhibit III.A for the amounts paid under the current program for contact lens fit and follow-up.
- Q10** Section I & Section IV Regarding the contact lens fitting: is there a copayment?
- A10** No, there is no copayment associated with the contact lens fitting. The \$25 or \$45 contact lens copayment is applied against contact lens materials.

- Q11** Section I Do the \$25 or \$45 contact lens copayments get deducted from the allowance or is the allowance applied in full after the copayment? Said another way, what would a member pay for \$200 worth of specialty or disposable contact lenses?
- A11** The \$25 or \$45 contact lens copayment is applied against contact lens materials. In the example above, assuming the Enrollee is in the M/C Employee Group, the Enrollee would pay \$120 out of pocket for disposable (premium) contact lenses with a retail value of \$200: [\$200 retail cost - \$125 allowance + \$45 copayment = \$120].
- Q12** Section I & Section IV Please confirm the occupational materials are identical to the dress benefit for all entitled groups, excluding the polarized and photosensitive benefits. If there are any other differences, please outline.
- A12** Occupational materials are identical to the dress benefit for all Employee groups who are eligible for the Occupational Vision Program, assuming criteria for the Occupational Program benefits are met. Currently, the Plan's criteria to qualify an Employee for Occupational benefits is as follows:
- Sunglasses, Polaroid lenses and photochromatic lenses are only permitted for Employees in the PBA-S, PBA-T or PIA Employee Groups;
  - Work area above eye level for more than one (1) hour per day will qualify for a Double-D bifocal
  - Computer or other non distance tasks where the focal distance is beyond eighteen (18) inches for more than two (2) hours per day will qualify for single vision computer Rx or bifocal computer Rx, provided that the Rx change from the dress eyewear is equal to or greater than:
    - .50D spherical power
    - .50D of multifocal add power; or
    - 2 mm or greater variation of segment height.
- Q13** Section I & Section IV How do we determine occupational benefit eligibility?
- A13** PBA Troopers, PBA Supervisors, PIA, PEF, M/C and unrepresented Employees are entitled to obtain a second pair of eye wear from a Participating Provider if needed, at the time the primary eyewear is ordered. See current Occupational Vision Program criteria in the response to Q12.
- As requested in Section IV.B.13.b.(2) of the RFP, the Offeror must propose criteria for the Occupational Vision Program.
- Q14** Section I & Section IV How do we determine respirator benefit eligibility?
- A14** The Respirator Insert benefit under the Occupational Vision benefit is available to only PBA Troopers, PBA Supervisors and PIA employee groups. The Respirator Inserts are obtained by the Participating Provider from the New York State Police.
- Q15** Section I & Section IV How do you expect the medical exception requests to be identified to the carrier?

- A15** Members seeking to receive benefits under the Medical Exception Program must provide appropriate medical exception documentation to the Participating Provider. The Participating Provider is responsible for seeking authorization for benefits from the Offeror.
- Q16** Section I Please clarify what the Laser Vision Benefit of \$200 is?  
Is the \$200 Laser Vision Benefit copayment per eye or per procedure?
- A16** Employees represented by ALESU, C82 and NYSCOPBA are covered for a laser vision correction benefit at a Laser Vision Correction Provider once every five years, subject to a copayment of 10% of the discounted cost for laser vision correction procedures, up to a maximum copayment of \$200. The maximum \$200 Laser Vision Correction Program copayment is per same day surgery, not per eye. For example, assuming the discounted cost of laser vision correction surgery is \$1,200 per eye, if an Employee had laser vision correction surgery on both eyes on the same day, their copayment would be capped at \$200. If, instead, they had surgery on one eye and 6 months later had surgery on the second eye, they would pay a copayment of \$120 for each surgery, for a total of \$240.
- Q17** Section I The laser network description references a section IV.B.16, which doesn't exist.
- A17** The correct reference is Section IV.B.9 subheadings "Laser Vision Correction Participating Provider Network", "Participating Provider and Laser Vision Correction Provider Credentialing" and "Participating Provider and Laser Vision Correction Provider Contracting." See Amended Section I of the RFP.
- Q18** Section I Is there a warranty on the laser benefit during the years following the surgery when it is offered as a covered benefit?
- A18** No. A warranty is not a required component of the laser correction vision benefit.
- Q19** Section I For the SEHP population, are children entitled to services on an annual basis?
- A19** No, SEHP dependent children are not entitled to services on an annual basis, regardless of age. Note: as a result of the Affordable Care Act, dependent children of SEHP Enrollees (only) are covered up to age 26, without dependent student verification.
- Q20** Section II Please provide a copy of the Non-Collusive Bidding Certification form?
- A20** This form is Exhibit I.D of the Vision Plan Services RFP.
- Q21** Section III & Section IV Can we provide network analysis reports in a non-Geo Access but equivalent report?
- A21** No, as stated Section III.B.5 of the RFP, submitting the network analysis as a GeoAccess Report is a Minimum Mandatory Requirement of this RFP.
- Q22** Section IV Is the Plan's current call center 100% based in the United States?
- A22** This is not required information in order for an Offeror to submit a Proposal. This information will not be provided.
- Q23** Section IV Approximately how many events a year are currently held?
- A23** In 2010, the current Vision Plan Contractor attended 12 health fairs/events. The Department requests voluntary attendance by the Vision Plan Contractor at events at which 200 or more Vision Plan Members are expected to attend.

