

ADMINISTRATIVE PROPOSAL REQUIREMENTS

A. FORMAL OFFER LETTER

At this part of its Administrative Proposal, the Offeror must submit a formal offer in the form of the “Formal Offer Letter” as set forth in Exhibit I.S. The formal offer must be signed and executed by an individual with the capacity and legal authority to bind the Offeror in its offer to the State. Each of the two copies of the Offeror’s Administrative Proposal marked “ORIGINAL” requires a letter with an original signature; the remaining copies of the Offeror’s Administrative Proposal may contain photocopies of the signature. The Offeror must accept the terms and conditions as set forth in RFP, Section VII, and Appendices A, B, C and D and agree to enter into a contractual Agreement with the Department containing, at a minimum, the terms and conditions identified in the RFP section and appendices as cited herein.

FORMAL OFFER LETTER

Davis Vision confirms we have included the formal offer letter as required. Our offer letter has been signed and executed by our Chief Financial Officer and is being submitted in accordance with the requirements stated above.

B. MINIMUM MANDATORY REQUIREMENTS

The Department will only accept Proposals from Offerors that attest and demonstrate through current valid documentation to the satisfaction of the Department that the Offeror meets the Proposal’s Minimum Mandatory Requirements set forth herein this Section III.B. At this part of its Administrative Proposal, the Offeror must submit a completed Exhibit I.T “Offeror Attestations Form” representing and warranting that:

1. The Offeror, as of the Proposal Due Date, possesses the legal capacity to enter into a contract with the Department;
2. The Offeror understands and agrees to comply with all specific duties and responsibilities set forth in Section IV of this RFP;
3. The Offeror will permanently forfeit at least fifty percent (50%) of its Monthly Administrative Fees until all Implementation and Start-Up activities are complete;
4. The Offeror's principal place of business is not located in a state that penalizes New York State vendors and that, if selected goods or services provided under the Agreement will not be substantially produced or performed in such a state (refer to Section II.B.2);
5. The Offeror is, as of the Proposal Due Date, currently providing vision services, similar to those as set forth in the RFP, for a minimum of five hundred thousand (500,000) covered lives in total and with at least one current client with one hundred (100,000) covered lives, and demonstrate that the Offeror meets or exceeds these requirements to the satisfaction of the Department. To demonstrate that the Offeror, as of the Proposal Due Date, meets the minimum requirement of five hundred

thousand (500,000) covered lives in total and at least one client with one hundred (100,000) covered lives, the Offeror must provide a list of current clients with the number of covered lives for each. In determining covered lives, the Offeror should:

- a. Include both at-risk and fee-for-service business; and
 - b. Count all lives [i.e., an employee, a spouse and two (2) eligible dependents counts as four (4)];
6. The Offeror, as of the Proposal Due Date has an existing Participating Provider Network, that will provide services under the terms of the contract resulting from this RFP that meets the following Minimum Access Standards within NYS:
- a. Eighty percent (80%) of Enrollees in urban areas will have at least one (1) Participating Provider within five (5) miles of an Enrollee's home;
 - b. Eighty percent (80%) of Enrollees in suburban areas will have at least one (1) Participating Provider within fifteen (15) miles of an Enrollee's home; and
 - c. Eighty percent (80%) of Enrollees in rural areas will have at least one (1) Participating Provider within thirty (30) miles of an Enrollee's home;

To demonstrate satisfaction of this requirement, the Offeror must submit all information required below based on the Geo-Coded Census file provided by the Department (Exhibit II.B). Based on this file, the Offeror must submit with their Administrative Proposal, the following:

- a. Exhibit I.Y – Offeror's Participating Provider Network Access Prerequisite Worksheet;
- b. Exhibit I.Y.1 - Offeror's GeoAccess Report (on CD), created as supporting documentation for Exhibit I.Y to Meet Minimum Mandatory Requirements. See Exhibit II.B for the GeoAccess Reporting Format and Exhibit I.Y.2 for the Layout Specifications for the Offerors' Proposed Provider Network File

Your Geo Access analysis for Exhibit I.Y should include every zip code that is in the demographic file; even Zip Codes with no access should be included. Please tell us which of the GeoNetworks software and GeoAccess System Data you used in your analysis. Additionally, please confirm that these are the most current versions of the software/data.

For the purpose of meeting the Minimum Access Standards within NYS, the term Participating Provider shall mean a licensed, Optometrist or Ophthalmologist who has an existing contract with the Offeror as of the Proposal Due Date and who will provide services under the terms of the contract resulting from this RFP.

All Enrollees must be counted in calculating whether the Offeror meets the Participating Provider Network access guarantees. No Enrollee may be excluded even if there is no provider located within the minimum mandatory access requirements.

Note: The Minimum Access Standards within NYS required as of the Proposal Due Date are different than the Minimum Access Standards within NYS which must be met by the Contractor as of January 1, 2017 and thereafter throughout the term of the Agreement.

The Participating Providers Network section of this RFP, Section IV.B.9.a.(2), specifies the Minimum Access Standards within NYS effective as of January 1, 2017.

The Offeror's proposed Participating Provider Network access standards will be scored as part of the evaluation of the Offeror's Participating Provider Network and the Offeror's Participating Provider Network Access Guarantees will be evaluated in accordance with the criteria specified in Section VI, entitled "Evaluation and Selection Criteria." Laser Vision Correction providers should not be included in the Offeror's Participating Provider Network or GeoAccess Report.

7. The Offeror, if selected, will, under the Agreement, maintain and make available as required by the State, a complete and accurate set of records as may be required by the State to be produced for review by the State pursuant to the terms and conditions of RFP, Appendices A and B, and including any and all financial records as deemed necessary by the State to discharge its fiduciary responsibilities to Plan participants and to ensure that public dollars are spent appropriately.

MINIMUM MANDATORY REQUIREMENTS

Davis Vision confirms we have included the Offeror Attestations Form as required. Davis Vision is able to affirmatively attest to all the requirements.

We have included as Administrative Proposal Attachment 1 a listing of our clients that meet the above criteria.

Davis Vision has submitted all required information to substantiate that our existing Participating Provider Network meets or exceeds all the minimum required access standards for NYS DCS. We use the GeoNetworks® software, version 2015, 1, 0,0 to run our access reports. This is the most up-to-date version of the software.

C. EXHIBITS

At this part of its Administrative Proposal, the Offeror must complete and submit the various Exhibits specified in Section II.B and Section III of this RFP, in satisfaction of the regulatory requirements described therein.

EXHIBITS

Davis Vision confirms. Please see attached Exhibits.

D. KEY SUBCONTRACTORS OR AFFILIATES

At this part of its Administrative Proposal, the Offeror must provide a statement identifying all Key Subcontractors or Affiliates, if any, that the Offeror will be contracting

with to provide Program Services and must, for each such Key Subcontractor or Affiliate identified, complete and submit Exhibit I.U.1; “Key Subcontractors or Affiliates:”.

KEY SUBCONTRACTORS OR AFFILIATES

Davis Vision will not be using key subcontractors or affiliates in its administration of the NYS DCS vision program contract.

E. BUSINESS PARTICIPATION OPPORTUNITIES FOR MWBES

In accordance with Section II.B.3, for purposes of this solicitation, the Department hereby establishes an overall goal of 1% for MWBE participation based on its review of the 2010 disparity study prepared for the New York State Department of Economic Development and its review of the Empire State Development M/WBE Directory. This goal can be reached through any combination of participation between New York State certified minority-owned business enterprises (“MBE”) and for New York State certified women-owned business enterprises (“WBE”). A contractor (“Contractor”) on the subject contract (“Contract”) must document its good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and the Contractor agrees that the Department may withhold payment pending receipt of the required MWBE documentation.

1. An MWBE Utilization Plan – Form MWBE-100 (Exhibit I.O) with their bid or proposal. Any modifications or changes to the MWBE Utilization Plan after the Contract award and during the term of the Contract must be reported on a revised MWBE Utilization Plan and submitted to the Department.

The Department will review the submitted MWBE Utilization Plan and advise the Bidder the Department’s acceptance or issue a notice of deficiency within 30 days of receipt.

Per RFP Section III.C, executed copies of:

Exhibit I.O entitled, “MWBE Utilization Plan (form MWBE-100),” and

Exhibit I.Q entitled, “Minority and Women-Owned Business Enterprises & Equal Employment Opportunity Policy Statement,” must be submitted as part of the Offeror’s Administrative Proposal.

2. If a notice of deficiency is issued, the Bidder will be required to respond to the notice of deficiency within seven (7) business days of receipt by submitting to the Department, a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by the Department to be inadequate, the Department shall notify the Bidder and direct the Bidder to submit, within five (5) business days, a request for a partial or total waiver of MWBE participation goals on Form MWBE-101 entitled “Request for Waiver Form” available at: <http://www.cs.ny.gov/pio/mwbe-eeo-forms.cfm>. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

MWBEs

Davis Vision confirms. Please see attached Exhibits.

F. REFERENCE CHECKS

At this part of its Administrative Proposal, for the purpose of reference checks, the Offeror must list two (2) references of current clients and one (1) reference of a former client for a total of three (3) references for which the Offeror has supplied services similar to those required in this RFP. At least one (1) of the referenced clients must have at least 100,000 covered lives. For each Reference provided the Offeror must complete and submit Exhibit I.V, entitled "Program References." The Offeror shall be solely responsible for providing contact names and phone numbers that are readily available to be contacted by the State.

REFERENCE CHECKS

Davis Vision confirms. Please see attached Exhibits.

G. FINANCIAL STATEMENTS

As part of its Administrative Proposal, the Offeror must, provide a copy of the Offeror's last issued GAAP annual audited financial statement. A complete set of statements, not just excerpts, must be provided. Additionally, for each Key Subcontractor or Affiliate, if any, that provides any of the Project Services; which are the subject matter of this RFP, provide the most recent GAAP annual audited statement. If the Offeror, or a Key Subcontractor or Affiliate, is a privately held business and is unwilling to provide copies of their GAAP annual audited financial statements as part of their Proposal, the Offeror/Key Subcontractor/Affiliate must make arrangements for the Procurement evaluation team to review the financial statements.

FINANCIAL STATEMENTS

Davis Vision confirms. Please see Administrative Proposal Attachment 2 – 2015 Davis Vision Audited Full Financial Statements

LIST OF CURRENT CLIENTS

REQUIREMENT

The Offeror is, as of the Proposal Due Date, currently providing vision services, similar to those as set forth in the RFP, for a minimum of five hundred thousand (500,000) covered lives in total and with at least one current client with one hundred (100,000) covered lives, and demonstrate that the Offeror meets or exceeds these requirements to the satisfaction of the Department. To demonstrate that the Offeror, as of the Proposal Due Date, meets the minimum requirement of five hundred thousand (500,000) covered lives in total and at least one client with one hundred (100,000) covered lives, the Offeror must provide a list of current clients with the number of covered lives for each. In determining covered lives, the Offeror should:

- a. Include both at-risk and fee-for-service business; and
- b. Count all lives [i.e., an employee, a spouse and two (2) eligible dependents counts as four (4)];

RESPONSE

Davis Vision's total current book of business includes over 1,600 groups with over 21 million covered lives. The list below includes clients who meet the stated criteria.

REDACTED	

Exhibit I.S - Formal Offer Letter

March 28, 2016

Mr. George Powers
Procurement Manager
Employee Benefits Division – Room 1106
NYS Department of Civil Service
Albany, NY 12239

**RE: Request for Proposals # Vision Plan-2016-1 entitled:
“New York State Vision Plan Services,”
Firm Offer to the State of New York**

Davis Vision, Inc. hereby submits this firm and binding offer to the State of New York in response to the Department’s Request for Proposals # Vision Plan-2016-1, entitled “**New York State Vision Plan Services,**” (RFP). The Proposal hereby submitted meets or exceeds all terms, conditions, and requirements set forth in the above-referenced RFP and in the manner set forth in this RFP.

Davis Vision, Inc. accepts the terms and conditions as set forth in RFP, Section VII and Appendices A, B, C, and D and agrees to satisfy the comprehensive programmatic duties and responsibilities outlined in this RFP in the manner set forth in this RFP.

Davis Vision, Inc. agrees to execute a contractual agreement composed substantially of the terms and conditions set forth in the draft contract included in the RFP, and accepts as non-negotiable the terms and conditions set forth in Appendices A, B, C and D to the draft contract.

Davis Vision, Inc. further agrees, if selected as a result of the RFP, to comply with 1) the provisions of Tax Law Section 5-a, Certification Regarding Sales and Compensating Use Tax; and 2) the Workers’ Compensation Law as set forth in Section II.B.7 of the RFP.

This formal offer will remain firm and non-revocable for a minimum period of 365 days from the Proposal Due Date as set forth in the RFP. In the event that a contract is not approved by the NYS Comptroller within the 365 day period, this offer shall remain firm and binding beyond the 365 day period and until a contract is approved by the NYS Comptroller, unless **Davis Vision, Inc.** delivers to the Department of Civil Service written notice of withdrawal of its Proposal.

Davis Vision, Inc.’s complete offer is set forth as follows:

Administrative Proposal: Total of twelve (12) hard copy volumes [two (2) original and ten (10) copies] and one (1) electronic copy on CD.