- Q24** Section IV What is the process for verification of student status today? What are your expectations of the carrier?
- A24** Currently, the enrollee must complete a Student Status Form and send it to the Vision Plan Contractor before an eligible student dependent can receive vision care benefits. It is the enrollee's responsibility to submit the form, prior to time of service, to ensure dependent eligibility.
- Additionally, the Dental Plan contractor provides the current Vision Plan Contractor with an annual enrollment file that contains current Student Status. This process is expected to continue under the Agreement that results from this RFP.
- The Vision Plan Contractor is responsible for updating Student Status on their enrollment system once the appropriate documentation has been provided.
- Q25** Section IV Will a Social Security number or Employer ID number be used as an identifier at the life level?
- A25** Enrollment files include the SSN of Enrollees, as well as the majority of Dependents. The Department does not assign an Alternate ID for Vision Plan Enrollees. Please refer to Exhibits II.G and II.G1 "NYBEAS Detailed Record Layout EDI834" for a detailed description of data included on the enrollment files.
- Q26** Section IV Under Network Administration and Quality Assurance, a. 3: Is this currently measured for all participating provider eyewear orders? If not, please identify which ones are measured? Please provide a copy of the current plan's results.
- A26** The Department is assuming the Offeror is referring to a.4. Yes, the Turnaround Time for Receiving Eyewear Service is measured for all Participating Provider eyewear orders.
- The current plan's Performance Guarantee results are not required information in order for an Offeror to submit a Proposal. This information will not be provided. Please refer to the newly created Exhibit II.I that shows the format of the Quarterly Performance Guarantee Report.
- Q27** Section IV Please define what is meant by Designer Frames?
- A27** The Department requires Offerors to propose three levels of frames, either standardized selections or frame allowances. Within each of these three levels, it is expected that Enrollees should have a wide selection of frames from which to choose. The term "Designer frames" generally refers to contemporary, stylish, often brand-name frames, available in either the standard or enhanced frame level.
- Q28** Section IV Does the one-year warranty apply to all orders or just those produced at the current contractor's labs?
- A28** The one year warranty applies only to frames and lenses that are fabricated in laboratories at manufacturing companies that are either a parent or subsidiary of the Offeror, as stated in Section IV.11.a.3 of the RFP.

- Q29** Section IV  
Page 4-43 Regarding 3c: Some of the items listed are upgrades, but this requires that a combination of covered eyewear be available with no out-of-pocket cost. Please explain.
- A29** The listing of covered benefits and materials/options available as an Upgrade vary by Employee Group. The example provided in Section IV.B.11.b(3)(c) reflects covered benefits for the NYSCOPBA Employee Group. The Offeror must confirm that if a Member has a covered benefit for certain lens types/options, the Member is able to get lenses that encompass all the covered benefits with no out of pocket expense.
- Please refer to Exhibit II.D for specific covered benefit and Upgrade information per Employee group.
- Q30** Section IV  
Page 4-44 Item b.4: Is the routine eye examination cost applied towards the \$200, or just the contact evaluation, fitting, follow-up and materials?
- A30** Yes, the routine eye exam, contact lens fit and follow-up and contact lens materials are all included in the \$200 allowance applicable to the NYSCOPBA, Council 82, ALESU, PBA and PIA Employee Groups.
- Q31** Section IV Please provide the upgrade program surcharges for each group.
- A31** The current Upgrade Program surcharges can be found in the Vision Plan benefit booklets for each Employee Group online at <http://www.cs.state.ny.us/ebd/epmc/ob.cfm>. To view the different Employer Group Vision benefits, use the “Change Your Group” option near the top of the page.
- Q32** Section V Please advise what the communications fee is for the current plan.
- A32** The Communications fee paid to the current Vision Plan Contractor at the inception of the Plan was \$60,088.
- Q33** Section V What is the current monthly administrative fee per enrollee?
- A33** The total administrative fee per year can be found on Exhibit III.D. The average number of Employee and Members for 2007 through 2010 is included in the response to Question 43.
- Q34** Section VI Is there a minimum Technical Score that is required for the Offeror to move forward in the evaluation process?
- A34** No, there is no minimum Technical Score an Offeror must obtain to move forward in the RFP evaluation process. However, the State will only evaluate Offerors’ proposals that meet the Minimum Mandatory Requirements stated in Section III.B of the NYS Vision Plan Services RFP.
- Q35** Section VI Total projected Claim cost: Please provide the current fee schedules for participating providers and laser vision correction. Please confirm that the data provided is normalized per your description.
- A35** The total current fee schedules for Participating Providers and Laser Vision Correction Providers will not be provided. Please refer to Exhibit III.A “Dresswear Participating Provider Claims,” Exhibit III.A.1 “Occupational Participating Provider Utilization” and Exhibit III.H “Laser Vision Correction Surgery” for a summary of the number of services and amount paid for each covered benefit. As stated in Section VI.B.4. of the RFP, the Department reserves the right to analyze and/or normalize.