Technical Proposal: Total of twelve (12) hard copy volumes [two (2) original and ten (10) copies] and one (1) electronic copy on CD.

Cost Proposal: Total of twelve (12) hard copy volumes [two (2) original and ten (10) copies] and one (1) electronic copy on CD.

The undersigned affirms and swears s/he has the legal authority and capacity to sign and make this offer on behalf of, **Davis Vision, Inc.** and possesses the legal authority and capacity to act on behalf of **Davis Vision, Inc.** to execute a contract with the State of New York.

The undersigned affirms and swears as to the truth and veracity of all documents included in this offer.

Date: 3/28/2016

By:

[Redacted signature]

(signature)

C. Scott Hamey
(name)

Chief Financial Officer
(title)

[Redacted phone number]

(phone number)

[Redacted email address]

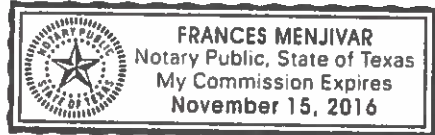
(email address)

CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF TEXAS }

COUNTY OF BEXAR }

SS.:



On the 28th day of MARCH in the year 2016, before me personally appeared: **MR. C. SCOTT HAMEY** known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that he resides at 175 E. Houston Street Town of San Antonio, County of Bexar, State of Texas; and further that:

[Check One]

(X If a corporation): _he is the Chief Financial Officer of Davis Vision, Inc. the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

(If a partnership): _he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for the purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership.

[Redacted Notary Signature]

Notary Public

Exhibit I.T - Offeror Attestations Form

An authorized representative of the Offeror who is legally authorized to certify the information requested in the name of and on behalf of the Offeror is required to complete and sign the Offeror Attestations and provide all requested information. Offeror's authorized representative must certify as to the truth of the representations made by signing where indicated, below.

CERTIFICATION:

The Offeror (1) recognizes that the following representations are submitted for the express purpose of assisting the State of New York in making a determination to award a contract; (2) acknowledges and agrees by submitting the Attestation, that the State may at its discretion, verify the truth and accuracy of all statements made herein; (3) certifies that the information submitted in this certification and any attached documentation is true, accurate and complete.

Name of Business Entity Submitting Bid:		Davis Vision, Inc.
Entity's Legal Form:		<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
No.	RFP Ref.	RFP Requirement:
1.	Section III.B.1	At time of Proposal Due Date, Offeror represents and warrants that it: <input checked="" type="checkbox"/> possesses <input type="checkbox"/> does not possess the legal capacity to enter into a contract with the Department.
2.	Section III.B.2	At time of Proposal Due Date, Offeror represents and warrants that it: <input checked="" type="checkbox"/> attests <input type="checkbox"/> does not attest that it understands and agrees to comply with all specific duties and responsibilities set forth in Section IV of this RFP.
3.	Section III.B.3	At time of Proposal Due Date, Offeror represents and warrants that it: <input checked="" type="checkbox"/> attests <input type="checkbox"/> does not attest will permanently forfeit at least fifty percent (50%) of its Monthly Administrative Fees until all Implementation and Start-Up activities are complete.
4.	Section III.B.4	At time of Proposal Due Date, Offeror represents and warrants that its: <input checked="" type="checkbox"/> attests <input type="checkbox"/> does not attest principal place of business is not located in a state that penalizes New York State vendors and that, if selected goods or services provided under the Agreement will not be substantially produced or performed in such a state (refer to Section II.B.2).
5.	Section III.B.5	At time of Proposal Due Date, Offeror represents and warrants that it: <input checked="" type="checkbox"/> attests <input type="checkbox"/> does not attest is currently providing vision services, similar to those as set forth in the RFP, for a minimum of five hundred thousand (500,000) covered lives in total and with at least one current client with one hundred (100,000) covered lives, and demonstrate that the Offeror meets or exceeds these requirements to the satisfaction of the Department.

Exhibit I.T - Offeror Attestations Form

6.	Section III.B.6	At time of Proposal Due Date, Offeror represents and warrants that it: <input checked="" type="checkbox"/> attests <input type="checkbox"/> does not attest has an existing Participating Provider Network, that will provide services under the terms of the contract resulting from this RFP that meets the Minimum Access Standards within NYS.
7.	Section III.B.7	At time of Proposal Due Date, Offeror represents and warrants that it: <input checked="" type="checkbox"/> attests <input type="checkbox"/> does not attest will maintain and make available as required by the State, a complete and accurate set of records as may be required by the State to be produced for review by the State pursuant to the terms and conditions of RFP, Appendices A and B, and including any and all financial records as deemed necessary by the State to discharge its fiduciary responsibilities to Plan participants and to ensure that public dollars are spent appropriately.

Exhibit I.T - Offeror Attestations Form

Date: 3/28/2016



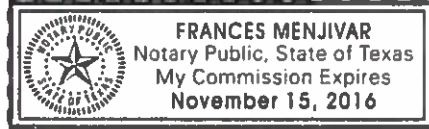
Signature

C. Scott Hamey
Chief Financial Officer
Davis Vision, Inc.

CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF TEXAS }

: SS.:



COUNTY OF BEXAR }

On the 28th day of MARCH in the year 2016, before me personally appeared: C. SCOTT HAMEY, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that he resides at 175 E. HOUSTON STREET, Town of SAN ANTONIO, County of BEXAR, State of TEXAS; and further that:

[Check One]

(**If a corporation**): he is the Chief Financial Officer of Davis Vision, Inc., the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

(**If a partnership**): he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, he is authorized to execute the foregoing instrument on behalf of the partnership for the purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership.



Notary Public

Exhibit I.A - Proposal Submission Requirement Checklist

Please indicate by checkmark that your Proposal meets each of the following submission requirements:

1. **TIMELY SUBMISSION:** Proposal submitted to assure receipt by the Department no later than 3:00 p.m. ET on the Proposal Due Date as indicated in RFP Section II.A.1.
2. **FORMATTING REQUIREMENTS:** The Offeror's Proposal must be organized in three parts: Administrative Proposal; Technical Proposal and Cost Proposal and each part must each comply with the formatting requirements stated in Section II.A.7.a and II.A.7.b of this RFP.
- a. Twelve (12) separately bound hardcopies – **two (2) Originals each of the Administrative Proposal, Technical Proposal and Cost Proposal** containing original documents (i.e., original signatures, **no photocopies**) and marked and numbered (i.e., "ORIGINAL #1" and "ORIGINAL #2."), **Ten (10) copies of each Administrative Proposal, Technical Proposal and Cost Proposal** marked and numbered (i.e., "COPY #1," "COPY #2," etc.) and a separate CD for the Administrative, Technical and Cost Proposals.
 - b. Proposals must be prepared in Adobe Acrobat, with the exception of certain cost and provider network exhibits that have specific formatting instructions.
 - c. Each Administrative, Technical and Cost Proposal must be separately bound and clearly labeled with "New York State Vision Plan Services #Vision Plan-2016-1" and Offeror's name(s).
 - d. Table of Contents
 - e. Index Tabs
 - f. Pagination
 - g. Updates/Corrections
 - h. Required Content of Proposals - The Proposal shall consist of three parts: the Administrative Proposal must contain the documentation required in Section III of this RFP. The Technical Proposal must be responsive to the programmatic duties and responsibilities set forth in Section IV of this RFP. The Cost Proposal must demonstrate a commitment to perform all programmatic duties and responsibilities in accordance with Section V of this RFP.
3. **REQUIRED CONTENT OF THE ADMINISTRATIVE PROPOSAL:** The Administrative Section must contain the following information, in the order enumerated below:
- A. **Formal Offeror Letter:** The Offeror must submit a formal offer in the form of the "Formal Offer Letter" as set forth in RFP, Exhibit I.S in accordance with the requirements set forth in RFP, Section III.A
 - B. **Minimum Mandatory Requirements:** The Offeror must submit a completed Exhibit I.T "Offeror Attestations Form" containing the representations and warranties set forth therein.
 - C. **Exhibits:** The Offeror must complete and submit the Exhibits specified in Section III.C as follows:
 - Exhibit I.A Proposal Submission Requirement Checklist
 - Exhibit I.D MacBride Statement and Non-Collusive Bidding Certification
 - Exhibit I.G EEO Staffing Plan (form EEO-100)
 - Exhibit I.K Offeror's Affirmation of Understanding & Agreement
 - Exhibit I.M Compliance with Public Officers Law Requirements
 - Exhibit I.N Compliance with Americans with Disabilities Act
 - Exhibit I.O MWBE Utilization Plan (form MWBE-100)

Exhibit I.A - Proposal Submission Requirement Checklist

- ✓ Exhibit I.P Offeror's Certification of Compliance Pursuant to State Finance Law §139-k
- ✓ Exhibit I.Q MWBE and EEO Policy Statement
- ✓ Exhibit I.U.2 NYS Supplier & Subcontractor
- ✓ Exhibit I.W Compliance with NYS Workers' Compensation Law
- ✓ Exhibit I.X Extraneous Terms (if proposing)
- ✓ Exhibit I.Y Participating Provider Network Access Prerequisite Worksheet
- ✓ Exhibit I.Y.1 Offeror's Current Participating Provider Network File (CD)
- ✓ Exhibit I.Y.2 File Layout Specifications for the Offeror's Proposed Vision Network Plan
- ✓ Exhibit I.Z Confidential Agreement and Certificate of Non-Disclosure

✓ **D. Key Subcontractors:** The Offeror must provide a statement identifying all Key Subcontractors, if any, that the Offeror will be contracting with to provide program services and must, for each such Key Subcontractor identified, complete and submit **Exhibit I.U.1 "Key Subcontractors"**:

1. provide a brief description of the services to be provided by the Key Subcontractor; and
2. provide a description of any current relationships with such Key Subcontractor and the clients/projects that the Offeror and Key Subcontractor are currently servicing under a formal legal agreement or arrangement, the date when such services began and the status of the project.

The Offeror must indicate whether or not, as of the date of the Offeror's Proposal, a subcontract has been executed between the Offeror and the Key Subcontractor for services to be provided by the Key Subcontractor relating to this RFP. If the Offeror will not be subcontracting with any Key Subcontractor(s) to provide program services, the Offeror must provide a statement to that effect.

✓ **E. Reference Checks:** The Offeror must list two (2) references of current clients and one (1) reference of a former client for a total of three (3) references for which the Offeror has supplied services similar to those required in this RFP. At least one (1) of the referenced clients must be an entity with at least one hundred thousand covered lives. If the Offeror has no former clients to include as references, the Offeror must include a statement attesting to that fact. If the Offeror is proposing any Key Subcontractors or Affiliates, the references should be with clients for whom the Offeror and Key Subcontractor or Affiliate have jointly supplied services similar to those described in this RFP. For each Reference provided the Offeror must complete and submit **Exhibit I.V**, entitled "Program References." The Offeror shall be solely responsible for providing contact names and phone numbers that are readily available to be contacted by the State. The Offeror must also indicate what participation, if any, the project manager and each key staff person proposed for this Project had in the referenced services.

✓ **F. Financial Statements:** The Offeror must provide a copy of the Offeror's last issued GAAP annual audited financial statement. A complete set of statements, not just excerpts, must be provided. Additionally, for each Key Subcontractor or Affiliate, if any, that provides any of the Program Services; provide the most recent GAAP annual audited statement. If the Offeror, or a Key Subcontractor or Affiliate, is a privately held business and is unwilling to provide copies of their GAAP annual audited financial statements as part of their Proposal, the Offeror/Key Subcontractor/Affiliate must make arrangements for the procurement evaluation team to review the financial statements. **Note:** If financial statements have not been prepared and/or audited, the Offeror/Key

Exhibit I.A - Proposal Submission Requirement Checklist

Subcontractor/Affiliate must provide the following as part of its Administrative Section a letter from a bank reference attesting to the Offeror/Key Subcontractor/Affiliate's financial viability and creditworthiness. (Note: for purposes of this reference, the Offeror may not give as a reference, a parent or subsidiary company, a partner or an affiliate organization.) The letter must include the bank's name, address, contact person name and telephone number and it must address, at a minimum, the following items:

1. a brief description of the business relationship between the parties (i.e., the Offeror/Key Subcontractor/Affiliate and the bank), including the duration of the relationship and the Offeror's current standing with the bank. For example: "*The (Offeror/Key Subcontractor/Affiliate's name) is currently and has been for "x" number of years a client in good standing.*";
2. a description of any ownership/partner relationship that may exist between the parties, if any. (Note: One party cannot be the parent, partner or subsidiary of the other, nor can one party be an affiliate of the other.); and,
3. any other facts or conclusions the bank may deem relevant to the State in regard to the bank's assessment of the Offeror/Key Subcontractor/Affiliate's financial viability and creditworthiness concerning the nature and scope of the Program Services, which are the subject matter of this RFP, and the parties (i.e., DCS and the Offeror or the Offeror and Key Subcontractor of Affiliate) contractual obligations should the Offeror be awarded the resultant contract.

✓ **G. Vendor Responsibility Questionnaire: The Offeror must complete and execute a NYS Vendor Responsibility Questionnaire for itself and all Key Subcontractors.**

1. If the Offeror or Key Subcontractor, if any, is incorporated outside the State of New York, a recent certificate of Good Standing must be submitted for each.
2. If the Offeror or Key Subcontractor, if any, has any employees in NYS, a confirmation of NYC's Worker's Compensation and NYS Disability coverage must be submitted for each.

4. **REQUIRED CONTENT OF THE TECHNICAL PROPOSAL:** The Technical Section shall be responsive to the duties and responsibilities and submission requirements set forth in Section IV of this RFP and it shall contain the following information, in accordance with the submissions associated requirements, and in the order enumerated below:

Technical Section Submission Requirements

✓ **A. Plan Administration**

- ✓ 1. Executive Summary
- ✓ 2. General Qualifications

✓ **B. Program Services**

- ✓ 1. Account Team
- ✓ 2. Plan Implementation
- ✓ 3. Customer Service
- ✓ 4. Enrollee and Provider Communication Support
- ✓ 5. Enrollment Management
- ✓ 6. Reporting
- ✓ 7. Collective Bargaining and Legislative Implementation

Exhibit I.A - Proposal Submission Requirement Checklist

- 8. Transition and Termination of Contract
- 9. Network Management
- 10. Claims Processing
- 11. Frame and Lens Selections
- 12. Contact Lens Selections
- 13. Occupational Vision Program
- 14. Medical Exception Program
- 15. Upgrade Program

C. Diversity Practices Questionnaire

- 1. Exhibit V.A Diversity Practices Questionnaire

5. **REQUIRED CONTENT OF THE COST PROPOSAL:** The Offeror's Cost Proposal shall demonstrate that it will execute the duties and responsibilities set forth in Section V of this RFP and it shall contain the following information, in accordance with the submissions associated requirements below:

- A. Exhibit IV.A Participating Provider and Laser Vision Correction Surgery Fee Schedule
- B. Exhibit IV.B Administrative Fees and Communications Fee Schedule.

6. **REQUESTED REDACTIONS CD and HARD COPY:** The FOIL-related materials described herein which the Offeror is requested to provide per RFP, Section II.B.8 will not be considered part of the Offeror's Proposal and will not be reviewed as a part of the Procurement's evaluation process. Notwithstanding this they have been identified in this Checklist as a reminder to Offerors of the need to provide the requested items.

At the time of Proposal submission the Offeror is requested to submit:

- A. Exhibit I.C Freedom of Information Law – Request for Redaction Chart
- B. Separately bound hardcopy of the Administrative Proposal, Technical Proposal, and Cost Proposal with each specific item requested to be protected from FOIL disclosure by highlighting in yellow.
- C. Electronic copy (on CD in Adobe Acrobat Professional software, version 8 or higher) of the complete Proposal noting each the specific item requested to be protected from FOIL which contains no more than three PDF files; one for each part of the Proposal (Administrative Proposal, Technical Proposal, and Cost Proposal).

NON-DISCRIMINATION IN EMPLOYMENT IN NORTHERN IRELAND
MACBRIDE FAIR EMPLOYMENT PRINCIPLES

In accordance with Chapter 807 of the Laws of 1992 the Offeror, by submission of this bid, certifies that it or any individual or legal entity in which the Offeror holds a 10% or greater ownership interest, or any individual or legal entity that holds a 10% or greater ownership interest in the Offeror, either (answer "yes" or "no" to one or both of the following, as applicable):

Have business operations in Northern Ireland. Yes _____ or No _____

If yes:

Shall take lawful steps in good faith to conduct any business operations they have in Northern Ireland in accordance with the MacBride Fair Employment Principles relating to nondiscrimination in employment and freedom of workplace opportunity regarding such operations in Northern Ireland, and shall permit independent monitoring of their compliance with such Principles. Yes _____ or No _____

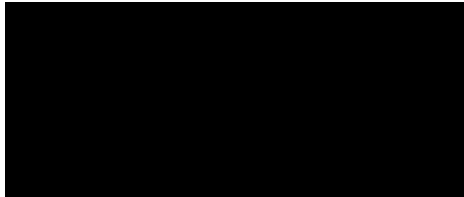
NON-COLLUSIVE BIDDING CERTIFICATION

By submission of this bid, each Offeror and each person signing on behalf of any Offeror certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his knowledge and belief:

1. The prices in this bid have been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other Offeror or with any competitor;
2. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Offeror and will not knowingly be disclosed by the Offeror prior to opening, directly or indirectly, to any other Offeror or to any competitor; and
3. No attempt has been made or will be made by the Offeror to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

Exhibit I.D – MacBride and Non-Collusive Bidding Certification

Date: 3/28/2016



Signature

PRINT:

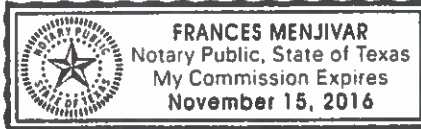
SIGNATORY'S NAME C. Scott Hamey

TITLE Chief Financial Officer

INDIVIDUAL, CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF TEXAS }

SS.:



COUNTY OF BEXAR }

On the 20th day of MARCH in the year 2016 before me personally appeared:

C. SCOTT HAMEY, known to me to be the person who executed the foregoing

instrument, who, being duly sworn by me did depose and say that he resides at _____, Town of

SAN ANTONIO, County of BEXAR, State of TEXAS; and further that, if applicable:

[Check One, If Applicable]

(**If a corporation**): he is the Chief Financial Officer of Davis Vision, Inc., the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

(**If a partnership**): he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, he is authorized to execute the foregoing instrument on behalf of the partnership for the purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership.

Notary Public



Contractor Certification to Covered Agency

(Pursuant to Section 5-a of the Tax Law, as amended, effective April 26, 2006)

ST-220-CA

(12/11)

For information, consult Publication 223, *Questions and Answers Concerning Tax Law Section 5-a* (see *Need Help?* on back).

Contractor name Davis Vision, Inc.				<i>For covered agency use only</i>	
Contractor's principal place of business 175 E. Houston Street				City San Antonio	State TX
Contractor's mailing address (if different than above)				ZIP code 78205	<i>Contract number or description</i>
Contractor's federal employer identification number (EIN) 11-3051991		Contractor's sales tax ID number (if different from contractor's EIN)		<i>Estimated contract value over the full term of contract (but not including renewals)</i>	
Contractor's telephone number 210 524-6942		Covered agency name		\$	
Covered agency address				<i>Covered agency telephone number</i>	

I, C. Scott Hamey, hereby affirm, under penalty of perjury, that I am Chief Financial Officer
(name) *(title)*

of the above-named contractor, that I am authorized to make this certification on behalf of such contractor, and I further certify that:

(Mark an X in only one box)

The contractor has filed Form ST-220-TD with the Department of Taxation and Finance in connection with this contract and, to the best of contractor's knowledge, the information provided on the Form ST-220-TD, is correct and complete.

The contractor has previously filed Form ST-220-TD with the Tax Department in connection with _____
(insert contract number or description)

and, to the best of the contractor's knowledge, the information provided on that previously filed Form ST-220-TD, is correct and complete as of the current date, and thus the contractor is not required to file a new Form ST-220-TD at this time.

Sworn to this 28 day of March, 20 16

[Redacted signature area]

Chief Financial Officer

(sign before a notary public)

(title)

Instructions

General information

Tax Law section 5-a was amended, effective April 26, 2006. On or after that date, in all cases where a contract is subject to Tax Law section 5-a, a contractor must file (1) Form ST-220-CA, *Contractor Certification to Covered Agency*, with a covered agency, and (2) Form ST-220-TD with the Tax Department before a contract may take effect. The circumstances when a contract is subject to section 5-a are listed in Publication 223, Q&A 3. See *Need help?* for more information on how to obtain this publication. In addition, a contractor must file a new Form ST-220-CA with a covered agency before an existing contract with such agency may be renewed.

Note: Form ST-220-CA must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement on page 2 of this form must be completed before a notary public.

When to complete this form

As set forth in Publication 223, a contract is subject to section 5-a, and you must make the required certification(s), if:

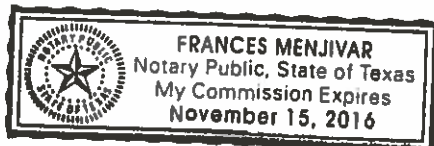
- i. The procuring entity is a *covered agency* within the meaning of the statute (see Publication 223, Q&A 5);
- ii. The contractor is a *contractor* within the meaning of the statute (see Publication 223, Q&A 6); and
- iii. The contract is a *contract* within the meaning of the statute. This is the case when it (a) has a value in excess of \$100,000 and (b) is a contract for *commodities* or *services*, as such terms are defined for purposes of the statute (see Publication 223, Q&A 8 and 9).

Furthermore, the procuring entity must have begun the solicitation to purchase on or after January 1, 2005, and the resulting contract must have been awarded, amended, extended, renewed, or assigned *on or after April 26, 2006* (the effective date of the section 5-a amendments).

Individual, Corporation, Partnership, or LLC Acknowledgment

STATE OF Texas)
COUNTY OF Bexar)

SS.:



On the 28 day of March in the year 2016, before me personally appeared C. Scott Hamey, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that he resides at 175 E. Houston Street, Town of San Antonio, County of Bexar, State of Texas; and further that:

[Mark an X in the appropriate box and complete the accompanying statement.]

- (If an individual): he executed the foregoing instrument in his/her name and on his/her own behalf.
(If a corporation): he is the Chief Financial Officer of Davis Vision, Inc., the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.
(If a partnership): he is a partnership described in said instrument; that, by the terms of said partnership, he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.
(If a limited liability company): he is a duly authorized member of LLC, the limited liability company described in said instrument; that he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said limited liability company.

Notary Public

Registration No.

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1098, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

Need help?



Visit our Web site at www.tax.ny.gov

- get information and manage your taxes online
check for new online services and features



Telephone assistance

Sales Tax Information Center: (518) 485-2889

To order forms and publications: (518) 457-5431

Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): (518) 485-5082



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.



Contractor Certification

(Pursuant to Tax Law Section 5-a, as amended, effective April 26, 2006)

ST-220-TD

(4/15)

For information, consult Publication 223, *Questions and Answers Concerning Tax Law Section 5-a* (see *Need help?* below).

Contractor name Davis Vision, Inc.			
Contractor's principal place of business 175 E. Houston Street	City San Antonio	State TX	ZIP code 78205
Contractor's mailing address (if different than above)	City	State	ZIP code
Contractor's federal employer identification number (EIN) 11-3051991	Contractor's sales tax ID number (if different from contractor's EIN)	Contractor's telephone number (210) 524-6942	
Covered agency or state agency	Contract number or description		Covered agency telephone number ()
Covered agency address	City	State	ZIP code
Is the estimated contract value over the full term of the contract (but not including renewals) more than \$100,000? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown at this time <input type="checkbox"/>			

General information

Tax Law section 5-a, as amended, effective April 26, 2006, requires certain contractors awarded certain state contracts valued at more than \$100,000 to certify to the Tax Department that they are registered to collect New York State and local sales and compensating use taxes, if they made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000, measured over a specified period. In addition, contractors must certify to the Tax Department that each affiliate and subcontractor exceeding such sales threshold during a specified period is registered to collect New York State and local sales and compensating use taxes. Contractors must also file Form ST-220-CA, *Contractor Certification to Covered Agency*, certifying to the procuring state entity that they filed Form ST-220-TD with the Tax Department and that the information contained on Form ST-220-TD is correct and complete as of the date they file Form ST-220-CA.

All sections must be completed including all fields on the top of this page, all sections on page 2, Schedule A on page 3, if applicable, and *Individual, Corporation, Partnership, or LLC Acknowledgement* on page 4. If you do not complete these areas, the form will be returned to you for completion.

For more detailed information regarding this form and Tax Law section 5-a, see Publication 223, *Questions and Answers Concerning Tax Law Section 5-a, (as amended, effective April 26, 2006)*. See *Need help?* for more information on how to obtain this publication.

Note: Form ST-220-TD must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement on page 4 of this form must be completed before a notary public.

Mail completed form to:

NYS TAX DEPARTMENT
DATA ENTRY SECTION
W A HARRIMAN CAMPUS
ALBANY NY 12227-0826

Privacy notification

New York State Law requires all government agencies that maintain a system of records to provide notification of the legal authority for any request, the principal purpose(s) for which the information is to be collected, and where it will be maintained. To view this information, visit our Web site, or, if you do not have Internet access, call and request Publication 54, *Privacy Notification*. See *Need help?* for the Web address and telephone number.

Need help?



Visit our Web site at www.tax.ny.gov

- get information and manage your taxes online
- check for new online services and features



Telephone assistance

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To order forms and publications: (518) 457-5431

Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): (518) 485-5082



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I, C. Scott Hamey, hereby affirm, under penalty of perjury, that I am Chief Financial Officer

(name)

(title)

of the above-named contractor, and that I am authorized to make this certification on behalf of such contractor.

Complete Sections 1, 2, and 3 below. Make only one entry in each section.