- Q36** Section VII  
6.11.1 How are member out-of-pocket costs determined for upgrade frames?
- A36** The member out of pocket cost is the difference between the retail cost of the Upgrade frame and the frame allowance, less the standard discount (if offered by the Offeror). For example, if a Member in the M/C Employee Group chooses to purchase a frame with a retail cost of \$200, and the Offeror has proposed a 10% discount, the Member out-of-pocket cost would be \$63 [(\$200 retail cost of Upgrade frame - \$130 level 3 frame allowance) multiplied by 90%]. If a standard frame selection is proposed by the Offeror, the retail price point would be used in the calculation in lieu of the frame allowance.
- Q37** Section VII  
Page 7-50 Would this be replaced with the winning offeror's schedule? For example, our plan includes additional progressive lens categories. Also, there are a variety of plan allowances for frames and contact lenses. Would we be permitted to vary the corresponding fees in the final contract?
- A37** Exhibit D of the model contract will be replaced with Exhibit IV.A of the winning proposal. Offerors may not propose additional categories of fees on Exhibit IV.A.
- Q38** Exhibit II.A Please advise which benefits each of the following groups are entitled to:  
UUP Lifeguards, Retirees, PE's, COBRA
- A38** Exhibits II.C and II.D have been updated to include UUP Lifeguards, Retirees and PEs. COBRA benefits are the same benefits as those of the active group the Member belonged to prior to benefit termination. Note that the Retiree group covered under the NYS Vision Plan is a small subset of all NYS Retirees. It represents retirees who have returned to work in a benefits eligible position.
- Q39** Exhibit II.C a) For the SEHP enrollees, what happens if they select upgrade options above their coverage? Is any part of the benefit applied?  
b) Are there limits to the laser coverage, i.e. are only select procedures covered?
- A39** a) No benefit is allowed if a SEHP Enrollee selects an upgrade option.  
b) The covered laser vision benefit is limited to once every 5 years for the eligible Employee for the following 4 procedures; Custom Intralase, Custom Wavefront Lasik, PRK and Traditional Intralase. As new laser vision technology is developed, new surgery types may be considered to be added to the Program.
- Q40** Exhibit II.D a) Please provide the patient charges for upgrade items.  
b) For the items listed as no, does that mean these items are not available?  
c) Regarding scratch protection, is only the coating covered or replacement of scratched lenses as well? If replacement is covered, for how long?  
d) Please confirm that per Footnote 1, when polycarbonate lenses are provided as a covered benefit for dependent children, the plan is charged \$15.  
e) Is a benefit description that supports the Medical Exception program available?  
f) Is a similar chart available for the occupational benefit?
- A40** a) The current Upgrade Fees can be found in the Vision Plan benefit booklets for each Employee Group online at <http://www.cs.state.ny.us/ebd/epmc/ob.cfm>. To view the different Employer Group Vision benefits, use the "Change Your Group" option near the top of the page.  
b.) Correct, for items listed as no on Exhibit II.D, these items are not a covered benefit available to that group. For SEHP, they also may not be obtained through the Upgrade Program.