Section 1 – Contractor registration status

- The contractor has made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made. The contractor is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to Tax Law sections 1134 and 1253, and is listed on Schedule A of this certification.
- The contractor has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

Section 2 – Affiliate registration status

- The contractor does not have any affiliates.
- To the best of the contractor's knowledge, the contractor has one or more affiliates having made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made, and each affiliate exceeding the \$300,000 cumulative sales threshold during such quarters is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to Tax Law sections 1134 and 1253. The contractor has listed each affiliate exceeding the \$300,000 cumulative sales threshold during such quarters on Schedule A of this certification.
- To the best of the contractor's knowledge, the contractor has one or more affiliates, and each affiliate has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

Section 3 – Subcontractor registration status

- The contractor does not have any subcontractors.
- To the best of the contractor's knowledge, the contractor has one or more subcontractors having made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made, and each subcontractor exceeding the \$300,000 cumulative sales threshold during such quarters is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to Tax Law sections 1134 and 1253. The contractor has listed each subcontractor exceeding the \$300,000 cumulative sales threshold during such quarters on Schedule A of this certification.
- To the best of the contractor's knowledge, the contractor has one or more subcontractors, and each subcontractor has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

Sworn to this 28 day of March, 20 16

[Redacted signature area]

(Sign before a notary public)

Chief Financial Officer

(title)

Schedule A – Listing of each entity (contractor, affiliate, or subcontractor) exceeding \$300,000 cumulative sales threshold

List the contractor, or affiliate, or subcontractor in Schedule A only if such entity exceeded the \$300,000 cumulative sales threshold during the specified sales tax quarters. See directions below. For more information, see Publication 223.

A Relationship to contractor	B Name	C Address	D Federal ID number	E Sales tax ID number	F Registration in progress
C	Davis Vision, Inc.	San Antonio, TX 78205	11-3051991		

Column A – Enter **C** in column A if the contractor; **A** if an affiliate of the contractor; or **S** if a subcontractor.

Column B – Name - If the entity is a corporation or limited liability company, enter the exact legal name as registered with the NY Department of State, if applicable. If the entity is a partnership or sole proprietor, enter the name of the partnership and each partner's given name, or the given name(s) of the owner(s), as applicable. If the entity has a different DBA (doing business as) name, enter that name as well.

Column C – Address - Enter the street address of the entity's principal place of business. Do not enter a PO box.

Column D – ID number - Enter the federal employer identification number (EIN) assigned to the entity. If the entity is an individual, enter the social security number of that person.

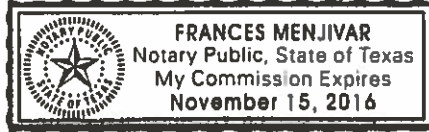
Column E – Sales tax ID number - Enter only if different from federal EIN in column D.

Column F – If applicable, enter an X if the entity has submitted Form DTF-17 to the Tax Department but has not received its certificate of authority as of the date of this certification.

Individual, Corporation, Partnership, or LLC Acknowledgment

STATE OF Texas }
 :
COUNTY OF Bexar }

SS.:



On the 28 day of March in the year 2016, before me personally appeared C. Scott Hamey, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that he resides at 175 E. Houston Street, Town of San Antonio, County of Bexar, State of Texas; and further that:

(Mark an X in the appropriate box and complete the accompanying statement.)

- (If an individual): he executed the foregoing instrument in his/her name and on his/her own behalf.
- (If a corporation): he is the Chief Financial Officer of Davis Vision, Inc., the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.
- (If a partnership): he is a _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.
- (If a limited liability company): he is a duly authorized member of _____ LLC, the limited liability company described in said instrument; that he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

[Redacted Signature]

Notary Public

Registration No. _____

CO# R004572
 U# R004572

EQUAL EMPLOYMENT OPPORTUNITY
 2015 EMPLOYER INFORMATION REPORT
 CONSOLIDATED REPORT - TYPE 2

SECTION B - COMPANY IDENTIFICATION

1. DAVIS VISION, INC.
 175 E. HOUSTON ST.
 SAN ANTONIO, TX 78205

SECTION C - TEST FOR FILING REQUIREMENT

1-Y 2-Y 3-N DUNS NO.:0 EIN :251801124

c. y

SECTION E - ESTABLISHMENT INFORMATION

NAICS:

SECTION D - EMPLOYMENT DATA

JOB CATEGORIES	HISPANIC OR LATINO		NOT-HISPANIC OR LATINO										OVERALL TOTALS					
	MALE	FEMALE	***** MALE *****					***** FEMALE *****										
			WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN		AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES			
EXECUTIVE/SR OFFICIALS & MGRS	0	0	12	0	0	0	0	0	0	0	3	1	0	0	0	0	0	16
FIRST/MID OFFICIALS & MGRS	7	2	35	2	0	1	0	0	0	0	43	3	0	1	0	0	0	94
PROFESSIONALS	9	10	74	4	1	2	0	0	0	0	53	7	0	3	0	0	1	184
TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SALES WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ADMINISTRATIVE SUPPORT	6	19	61	8	1	3	1	5	216	53	0	4	0	0	0	0	7	384
CRAFT WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIVES	65	54	33	44	2	6	0	1	13	29	0	2	0	0	0	0	0	249
LABORERS & HELPERS	12	24	7	1	0	1	0	0	4	7	0	1	0	0	0	0	0	57
SERVICE WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	99	109	222	59	4	13	1	6	332	100	0	11	0	0	0	0	0	964
PREVIOUS REPORT TOTAL	92	101	215	57	2	12	0	3	320	85	0	13	0	0	0	0	0	907

SECTION F - REMARKS

DATES OF PAYROLL PERIOD: 09/13/2015 THRU 08/26/2015

SECTION G - CERTIFICATION

CERTIFYING OFFICIAL: ROBERT ALLISON
 EEO-1 REPORT CONTACT PERSON: ROBERT ALLISON
 EMAIL: [REDACTED]

TITLE: VP BENEFITS HRIS & COMPENSATION
 TITLE: VP BENEFITS HRIS & COMPENSATION
 TELEPHONE NO: [REDACTED]

CERTIFIED DATE[EST]: 10/28/2015 05:35 PM

CO# R004572
 U# R004572

EQUAL EMPLOYMENT OPPORTUNITY
 2015 EMPLOYER INFORMATION REPORT
 HEADQUARTERS REPORT - TYPE 3

SECTION B - COMPANY IDENTIFICATION

1. DAVIS VISION, INC.
 175 E. HOUSTON ST.
 SAN ANTONIO, TX 78205

2. DAVIS VISION, INC.
 175 E. HOUSTON ST.
 SAN ANTONIO, TX 78205

SECTION C - TEST FOR FILING REQUIREMENT

1-Y 2-Y 3-N DUNS NO.:0 EIN :251801124

BEXAR COUNTY
 c. y

SECTION E - ESTABLISHMENT INFORMATION

NAICS: 561110 Office Administrative Services

SECTION D - EMPLOYMENT DATA

JOB CATEGORIES	HISPANIC OR LATINO		NOT-HISPANIC OR LATINO										OVERALL TOTALS						
	MALE	FEMALE	***** MALE *****					***** FEMALE *****					WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	
			BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES							
EXECUTIVE/SR OFFICIALS & MGRS	0	0	10	0	0	0	0	0	0	0	0	2	1	0	0	0	0	0	13
FIRST/MID OFFICIALS & MGRS	3	1	17	1	0	0	0	0	0	0	0	22	2	0	1	0	0	0	47
PROFESSIONALS	7	8	15	1	0	0	0	0	0	0	0	17	3	0	1	0	0	1	53
TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SALES WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ADMINISTRATIVE SUPPORT	4	12	2	0	0	0	0	0	0	0	0	17	0	0	1	0	0	0	36
CRAFT WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIVES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LABORERS & HELPERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	14	21	44	2	0	0	0	0	0	0	0	58	6	0	3	0	0	1	149
PREVIOUS REPORT TOTAL	10	19	38	3	0	0	0	0	0	0	0	60	8	0	3	0	0	1	142

SECTION F - REMARKS

CO# R004572
 U# AZ80261

EQUAL EMPLOYMENT OPPORTUNITY
 2015 EMPLOYER INFORMATION REPORT
 INDIVIDUAL ESTABLISHMENT REPORT - TYPE 4

SECTION B - COMPANY IDENTIFICATION

1. DAVIS VISION, INC.
 175 E. HOUSTON ST.
 SAN ANTONIO, TX 78205

SECTION C - TEST FOR FILING REQUIREMENT

1-Y 2-Y 3-N DUNS NO.:0 EIN :251801124

2. DAVIS VISION, INC.
 711 TROY SCHENECTADY ROAD
 SUITE 301
 LATHAM, NY 12110
 ALBANY COUNTY

SECTION E - ESTABLISHMENT INFORMATION

NAICS: 561422 Telemarketing Bureaus and
 Other Contact Centers

SECTION D - EMPLOYMENT DATA

JOB CATEGORIES	HISPANIC OR LATINO		NOT-HISPANIC OR LATINO										OVERALL TOTALS		
	MALE	FEMALE	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN		AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES
EXECUTIVE/SR OFFICIALS & MGRS	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
FIRST/MID OFFICIALS & MGRS	1	0	13	0	0	1	0	0	18	0	0	0	0	0	33
PROFESSIONALS	2	1	58	2	1	2	0	0	34	2	0	2	0	0	104
TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SALES WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ADMINISTRATIVE SUPPORT	2	7	59	8	1	3	1	5	199	53	0	3	0	7	348
CRAFT WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIVES	1	0	3	0	1	1	0	0	0	0	0	0	0	0	6
LABORERS & HELPERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	6	8	135	10	3	7	1	5	252	55	0	5	0	7	494
PREVIOUS REPORT TOTAL	4	8	127	7	2	5	0	1	236	38	0	6	0	6	440

SECTION F - REMARKS

CO= R004572
U= C149145

EQUAL EMPLOYMENT OPPORTUNITY
2015 EMPLOYER INFORMATION REPORT
INDIVIDUAL ESTABLISHMENT REPORT - TYPE 4

SECTION B - COMPANY IDENTIFICATION

1. DAVIS VISION, INC.
175 E. HOUSTON ST.
SAN ANTONIO, TX 78205

2. DAVIS VISION, INC.
3805 WEST CHESTER PIKE
BUILDING D, SUITE 150
NEWTOWN SQUARE, PA 19073
DELAWARE COUNTY
c. Y

SECTION C - TEST FOR FILING REQUIREMENT

1-Y 2-Y 3-N DUNS NO.:0 EIN :251801124

SECTION E - ESTABLISHMENT INFORMATION

NAICS: 339115 Ophthalmic Goods
Manufacturing

SECTION D - EMPLOYMENT DATA

JOB CATEGORIES	HISPANIC OR LATINO		NOT-HISPANIC OR LATINO										OVERALL TOTALS						
	MALE	FEMALE	***** MALE *****					***** FEMALE *****											
			WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN		AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES				
EXECUTIVE/SR OFFICIALS & MGRS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
FIRST/MID OFFICIALS & MGRS	2	0	2	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	6
PROFESSIONALS	0	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	4
TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SALES WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ADMINISTRATIVE SUPPORT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CRAFT WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIVES	16	12	21	36	0	0	3	0	1	9	21	0	1	0	0	0	0	0	120
LABORERS & HELPERS	7	4	4	1	0	0	0	0	0	2	7	0	1	0	0	0	0	0	26
SERVICE WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	25	17	28	38	0	0	3	0	1	12	30	0	2	0	0	0	0	0	156
PREVIOUS REPORT TOTAL	26	16	28	39	0	0	4	0	1	13	33	0	3	0	0	0	0	0	163

SECTION F - REMARKS

CO= R004572
 UE FA82496

EQUAL EMPLOYMENT OPPORTUNITY
 2015 EMPLOYER INFORMATION REPORT
 INDIVIDUAL ESTABLISHMENT REPORT - TYPE 4

SECTION B - COMPANY IDENTIFICATION

1. DAVIS VISION, INC.
 175 E. HOUSTON ST.
 SAN ANTONIO, TX 78205

SECTION C - TEST FOR FILING REQUIREMENT

1-Y 2-Y 3-Y DUNS NO.:0 EIN :251801124

2. DAVIS VISION, INC.
 159 EXPRESS STREET
 PLAINVIEW, NY 11803

SECTION E - ESTABLISHMENT INFORMATION

NAICS: 339115 Ophthalmic Goods
 Manufacturing

SECTION D - EMPLOYMENT DATA

JOB CATEGORIES	HISPANIC OR LATINO		NOT-HISPANIC OR LATINO						OVERALL TOTALS							
	MALE	FEMALE	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES		WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	
EXECUTIVE/SR OFFICIALS & MGRS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FIRST/MID OFFICIALS & MGRS	1	1	3	0	0	0	0	0	3	0	0	0	0	0	0	8
PROFESSIONALS	0	0	0	1	0	0	0	0	1	1	0	0	0	0	0	3
TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SALES WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ADMINISTRATIVE SUPPORT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CRAFT WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIVES	48	42	9	8	1	2	0	0	4	8	0	1	0	0	0	123
LABORERS & HELPERS	5	20	3	0	0	1	0	0	2	0	0	0	0	0	0	31
SERVICE WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	54	63	15	9	1	3	0	0	10	9	0	1	0	0	0	165
PREVIOUS REPORT TOTAL	52	58	22	8	0	3	0	0	11	6	0	1	0	0	0	182

SECTION F - REMARKS

Exhibit I.J – Notice of Bidding Intention Form

**NYS Department of Civil Service
RFP No. Vision Plan-2016-1
entitled
“New York State Vision Plan Services”**

Notice of Bidding Intention Form

Davis Vision, Inc.