- c) Scratch-resistant coating is a covered benefit or available as an Upgrade for each Employee Group as set forth in Exhibit II.D. As noted in Section IV.B.11.a.(3) of the RFP, the Offeror must provide a one-year unconditional warranty against breakage for all Plan frames and lenses that are fabricated in laboratories at manufacturing companies that are either a parent or subsidiary company of the Offeror.
- d) Yes, the Plan is currently charged \$15 when polycarbonate lenses are dispensed to Dependent children.
- e) Under the current Medical Exception Program, Enrollees and covered Dependents with a medical condition that may impact vision refraction, are eligible for an eye examination once every twelve months, when referred by the physician caring for that medical condition,

If at least one year has elapsed since the Plan last provided benefits, an eligible Member has one of the following medical conditions and is under the care of a medical practitioner for that condition, the Member is eligible for an examination with dilation:

1. diabetes;
2. cataracts;
3. keratoconus;
4. cataract surgery within two years of last Rx
5. you are taking a prescription drug which could cause vision changes; or
6. any other condition which could reasonably be expected to result in a change in refractive status as determined by the Provider Manual.

Eligible Members are eligible for new lenses or contacts under the Standard Plan if they experience a significant vision loss due to a medical condition. Significant Rx change is defined as a minimum change of .75D sphere and/or 1.00D cylinder or more since their last examination. Members are only eligible for new frames if their current frames are broken or if their new lenses will not fit in their current frames.

**Prior to receiving services**, the Member must ask their vision care provider to complete the Medical Exception Request Form included in the benefits booklet or contact the Customer Care Center to request a Medical Exception Request Form. The Member must also provide the vision care provider with documentation from a medical practitioner that states he/she is receiving care for one of the qualifying medical conditions under the Medical Exception Program. The Member should request that their vision care provider fax the completed Medical Exception Request Form and the documentation from the medical provider to the Vision medical director for approval.

- g.) No, please refer to Exhibit II.D, which applies to both Dresswear benefit and the Occupational benefit. Please note that Sunglasses, Photosensitive and Polaroid lenses are available only to PBA and PIA Employee Groups under the Occupational benefit as either a covered or Upgrade benefit. In addition, contact lenses are not available under the Occupational benefit.

**Q41** Exhibit II.D & Exhibit IV.A High Index, Glass, Ultraviolet coating, Photosensitive Glass and Photosensitive Plastic are listed on Exhibit IV.A defining benefit description for various Vision Plan subgroups. However, Exhibit II.D excludes these items from the cost proposal. Items such as High Index are historically highly utilized in some vision plan delivery models and may not provide a true reflection of total cost if excluded from Exhibit II.D. May we request that these required benefit plan items be included in Exhibit II.D?

**A41** Please refer to Amended Exhibit IV.A.



- Q42** Exhibit II.E This Exhibit references an Access file, which was not provided. Please provide the Monthly Paid Claims Data Report in Microsoft ACCESS format.
- A42** Exhibit II.E is the file layout for the monthly paid claim report the Department requests from the selected Offeror.
- Q43** Exhibit III.D Please provide the average number of covered employees and lives for each year (2007-2010)
- A43**
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|----------------------------------|--------------------------------|
| 2007: Average Contracts: 105,800 | Average Covered Lives: 276,500 |
| 2008: Average Contracts: 108,000 | Average Covered Lives: 279,100 |
| 2009: Average Contracts: 108,500 | Average Covered Lives: 275,300 |
| 2010: Average Contracts: 108,600 | Average Covered Lives: 267,200 |
- Q44** Exhibit III.G How would the State evaluate the quantity, quality and completeness of contact lens lists relative to what patients typically need and use based on their providers' professional recommendation?
- A44** Offerors may propose a contact lens allowance or a standardized contact lens selection. If a standardized contact lens selection is proposed, the Department requests Offerors to describe how the list is developed and maintained in Section IV.B.12.b.(2) of the RFP.
- Evaluation criteria for individual questions will not be provided.
- Q45** Exhibit IV.A Would it be acceptable to propose a Contact Lens Unit Price by their current sub groups 'conventional' and 'disposable' and lens options so that we may accurately reflect anticipated costs?
- Please confirm that unit costs for the contact lens fit and follow up are to be separate contracted provider fee reimbursements.
- Please confirm that "Tint" should be listed in place of "Tint, Photochromic" and "Tint, Transition," as they appear on Exhibit IV.A.
- Please confirm that "Photosensitive Glass" and "Photosensitive Plastic" should be listed in place of "Photochromic/Transition."
- A45** Please refer to Amended Exhibit IV.A.