(Please PRINT Firm's Name Above)

With regard to this RFP, (check one of the following boxes applicable):

We **ARE INTERESTED & MAY** submit a bid response.

We **ARE NOT INTERESTED & WILL NOT** be submitting a bid response because:

Dianne Roberson

Name of Contact at Firm

Senior Client Manager

Title


Email Address

3 / 28 / 2016
Date

Complete the tables above and submit it to the Vision Plan Procurement Manager specified in RFP, Section II.A.2.b. The completed table may be emailed, faxed and/or mailed (see addresses provided in RFP, Section II.A.2.b.).

Exhibit I.K – Offeror’s Affirmation of Understanding and Agreement

Part 1

Offeror’s Affirmation of Understanding and Agreement

Instructions:

Pursuant to State Finance Law §§139-j and 139-k, this solicitation imposes certain procurement lobbying limitations. Offerors are restricted from making contacts during the procurement’s “Restricted Period” (from the earliest written notice, advertisement or solicitation of a request for proposal, invitation for bids, or solicitation of proposals, or any other method for soliciting a response from Offerors intending to result in a procurement contract with a governmental entity and ending with the final contract award and approval by the governmental entity and, where applicable, approval by the State Comptroller) to other than designated staff, unless the contact falls within certain statutory exceptions (“permissible contacts”). the Department’s employees are required to obtain certain information from Offerors and others whenever there is a contact about the procurement during the Restricted Period, and are required to make a determination of the Offeror’s responsibility that addresses the Offeror’s compliance with the statutes’ requirements. Findings of non-responsibility result in rejection for contract award, and if an Offeror is subject to two non-responsibility findings within four years the Offeror also will be determined ineligible to submit a proposal on or be awarded a contract for four years from the date of the second non-responsibility finding.

Further information about these requirements can be found at:

<http://www.ogs.ny.gov/aboutOGS/regulations/defaultAdvisoryCouncil.html>.

As a prerequisite for participating in this procurement, an Offeror must provide the following Affirmation of Understanding and Agreement to comply with these procurement lobbying restrictions in accordance with State Finance Law §§139-j and 139-k.

Offeror Affirmation and Agreement

The Offeror affirms that it understands the procurement lobbying requirements set forth in State Finance Law §§139-j and 139-k, and agrees to comply with the Department’s procedures regarding permissible contacts as required thereby.

Name of Offeror:

Davis Vision, Inc.

By:

(Signature)

Name:

Mr. C. Scott Hamey

Title:

Chief Financial Officer, Davis Vision, Inc.

Address:

175 East Houston Street

San Antonio, Texas 78205

Date:

February 9th, 2016

Exhibit I.K – Offeror’s Affirmation of Understanding and Agreement

Part 2

Offeror Designated Contact	
First Name	Dianne
Last Name	Roberson
Company Name	Davis Vision, Inc.
Company Address:	
Street Address	711 Troy Schenectady Parkway
City	Latham
State	New York
Zip	12110
Individual's Business Telephone # (xxx) xxx-xxxx	
Principal Place of Business (1)	Latham, New York
Individual's Occupation	Senior Client Manager

(1) Enter the location of the individual's Principal Place of Business (e.g. Albany, NY)

Complete the table above for each Offeror officer, employee, agent or consultant retained, employed or designated, by or on behalf of the Offeror to appear before or contact the Department in regards to this Procurement, prior to the individual initiating any contact with the Department, and submit it to the Vision Plan Procurement Manager specified in Section II.A.2.b. of the RFP.

Exhibit I.M - Compliance with Public Officers Law Requirements



State of New York
Department of Civil Service
Alfred E. Smith State Office Building
Albany, NY 12239

Compliance with Public Officers Law Requirements

ADM-992 (1/07)

The New York State Public Officers Law ("POL"), particularly POL Sections 73 and 74, as well as all other provisions of New York State law, rules and regulations, and policy establishes ethical standards for current and former State employees. In submitting its Proposal, the Offeror must guarantee knowledge and full compliance with such provisions for purposes of this IFB and any other activities including, but not limited to, contracts, bids, offers, and negotiations. Failure to comply with these provisions may result in disqualification from the procurement process, termination, suspension or cancellation of the contract and criminal proceedings as may be required by law.

The Offeror hereby submits its affirmative statement as to the existence of, absence of, or potential for conflict of interest on the part of the Offeror because of prior, current, or proposed contracts, engagements, or affiliations.

Please provide below an affirmative statement as to the existence of, absence of, or potential for conflict of interest on the part of the Offeror because of prior, current, or proposed contracts, engagements, or affiliations. Please attach additional pieces of paper as necessary.

There is no conflict of interest on the part of the Offeror because of prior contracts, engagements, or affiliations.

Name of Offeror: Davis Vision, Inc.

Name & Title of Representative: C. Scott Hamey Chief Financial Officer_

Signature: _____

Date: 03/28/2016

Exhibit I.N - Compliance with Americans with Disabilities Act



State of New York
Department of Civil Service
Albany, NY 12239

Compliance with Americans with Disabilities Act

ADM-987 (1/07)

The Offeror hereby provides assurance of its compliance with the Americans With Disabilities Act (42 USC§12101 et. seq.), in that any services and programs provided during the course of performance of the Agreement resultant from this RFP shall be accessible under Title II of the Americans With Disabilities Act, and as otherwise may be required under the Americans With Disabilities Act.

Name of Offeror: Davis Vision, Inc.

Name & Title of Representative: ~~Scott Hamer~~, Chief Financial Officer

Signature: _____

Date: 03/28/2016



State of New York
 Department of Civil Service
 Albany, NY 12239

MWBE UTILIZATION PLAN

OFFICE OF FINANCIAL ADMINISTRATION MWBE-100 (9/2011)

INSTRUCTIONS: All Offerors must complete this MWBE Utilization Plan and submit it as part of their Proposal. The Plan must contain a detailed description of the services to be provided by each Minority and/or Woman-Owned Business Enterprise (M/WBE) identified by the Offeror.

Offeror Name: Davis Vision Address: 175 E. Houston Street City, State, Zip Code: San Antonio, TX 78205		Federal Identification No.: 11-3051991 Solicitation No.: Vision Plan-2016-1	
1. M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No. A. Alpina Copy World 102 Madison Ave New York, NY		3. Federal ID No. Ram Pokharel 212-683-3511 ram@alpina.net	
B. NYS ESD Certified <input type="checkbox"/> MBE <input type="checkbox"/> WBE		M/WBE Goals for the Solicitation: MBE: _____ 1% WBE: _____ 4. Detailed Description of Work (Attach additional sheets, if necessary.) Print Vision Booklets for NYS DCS \$19,600.00	
6. WAIVER REQUESTED: MBE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, submit form MWBE101 / WBE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, submit form MWBE101		TELEPHONE NO.: 210-524-6917 EMAIL ADDRESS: agonsalves@hvhc.com agonsalves@hvhc.com	
NAME AND TITLE OF PREPARER (Print or Type): All Gonsalves / Procurement Manager		DATE: Offeror's Certification Status: <input type="checkbox"/> MBE <input type="checkbox"/> WBE 3/29/2016	
SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FUNDING OF NONCOMPLIANCE AND/OR PROPOSAL DISQUALIFICATION.			
REVIEWED BY: _____ DATE: _____		*****FOR DEPARTMENT USE ONLY*****	
UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO MBE CERTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO WBE CERTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO WAIVER GRANTED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver		NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	

Offeror’s Certification of Compliance Pursuant to State Finance Law §139-k(5)



Instructions:

New York State Finance Law (SFL) §139-k(5) requires that every contract award subject to the provisions of SFL §§139-k or 139-j shall contain a certification by the Offeror that all information provided to the Department with respect to SFL §139-k is complete, true and accurate.

At the time an Offer or Bid is submitted to the Department, the Offeror must provide the following certification that the information it has and will provide to the Department pursuant to SFL §139-k is complete, true and accurate including, but not limited to, disclosures of findings of non-responsibility made within the previous four years by any State governmental entity where such finding of non-responsibility was due to a violation of SFL §139-j or due to the intentional provision of false or incomplete information to a State governmental entity.

Offeror Certification

I certify that all information provided to the Governmental Entity with respect to State Finance Law §139-k is complete, true and accurate.

Name of Offeror: Davis Vision, Inc.

By: 
(Signature)
Name: C. Scott Hamey
Title: Chief Financial Officer
Address: 175 E. Houston Street
San Antonio, TX 78205
Date: March 28, 2016

**MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES – EQUAL
EMPLOYMENT OPPORTUNITY POLICY STATEMENT**

M/WBE AND EEO POLICY STATEMENT

I, Mr. C. Scott Hamey, the (awardee/contractor) contractor agree to adopt the following policies with respect to the project being developed or services rendered at the New York State Department of Civil Service.

M/WBE This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participations goals set by the State for that area in which the State-funded project is located, by taking the following steps:

- (1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.
- (2) Request a list of State-certified M/WBEs from the Department and solicit bids from them directly.
- (3) Where feasible, divide the work into smaller portions to enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.
- (4) Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. The Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
- (5) Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

EEO (a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.

(b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex disability or marital status.

(c) At the request of the contracting agency, this organization shall request each employment agency, labor union, or authorized representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.

(d) The Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. The Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic

Exhibit I.Q – M/WBE and EEO Policy Statement

characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

(e) This organization will include the provisions of sections (a) through (d) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract

Exhibit I.Q – M/WBE and EEO Policy Statement

Agreed to this 25th day of March, 2016

By Mr. C. Scott Hamey

Print: C. Scott Hamey Title: Chief Financial Officer

Ms. Ali Gonsalves, Procurement Manager is designated as the Minority Business Enterprise Liaison (Name of Designated Liaison) responsible for administering the Minority and Women-Owned Business Enterprises- Equal Employment Opportunity (M/WBE-EEO) program.

(1) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.

M/WBE Contract Goals

1 % Minority and Women's Business Enterprise Participation

% Minority Business Enterprise Participation

% Women's Business Enterprise Participation

EEO Contract Goals

% Minority Labor Force Participation

% Female Labor Force Participation

Mr. C. Scott Hamey
(Authorized Representative)

Title: Chief Financial Officer

Date: March 25, 2016

<p>RFP # Vision Plan-2016-1 “New York State Vision Plan Services”</p>
--

NEW YORK SUBCONTRACTORS AND SUPPLIERS

As stated in Section II.B.11 of the RFP, Offerors are encouraged to use New York State businesses in the performance of Program Services. Please complete the following exhibit to reflect the Offeror’s proposed utilization of New York State businesses.

Name(s) of New York Subcontractors and/or Suppliers	Address, City, State, and Zip Code	Description of Services or Supplies Provided	Estimated Value Over 5-Year Contract Period	Identify if Subcontract or <u>or</u> Supplier
Not applicable				

Exhibit I.W - Compliance with NYS Workers' Compensation Law

Sections 57 and 220 of the New York State Workers' Compensation Law (WCL) provide that the Department shall not enter into any contracts unless proof of workers' compensation and disability benefits insurance coverage is produced. Prior to entering into contracts with DCS, the selected Offeror will be required to verify for DCS, on forms authorized by the New York State Workers' Compensation Board, the fact that they are properly insured or are otherwise in compliance with the insurance provisions of the WCL. The forms to be used to show compliance with the WCL are listed below. DCS requests the Offeror submit this insurance verification information with their Proposals. Any questions relating to either workers' compensation or disability benefits coverage should be directed to the State of New York Workers' Compensation Board, Bureau of Compliance at (518)486-6307. You may also find useful information at their website <http://www.wcb.state.ny.us>. Failure to provide verification of either of these types of insurance coverage by the time the winning Offeror is selected and the Contract is ready to be executed will be grounds for disqualification of an otherwise successful Proposal.

Workers' Compensation Requirements under WCL § 57:

To comply with coverage provisions of the WCL, businesses must:

- A) be legally exempt from obtaining workers' compensation insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or seeking to enter into contracts **MUST provide ONE** of the following forms to the government entity issuing the permit or entering into a contract:

- A) CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage ⁽¹⁾; **OR**
- B) C-105.2 -- Certificate of Workers' Compensation Insurance (the business's insurance carrier will send this form to the government entity upon request) **PLEASE NOTE:** The State Insurance Fund provides its own version of this form, the U-26.3; **OR**
- C) SI-12 -- Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247), **OR** GSI-105.2 -- Certificate of Participation in Worker's Compensation Group Self-Insurance (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

Disability Benefits Requirements under Workers' Compensation Law §220(8)

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- A) be legally exempt from obtaining disability benefits insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or seeking to enter into contracts **MUST provide ONE** of the following forms to the entity issuing the permit or entering into a contract:

- A) CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage ⁽¹⁾; **OR**
- B) DB-120.1 -- Certificate of Disability Benefits Insurance (the business's insurance carrier will send this form to the government entity upon request); **OR**
- C) DB-155 -- Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).

⁽¹⁾ *Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, www.wcb.state.ny.us, under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract.*

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier

<p>1a. Legal Name and Address of Insured (Use street address only)</p> <p>Davis Vision Inc. 175 E. Houston Street San Antonio, TX 78205</p>	<p>1b. Business Telephone Number of Insured 516-932-9500</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured 41-01271</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 11-3051991</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>New York State Department of Civil Service Employee Benefits Division Agency Building 1 Empire State Plaza Albany, NY 12239</p>	<p>3a. Name of Insurance Carrier Liberty Life Assurance Company of Boston</p> <p>3b. Policy Number of entity listed in box "1a": GS3-830-510001-NY</p> <p>3c. Policy effective period: 1/1/2016 to 12/31/2016</p>

4. Policy covers:

a. All of the employer's employees eligible under the New York Disability Benefits Law

b. Only the following class or classes of the employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits insurance coverage as described above.

Date Signed 3/2/2016 By Cheryl Szulewski

Digitally signed by Cheryl Szulewski
DN: cn=Cheryl Szulewski, o, ou, email=cherylszulewski@bnymsusul.com, c=US
Date: 2016.03.02 13:27:35 -0500

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 781-487-7218 Title Contract Analyst

IMPORTANT: If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 328 State Street, Schenectady, NY 12305.

PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)

**State Of New York
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
(Signature of NYS Workers' Compensation Board Employee)

Telephone Number _____ Title _____

Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in box "3" on this form is certifying that it is insuring the business referenced in box "1a" for disability benefits under the New York State Disability Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2". *This Certificate is valid for the earlier of one year after this form is approved by the insurance carrier or its licensed agent, or the policy expiration date listed in box "3c".*

Please Note: Upon the cancellation of the disability benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability Benefits Law.

DISABILITY BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Davis Vision Inc. 175 E. Houston Street San Antonio, TX 78205</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured (516)932-9500</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured 41-01272</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 11-3051991</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>New York State Department of Civil Services Employee Benefits Division Agency Building 1 Empire State Plaza Albany, NY 12239</p>	<p>3a. Name of Insurance Carrier Federal Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" 71640953</p> <p>3c. Policy effective period 1/1/16 to 1/1/17</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Melissa P. Scheffler
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Melissa P. Scheffler 2/24/16
(Signature) (Date)

Title: Vice President

Telephone Number of authorized representative or licensed agent of insurance carrier: (412)391-6585 _____

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

**Extraneous Terms Template
(Instructions for Documentation and Submission)**

Offerors shall identify all Extraneous Terms in the table provided on the following page, and shall adhere to all instructions below for preparing the table.

INSTRUCTIONS:

**RFP Section
and Sub-Section
Reference:**

The Offeror must insert the exact RFP Section, and Sub-Section number of the requirement(s) that the Offeror is proposing to modify. The Offeror must insert the nature of the proposed change and its impact on the Requirement.

RFP Requirement:

The Offeror must insert a concise description of the requirement(s) that the Offeror is proposing to modify.

**Proposed
Extraneous Term
Type:**

The Offeror must insert a one-word description, of the type of modification to each of the requirement(s) that the Offeror is proposing to modify, selected from the following list:

- Additional;
- Supplemental;
- "Or Equal"; or
- Alternative

**Proposed
Extraneous
Term:**

The one-word description must be followed by proposed alternate wording of the requirement(s).

**Impact on RFP
Requirement:**

The Offeror should describe the impact of the alternate wording. Then, the comments should explain how the modification(s) would benefit the State and provide best value. If there is a corresponding impact on the Administrative, Technical or Cost Proposal(s), that impact should be explained here with reference(s) to the parts of the volume(s) that are affected. However, **DO NOT INCLUDE ANY COST DATA IN THE ADMINISTRATIVE OR TECHNICAL PROPOSALS.**

The Offeror must use the table format described above and detailed on the following page to summarize its proposed Extraneous Terms, if any. The Offeror may refer to more voluminous narratives, tables, figures and appendices that more fully describe aspects of the Extraneous Terms, provided that the additional material is fully cross-referenced by this required table.

Exhibit I.X – Extraneous Terms Template

Extraneous Terms Template

EXTRANEOUS TERM(S)			
No.	RFP Section and Sub-Section Reference	RFP Requirement	Proposed Extraneous Term Type
1.	NOT APPLICABLE		<input type="checkbox"/> Additional; <input type="checkbox"/> Supplemental; <input type="checkbox"/> "Or Equal"; or <input type="checkbox"/> Alternative
<u>Proposed Extraneous Term(s):</u>			
NOT APPLICABLE			
<u>Impact on RFP Requirement:</u>			

**New York State Vision Plan
Participating Provider Network Access
Prerequisite Worksheet**

Exhibit I.Y

State Column (1)	Location Column (2)	# of NYS Vision Plan Enrollees With Access Column (3)	# of NYS Vision Plan Enrollees Without Access Column (4)	Total Vision Plan Enrollees Column (5)	% With Access Column (6)
NYS	REDACTED				
Out-Of-State					

- A. Enter the number of NYS Vision Plan enrollees who meet the minimum access requirements from your GeoAccess Accessibility Summaries (column 3)
- B. Enter the number of NYS Vision Plan enrollees who do not meet the minimum access requirements from your GeoAccess Accessibility Summaries. (column 4)
- C. Column (5) equals Column (3) plus Column (4).
- D. Column (6) equals Column (3) divided by Column (5).
- E. The average NYS access % in column (6) must equal, at a minimum, 80% in order to meet the Network Access Prerequisite required to submit a proposal.

Exhibit I.Y.1

**New York State Vision Plan Services
Offeror's Current Participating Provider Network File**

All Offerors are required to submit on CD their current participating provider network labeled as Exhibit I.Y.1 "Offeror's Current Participating Provider Network File." See GeoAccess reporting format (NYSDGeoAccess.rpt) in Exhibit II.B.

File Layout Specifications for the Offeror's Proposed Vision Provider Network

Instructions: Utilize these file layouts to prepare Exhibit I.Y.1 of your technical proposal and submit on CD using Microsoft Excel. Do not submit a paper copy. These must include each provider with whom you have an executed contract for participation in the Vision Network commencing 2017. The providers listed in this file must be included in the Vision Plan Network Implemented for the program in 2017 in accordance with Section IV.B.2.a(2)(a) "Implementation" and Section IV.B.9 "Network Management" of this RFP.

- 1) In columns A-C provide Provider Last Name, Middle Initial, and First Name
- 2) In column D provide Provider Title
- 3) In column E provide Provider DBA name if applicable
- 4) In columns F-K provide Provider Address 1, Address 2, Address 3, city, state, and five digit zip code
- 5) In column L provide Provider local phone number
- 6) In column M provide county
- 7) In column N provide Provider Tax ID

Exhibit I.Z – Confidentiality Agreement

New York State Vision Plan Services, #Vision Plan-2016-1

CONFIDENTIAL AGREEMENT AND CERTIFICATE OF NON-DISCLOSURE

This Exhibit MUST be filled out by all Offerors and Key Subcontractors and Affiliates

THIS AGREEMENT is between the New York State Department of Civil Service (DCS) its successors and assigns, acting on behalf of the State of New York, and having its principal place of business at: DCS; Empire State Plaza, Albany, New York, 12239, and

Davis Vision, Inc. (Respondent), it successors and assigns, having its principal place of business at: 175 E. Houston Street, San Antonio, TX

C. Scott Hamey being duly sworn, deposes and says that he/she is the Chief Financial Officer
(Print or type full name) (Title or Capacity)

Of Davis Vision, Inc. the firm that executed this instrument and that he/she is authorized by said firm to execute
(Name of firm)

this instrument, and further, in consideration of release of detailed claims data and enrollee demographic data by DCS, the firm hereby agrees that any information pertaining to the Program and its documentation, including the information contained on the detailed claims and enrollee demographic data as referenced in the Request for Proposals entitled, New York State Vision Plan Services, which has been or may be supplied to or obtained by the firm, its officers, agents and employees, based upon the representations made above in relation to the procurement of a Contractor to administer the Programs under New York State Civil Service Law, Article XI, is confidential and may not be used for any purpose other than the formulation of a good faith offer for said procurement, and that any other use, release or dissemination to any party, of any such confidential information, without the prior written consent of DCS, shall constitute a breach of this Confidentiality Agreement and Statement of Non-Disclosure and may result in disqualification of the firm from said procurement, or the imposition of other sanctions as determined by the DCS or as required by the State of New York or by law.

The firm further acknowledges that receipt to the detailed claims and enrollee demographic data is subject to the following warranty disclaimer by the DCS: all detailed claims data supplied for the New York State Vision Plan Services, Request for Proposal contain information provided by the current insurer/administrator which has not been audited by the DCS and is provided on an "as is" basis. For purposes of the data, any interested Offeror's or Offerors' use of the data, or the results of any interested Offeror's or Offerors' use of the data, the DCS and State of New York make no warranties, guarantees or representations of any kind expressed or implied, or arising by custom or trade usage, as to any matter whatsoever, without limitation, and specifically make no implied warranty of fitness for any particular purpose or use, including but not limited to adequacy, accuracy, completeness or conformity to any representation, description, sample or model.

Please complete to receive detailed claims and enrollee demographic data			
Designated Contact Information		Alternate Contact Information	
Contact Name:	Ms. Dianne Roberson	Contact Name:	Mr. Tom Rosa
Address:	711 Troy Schenectady Parkway	Address:	2921 Erie Blvd. East
	Latham, NY 12110		Syracuse, NY 13224
Phone Number:	[REDACTED]	Phone Number:	[REDACTED]
Fax:	[REDACTED]	Fax:	[REDACTED]
E-Mail:	[REDACTED]	E-Mail:	[REDACTED]

Complete Exhibit I.Z and submit it to the Vision Plan Program Procurement Manager specified in Section II.A.2.b. of this RFP. The completed Exhibit I.Z may be emailed at: VisionPlan2016RFP@cs.state.ny.us, faxed at: 518-402-2835 and/or mailed (see address provided in RFP, Section II.A.2.b.)

VENDOR

Name/Address of Corporate Headquarters

Davis Vision, Inc.
175 E. Houston Street
San Antonio, TX 78205

Exhibit I.Z – Confidentiality Agreement

IN WITNESS WHEREOF, Vendor has caused this Agreement to be signed as of the date set forth below.

VENDOR'S AUTHORIZED LEGAL REPRESENTATIVE

Name/Title/Address (If Different from Above)

*Signature of Authorized Legal Representative as the act and deed and on behalf of Vendor is Required.**

*

[Redacted Signature]

Date:

2/19/2016

The undersigned affirms and swears s/he has the legal authority and capacity to sign and make this offer on behalf of, **Davis Vision, Inc.** and possesses the legal authority and capacity to act on behalf of **Davis Vision, Inc.** to execute a contract with the State of New York.

The undersigned affirms and swears as to the truth and veracity of all documents included in this offer.

Date: 2/19/2016

Davis Vision, Inc.

By:

[Redacted Signature]

(Signature)

C. Scott Hamey

(Name)

Chief Financial Officer

(Title)

CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF Texas} : SS.:
COUNTY OF Bexar}

On the 19 day of February in the year 2016, before me personally appeared: **C. SCOTT HAMEY** known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that he resides at: 175 E. Houston Street Town of San Antonio County of Bexar, State of Texas; and further that:

[Check One]

If a corporation: he is the Chief Financial Officer of Davis Vision, Inc., the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

If a partnership: he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, he is authorized to execute the foregoing instrument on behalf of the partnership for the purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership.

[Redacted Signature]

Notary Public

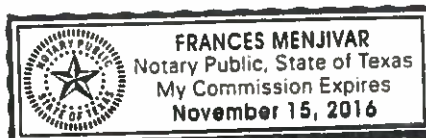


Exhibit I.U.1 - Key Subcontractors or Affiliates

The Offeror must complete and submit this Exhibit as part of its Administrative Proposal. A separate form should be completed for each Key Subcontractor or Affiliate, if any. If the Offeror will not be subcontracting with any Key Subcontractor(s) or Affiliate(s) to provide any of the services required under the RFP, the Offeror must complete and submit a single Exhibit I.U.1 to that affect.

INSTRUCTION: Prepare this form for each Key Subcontractor or Affiliate	
Offeror's Name:	Davis Vision
<p>The Offeror:</p> <p><input type="checkbox"/> is <input checked="" type="checkbox"/> is not proposing to utilize the services of a Key Subcontractor(s) or Affiliate(s) to provide Program Services</p> <p><input type="checkbox"/> is <input type="checkbox"/> is not proposing to utilize the services of a subcontractor(s) to provide Program Services totaling \$100,000 or more during the term of the 5 year agreement</p>	
Subcontractor's Legal Name:	
Business Address:	
Subcontractor's Legal Form:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____
<p>As of the date of the Offeror's Proposal, a subcontract</p> <p><input type="checkbox"/> has <input type="checkbox"/> has not been executed between the Offeror and the subcontractor(s) for services to be provided by such subcontractor(s) relating to Vision Plan Services Program Services.</p>	
<p>In the space provided below, describe the Key Subcontractor's or Affiliate's role(s) and responsibilities regarding Program Services to be provided.</p>	
<p>Relationship between Offeror and Key Subcontractor or Affiliate for Current Engagements: (Complete items 1 through 5 for each client engagement identified)</p>	
1. Client:	
2. Client Reference Name and Phone #	
3. Program Title:	
4. Program Start Date:	
5. In the space provided below, Program Status:	
<p>6. In the space provided below, describe the roles and responsibilities of the Offeror and subcontractor in regard to the program identified in 3, above:</p>	

Exhibit I.V - Program References

Reference #: 1

Current or Former Customer?: Current

Abstract
Customer For Whom Services Were Performed: REDACTED

Exhibit I.V - Program References

Reference #: 3

Current or Former Customer?: Current

Abstract
Customer For Whom Services Were Performed:
REDACTED

Exhibit I.V - Program References

Reference #: 4

Current or Former Customer?: Current

Abstract
Customer For Whom Services Were Performed:
REDACTED

Exhibit I.V - Program References

Reference #: 7

Current or Former Customer?: Former

Abstract
Customer For Whom Services Were Performed:
REDACTED

Davis Vision hereby presents the Davis Vision, Inc. and Subsidiaries Consolidated Financial Statements (hereinafter referred to as "Statements"). All information contained in the Statements is deemed proprietary and confidential. In consideration of the receipt of said Statements, all parties hereby agree to refrain from the use, distribution, and copying of the Statements at all times. In particular, said Statements or any portions thereof shall not be disclosed to competitor Bidders or third party entities. However, said limitation shall not compromise the right to copy and disseminate the Statements for internal review and for review by external advisers in connection to the evaluation of Davis Vision's response to the Request for Proposal. Nevertheless, please consider the proprietary nature of said Statements and limit its use to an absolute minimum.

Davis Vision, Inc. and Subsidiaries

**Consolidated Financial Statements
December 31, 2015 and 2014**

Davis Vision, Inc. and Subsidiaries

Index

December 31, 2015 and 2014

	Page(s)
Independent Auditor's Report	1-2
Consolidated Financial Statements	
Balance Sheets	3
Statements of Comprehensive Income	4
Statements of Stockholder's Equity	5
Statements of Cash Flows	6
Notes to Financial Statements	7-21



Independent Auditor's Report

To the Board of Directors
of Davis Vision, Inc. and Subsidiaries

We have audited the accompanying consolidated financial statements of Davis Vision, Inc. and its subsidiaries, which comprise the consolidated balance sheets as of December 31, 2015 and 2014, and the related consolidated statements of comprehensive income, stockholder's equity and cash flows for the years then ended.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Company's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Davis Vision, Inc. and its subsidiaries as of December 31, 2015 and 2014, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

PricewaterhouseCoopers LLP

February 26, 2016

Davis Vision, Inc. and Subsidiaries
Consolidated Balance Sheets
December 31, 2015 and 2014

(dollar amounts in thousands unless indicated otherwise)

2015

2014

Assets

	2015	2014
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED

The accompanying notes are an integral part of these consolidated financial statements.

Davis Vision, Inc. and Subsidiaries
Consolidated Statements of Comprehensive Income
Years Ended December 31, 2015 and 2014

(dollar amounts in thousands unless indicated otherwise)

	2015	2014
REDACTED	█	█
REDACTED	█	█
REDACTED	█	█
REDACTED	█	█
REDACTED	█	█
REDACTED	█	█
REDACTED	█	█
REDACTED	█	█
REDACTED	█	█
REDACTED	█	█
REDACTED	█	█
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REDACTED	█	█
REDACTED	█	█
REDACTED	█	█
REDACTED	█	█
REDACTED	█	█
REDACTED	█	█
REDACTED	█	█
REDACTED	█	█
REDACTED	█	█

The accompanying notes are an integral part of these consolidated financial statements.

Davis Vision, Inc. and Subsidiaries
Consolidated Statements of Stockholder's Equity
Years Ended December 31, 2015 and 2014

(dollar amounts in thousands unless indicated otherwise)

	Retained Earnings	Accumulated Other Comprehensive Income	Common Stock	Additional Paid-in Capital	Total Stockholder's Equity
REDACTED	█	█	█	█	█
█	█	█	█	█	█
█	█	█	█	█	█
█	█	█	█	█	█
█	█	█	█	█	█
█	█	█	█	█	█

The accompanying notes are an integral part of these consolidated financial statements.

Davis Vision, Inc. and Subsidiaries
Consolidated Statements of Cash Flows
Years Ended December 31, 2015 and 2014

(dollar amounts in thousands unless indicated otherwise)

	2015	2014
Cash flows from operating activities		
REDACTED	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

The accompanying notes are an integral part of these consolidated financial statements.

Davis Vision, Inc. and Subsidiaries
Notes to Consolidated Financial Statements
December 31, 2015 and 2014

(dollar amounts in thousands unless indicated otherwise)

REB

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



Davis Vision, Inc. and Subsidiaries
Notes to Consolidated Financial Statements
December 31, 2015 and 2014

(dollar amounts in thousands unless indicated otherwise)

REDACTED

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Davis Vision, Inc. and Subsidiaries
Notes to Consolidated Financial Statements
December 31, 2015 and 2014

(dollar amounts in thousands unless indicated otherwise)

REDACTED



Davis Vision, Inc. and Subsidiaries
Notes to Consolidated Financial Statements
December 31, 2015 and 2014

(dollar amounts in thousands unless indicated otherwise)

Revenue Recognition and Related Costs

REDACTED

REDACTED

REDACTED

REDACTED

REDACTED

REDACTED



Davis Vision, Inc. and Subsidiaries
Notes to Consolidated Financial Statements
December 31, 2015 and 2014

REDACTED

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



Davis Vision, Inc. and Subsidiaries
 Notes to Consolidated Financial Statements
 December 31, 2015 and 2014

REDACTED

[Redacted]

■ [Redacted]

[Redacted]

[Redacted]	[Redacted]	[Redacted]
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[Redacted]

[Redacted]	[Redacted]	[Redacted]
------------	------------	------------

[Redacted]

[Redacted]	[Redacted]
[Redacted]	[Redacted]

[Redacted]

[Redacted]

■ [Redacted]

[Redacted]

[Redacted]	[Redacted]
------------	------------

[Redacted]

[Redacted]	[Redacted]
------------	------------

[Redacted]

[Redacted]	[Redacted]
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[Redacted]

[Redacted]	[Redacted]
------------	------------

■ [Redacted]

[Redacted]

[Redacted]

[Redacted]

REDACTED

[REDACTED]

[REDACTED]

[REDACTED]

	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

[REDACTED]

Davis Vision, Inc. and Subsidiaries
Notes to Consolidated Financial Statements
December 31, 2015 and 2014

REDACTED

[REDACTED]

[REDACTED]

[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Davis Vision, Inc. and Subsidiaries
Notes to Consolidated Financial Statements
December 31, 2015 and 2014

(dollar amounts in thousands unless indicated otherwise)

REDACTED

[REDACTED]

[REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
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[REDACTED]



Davis Vision, Inc. and Subsidiaries
Notes to Consolidated Financial Statements
December 31, 2015 and 2014

(dollar amounts in thousands unless indicated otherwise)

REDACTED	2015	2014
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
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Davis Vision, Inc. and Subsidiaries
Notes to Consolidated Financial Statements
December 31, 2015 and 2014

(dollar amounts in thousands unless indicated otherwise)

REDACTED

[REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]
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[REDACTED]

Davis Vision, Inc. and Subsidiaries
Notes to Consolidated Financial Statements
December 31, 2015 and 2014

(dollar amounts in thousands unless indicated otherwise)

Executive Pension Plan

REDACTED

Davis Vision, Inc. and Subsidiaries
Notes to Consolidated Financial Statements
December 31, 2015 and 2014

(dollar amounts in thousands unless indicated otherwise)

10. **REDACTED** [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



Davis Vision, Inc. and Subsidiaries
Notes to Consolidated Financial Statements
December 31, 2015 and 2014

(dollar amounts in thousands unless indicated otherwise)

REDACTED

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Davis Vision, Inc. and Subsidiaries
Notes to Consolidated Financial Statements
December 31, 2015 and 2014

(dollar amounts in thousands unless indicated otherwise)

REDACTED



**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

You have selected the For-Profit Non-Construction questionnaire which may be printed and completed in this format or, for your convenience, may be completed online using the New York State VendRep System.

COMPLETION & CERTIFICATION

The person(s) completing the questionnaire must be knowledgeable about the vendor's business and operations. An owner or officer must certify the questionnaire and the signature must be notarized.

NEW YORK STATE VENDOR IDENTIFICATION NUMBER (VENDOR ID)

The Vendor ID is a ten-digit identifier issued by New York State when the vendor is registered on the Statewide Vendor File. This number must now be included on the questionnaire. If the business entity has not obtained a Vendor ID, contact the IT Service Desk at ITServiceDesk@osc.state.ny.us or call 866-370-4672.

DEFINITIONS

All underlined terms are defined in the "New York State Vendor Responsibility Definitions List," found at www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf. These terms may not have their ordinary, common or traditional meanings. Each vendor is strongly encouraged to read the respective definitions for any and all underlined terms. By submitting this questionnaire, the vendor agrees to be bound by the terms as defined in the "New York State Vendor Responsibility Definitions List" existing at the time of certification.

RESPONSES

Every question must be answered. Each response must provide all relevant information which can be obtained within the limits of the law. However, information regarding a determination or finding made in error which was subsequently corrected is not required. Individuals and Sole Proprietors may use a Social Security Number but are encouraged to obtain and use a federal Employer Identification Number (EIN).

REPORTING ENTITY

Each vendor must indicate if the questionnaire is filed on behalf of the entire Legal Business Entity or an Organizational Unit within or operating under the authority of the Legal Business Entity and having the same EIN. Generally, the Organizational Unit option may be appropriate for a vendor that meets the definition of "Reporting Entity" but due to the size and complexity of the Legal Business Entity, is best able to provide the required information for the Organizational Unit, while providing more limited information for other parts of the Legal Business Entity and Associated Entities.

ASSOCIATED ENTITY

An Associated Entity is one that owns or controls the Reporting Entity or any entity owned or controlled by the Reporting Entity. However, the term Associated Entity does not include "sibling organizations" (i.e., entities owned or controlled by a parent company that owns or controls the Reporting Entity), unless such sibling entity has a direct relationship with or impact on the Reporting Entity.

STRUCTURE OF THE QUESTIONNAIRE

The questionnaire is organized into eleven sections. Section I is to be completed for the Legal Business Entity. Section II requires the vendor to specify the Reporting Entity for the questionnaire. Section III refers to the individuals of the Reporting Entity, while Sections IV-VIII require information about the Reporting Entity. Section IX pertains to any Associated Entities, with one question about their Officials/Owners. Section X relates to disclosure under the Freedom of Information Law (FOIL). Section XI requires an authorized contact for the questionnaire information.

NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY

I. LEGAL BUSINESS ENTITY INFORMATION			
<u>Legal Business Entity Name*</u> Davis Vision, Inc.		<u>EIN</u> 113051991	
Address of the <u>Principal Place of Business</u> (street, city, state, zip code) 175 E. Houston Street San Antonio, TX 78205		<u>New York State Vendor Identification Number</u> 1000024559	
		<u>Telephone</u> 800-328-4728 ext.	<u>Fax</u> 210-245-2294
<u>Email</u> droberson@davisvision.com		<u>Website</u> Davisvision.com	
Additional <u>Legal Business Entity Identities</u> : If applicable, list any other <u>DBA</u> , <u>Trade Name</u> , <u>Former Name</u> , <u>Other Identity</u> , or <u>EIN</u> used in the last five (5) years and the status (active or inactive).			
Type	Name	EIN	Status
	N/A		
	N/A		
1.0 <u>Legal Business Entity Type</u> – Check appropriate box and provide additional information:			
<input checked="" type="checkbox"/> <u>Corporation</u> (including <u>PC</u>)		<u>Date of Incorporation</u> 02/26/1991	
<input type="checkbox"/> <u>Limited Liability Company</u> (<u>LLC</u> or <u>PLLC</u>)		<u>Date of Organization</u>	
<input type="checkbox"/> <u>Partnership</u> (including <u>LLP</u> , <u>LP</u> or <u>General</u>)		<u>Date of Registration or Establishment</u>	
<input type="checkbox"/> <u>Sole Proprietor</u>		<u>How many years in business?</u>	
<input type="checkbox"/> <u>Other</u>		<u>Date Established</u>	
If Other, explain:			
1.1 Was the <u>Legal Business Entity</u> formed or incorporated in New York State?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If ‘No,’ indicate jurisdiction where <u>Legal Business Entity</u> was formed or incorporated and attach a <u>Certificate of Good Standing</u> from the applicable jurisdiction or provide an explanation if a <u>Certificate of Good Standing</u> is not available.			
<input type="checkbox"/> United States State _____			
<input type="checkbox"/> Other Country _____			
Explain, if not available:			
1.2 Is the <u>Legal Business Entity</u> publicly traded?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If “Yes,” provide <u>CIK Code</u> or Ticker Symbol			
1.3 Does the <u>Legal Business Entity</u> have a <u>DUNS</u> Number?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If “Yes,” Enter <u>DUNS</u> Number 627745276			

*All underlined terms are defined in the “New York State Vendor Responsibility Definitions List,” which can be found at www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf.

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

I. LEGAL BUSINESS ENTITY INFORMATION		
1.4 If the <u>Legal Business Entity's Principal Place of Business</u> is not in New York State, does the <u>Legal Business Entity</u> maintain an office in New York State? (Select "N/A," if <u>Principal Place of Business</u> is in New York State.)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
If "Yes," provide the address and telephone number for one office located in New York State. 711 Troy Schenectady Road, Latham, NY 12110; 1-800-999-5431		
1.5 Is the <u>Legal Business Entity</u> a New York State certified <u>Minority-Owned Business Enterprise (MBE)</u> , <u>Women-Owned Business Enterprise (WBE)</u> , <u>New York State Small Business (SB)</u> or a federally certified <u>Disadvantaged Business Enterprise (DBE)</u> ? If "Yes," check all that apply: <ul style="list-style-type: none"> <input type="checkbox"/> New York State certified <u>Minority-Owned Business Enterprise (MBE)</u> <input type="checkbox"/> New York State certified <u>Women-Owned Business Enterprise (WBE)</u> <input type="checkbox"/> <u>New York State Small Business (SB)</u> <input type="checkbox"/> Federally certified <u>Disadvantaged Business Enterprise (DBE)</u> 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1.6 Identify <u>Officials</u> and <u>Principal Owners</u> , if applicable. For each person, include name, title and percentage of ownership. Attach additional pages if necessary. If applicable, reference to relevant SEC filing(s) containing the required information is optional.		
Name	Title	Percentage Ownership <i>(Enter 0% if not applicable)</i>
HVHC Inc.	Parent Company	100%

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

II. REPORTING ENTITY INFORMATION

2.0 The Reporting Entity for this questionnaire is:
 Note: Select only one.
 Legal Business Entity
Note: If selecting this option, "Reporting Entity" refers to the entire Legal Business Entity for the remainder of the questionnaire. (SKIP THE REMAINDER OF SECTION II AND PROCEED WITH SECTION III.)
 Organizational Unit within and operating under the authority of the Legal Business Entity
 SEE DEFINITIONS OF "REPORTING ENTITY" AND "ORGANIZATIONAL UNIT" FOR ADDITIONAL INFORMATION ON CRITERIA TO QUALIFY FOR THIS SELECTION.
Note: If selecting this option, "Reporting Entity" refers to the Organizational Unit within the Legal Business Entity for the remainder of the questionnaire. (COMPLETE THE REMAINDER OF SECTION II AND ALL REMAINING SECTIONS OF THIS QUESTIONNAIRE.)

IDENTIFYING INFORMATION

a) Reporting Entity Name

Address of the <u>Primary Place of Business</u> (street, city, state, zip code)	Telephone ext.
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b) Describe the relationship of the Reporting Entity to the Legal Business Entity

c) Attach an organizational chart

d) Does the Reporting Entity have a DUNS Number? Yes No

If "Yes," enter DUNS Number

e) Identify the designated manager(s) responsible for the business of the Reporting Entity.
For each person, include name and title. Attach additional pages if necessary.

Name	Title

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

INSTRUCTIONS FOR SECTIONS III THROUGH VII

For each "Yes," provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). For each "Other," provide an explanation which provides the basis for not definitively responding "Yes" or "No." Provide the explanation at the end of the section or attach additional sheets with numbered responses, including the Reporting Entity name at the top of any attached pages.

III. LEADERSHIP INTEGRITY

Within the past five (5) years, has any current or former reporting entity official or any individual currently or formerly having the authority to sign, execute or approve bids, proposals, contracts or supporting documentation on behalf of the reporting entity with any government entity been:

3.0 <u>Sanctioned</u> relative to any business or professional permit and/or license?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Other
3.1 <u>Suspended, debarred, or disqualified</u> from any <u>government contracting process</u> ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Other
3.2 The subject of an <u>investigation</u> , whether open or closed, by any <u>government entity</u> for a civil or criminal violation for any business-related conduct?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Other
3.3 Charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a <u>judgment</u> for: a) Any business-related activity; or b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Other

For each "Yes" or "Other" explain:

IV. INTEGRITY – CONTRACT BIDDING

Within the past five (5) years, has the reporting entity:

4.0 Been <u>suspended</u> or <u>debarred</u> from any <u>government contracting process</u> or been <u>disqualified</u> on any government procurement, permit, license, concession, franchise or lease, including, but not limited to, <u>debarment</u> for a violation of New York State Workers' Compensation or Prevailing Wage laws or New York State Procurement Lobbying Law?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.1 Been subject to a denial or revocation of a government prequalification?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.2 Been denied a contract award or had a bid rejected based upon a <u>non-responsibility finding</u> by a <u>government entity</u> ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.3 Had a low bid rejected on a <u>government contract</u> for failure to <u>make good faith efforts</u> on any <u>Minority-Owned Business Enterprise, Women-Owned Business Enterprise</u> or <u>Disadvantaged Business Enterprise</u> goal or <u>statutory affirmative action requirements</u> on a previously held contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.4 Agreed to a voluntary exclusion from bidding/contracting with a <u>government entity</u> ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.5 Initiated a request to withdraw a bid submitted to a <u>government entity</u> in lieu of responding to an information request or subsequent to a formal request to appear before the <u>government entity</u> ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

For each "Yes," explain:

NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY

V. INTEGRITY – CONTRACT AWARD	
<i>Within the past five (5) years, has the reporting entity:</i>	
5.0 Been <u>suspended</u> , cancelled or <u>terminated for cause</u> on any <u>government contract</u> including, but not limited to, a <u>non-responsibility finding</u> ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.1 Been subject to an <u>administrative proceeding</u> or civil action seeking specific performance or restitution in connection with any <u>government contract</u> ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.2 Entered into a formal monitoring agreement as a condition of a contract award from a <u>government entity</u> ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
For each "Yes," explain:	

VI. CERTIFICATIONS/LICENSES	
<i>Within the past five (5) years, has the reporting entity:</i>	
6.0 Had a revocation, <u>suspension</u> or <u>disbarment</u> of any business or professional permit and/or license?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.1 Had a denial, decertification, revocation or forfeiture of New York State certification of <u>Minority-Owned Business Enterprise</u> , <u>Women-Owned Business Enterprise</u> or federal certification of <u>Disadvantaged Business Enterprise</u> status for other than a change of ownership?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
For each "Yes," explain:	

VII. LEGAL PROCEEDINGS	
<i>Within the past five (5) years, has the reporting entity:</i>	
7.0 Been the subject of an <u>investigation</u> , whether open or closed, by any <u>government entity</u> for a civil or criminal violation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.1 Been the subject of an indictment, grant of immunity, <u>judgment</u> or conviction (including entering into a plea bargain) for conduct constituting a crime?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.2 Received any OSHA citation and Notification of Penalty containing a violation classified as <u>serious or willful</u> ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.3 Had a <u>government entity</u> find a willful prevailing wage or supplemental payment violation or any other willful violation of New York State Labor Law?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.4 Entered into a consent order with the New York State Department of Environmental Conservation, or received an enforcement determination by any <u>government entity</u> involving a violation of federal, state or local environmental laws?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.5 Other than previously disclosed: a) Been subject to fines or penalties imposed by <u>government entities</u> which in the aggregate total \$25,000 or more; or b) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any <u>government entity</u> ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
For each "Yes," explain:	

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

VIII. FINANCIAL AND ORGANIZATIONAL CAPACITY	
8.0 Within the past five (5) years, has the <u>Reporting Entity</u> received any <u>formal unsatisfactory performance assessment(s)</u> from any <u>government entity</u> on any contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.1 Within the past five (5) years, has the <u>Reporting Entity</u> had any <u>liquidated damages</u> assessed over \$25,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, contracting party involved, the amount assessed and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.2 Within the past five (5) years, have any <u>liens</u> or <u>judgments</u> (not including UCC filings) over \$25,000 been filed against the <u>Reporting Entity</u> which remain undischarged?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, the Lien holder or Claimant's name(s), the amount of the <u>lien(s)</u> and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.3 In the last seven (7) years, has the <u>Reporting Entity</u> initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," provide the bankruptcy chapter number, the court name and the docket number. Indicate the current status of the proceedings as "Initiated," "Pending" or "Closed." Provide answer below or attach additional sheets with numbered responses.	
8.4 During the past three (3) years, has the <u>Reporting Entity</u> failed to file or pay any tax returns required by <u>federal, state or local tax laws</u> ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," provide the taxing jurisdiction, the type of tax, the liability year(s), the tax liability amount the <u>Reporting Entity</u> failed to file/pay and the current status of the tax liability. Provide answer below or attach additional sheets with numbered responses.	
8.5 During the past three (3) years, has the <u>Reporting Entity</u> failed to file or pay any New York State unemployment insurance returns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," provide the years the <u>Reporting Entity</u> failed to file/pay the insurance, explain the situation and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.6 During the past three (3) years, has the <u>Reporting Entity</u> had any <u>government audit(s)</u> completed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a) If "Yes," did any audit of the <u>Reporting Entity</u> identify any reported significant deficiencies in internal control, fraud, illegal acts, significant violations of provisions of contract or grant agreements, significant abuse or any <u>material disallowance</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to 8.6 a), provide an explanation of the issue(s), relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

IX. ASSOCIATED ENTITIES	
<i>This section pertains to any entity(ies) that either controls or is controlled by the <u>reporting entity</u>. (See definition of "<u>associated entity</u>" for additional information to complete this section.)</i>	
<p>9.0 Does the <u>Reporting Entity</u> have any <u>Associated Entities</u>?</p> <p>Note: All questions in this section must be answered if the <u>Reporting Entity</u> is either:</p> <ul style="list-style-type: none"> - An <u>Organizational Unit</u>; or - The entire <u>Legal Business Entity</u> which controls, or is controlled by, any other entity(ies). <p>If "No," SKIP THE REMAINDER OF SECTION IX AND PROCEED WITH SECTION X.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>9.1 Within the past five (5) years, has any <u>Associated Entity Official</u> or <u>Principal Owner</u> been charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a <u>judgment</u> for:</p> <p>a) Any business-related activity; or</p> <p>b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If "Yes," provide an explanation of the issue(s), the individual involved, his/her title and role in the <u>Associated Entity</u>, his/her relationship to the <u>Reporting Entity</u>, relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s).</p>	
<p>9.2 Does any <u>Associated Entity</u> have any currently undischarged <u>federal</u>, New York State, New York City or New York local government <u>liens</u> or <u>judgments</u> (not including UCC filings) over \$50,000?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If "Yes," provide an explanation of the issue(s), identify the <u>Associated Entity's</u> name(s), <u>EIN(s)</u>, primary business activity, relationship to the <u>Reporting Entity</u>, relevant dates, the Lien holder or Claimant's name(s), the amount of the <u>lien(s)</u> and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.</p>	
<p>9.3 Within the past five (5) years, has any <u>Associated Entity</u>:</p>	
<p>a) Been <u>disqualified</u>, <u>suspended</u> or <u>debarred</u> from any <u>federal</u>, New York State, New York City or other New York local <u>government contracting process</u>?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>b) Been denied a contract award or had a bid rejected based upon a <u>non-responsibility finding</u> by any <u>federal</u>, New York State, New York City, or New York local <u>government entity</u>?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>c) Been <u>suspended</u>, <u>cancelled</u> or <u>terminated for cause</u> (including for <u>non-responsibility</u>) on any <u>federal</u>, New York State, New York City or New York local <u>government contract</u>?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>d) Been the subject of an <u>investigation</u>, whether open or closed, by any <u>federal</u>, New York State, New York City, or New York local <u>government entity</u> for a civil or criminal violation with a penalty in excess of \$500,000?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>e) Been the subject of an indictment, <u>grant of immunity</u>, <u>judgment</u>, or conviction (including entering into a plea bargain) for conduct constituting a crime?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>f) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any <u>federal</u>, New York State, New York City, or New York local <u>government entity</u>?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>g) Initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>For each "Yes," provide an explanation of the issue(s), identify the <u>Associated Entity's</u> name(s), <u>EIN(s)</u>, primary business activity, relationship to the <u>Reporting Entity</u>, relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.</p>	

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

X. FREEDOM OF INFORMATION LAW (FOIL)	
<p>10. Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL). Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If "Yes," indicate the question number(s) and explain the basis for the claim. [TO BE COMPLETED]</p>	

XI. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE		
Name	Telephone	Fax
Ms. Dianne Roberson	██████████ ext. ██████████	██████████
Title	Email	
Senior Client Manager	██	

NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY

Certification

The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State government entities (including the Office of the State Comptroller (OSC)) in making responsibility determinations regarding award or approval of a contract or subcontract and that such government entities will rely on information disclosed in the questionnaire in making responsibility determinations; (2) acknowledges that the New York State government entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (3) acknowledges that intentional submission of false or misleading information may result in criminal penalties under State and/or Federal Law, as well as a finding of non-responsibility, contract suspension or contract termination.

The undersigned certifies that he/she:

- is knowledgeable about the submitting Business Entity’s business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has not altered the content of the questionnaire in any manner;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her knowledge, information and belief, confirms that the Business Entity’s responses are true, accurate and complete, including all attachments, if applicable;
- understands that New York State government entities will rely on the information disclosed in the questionnaire when entering into a contract with the Business Entity; and
- is under an obligation to update the information provided herein to include any material changes to the Business Entity’s responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the New York State government entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

Signature of Owner/Official _____

Printed Name of Signatory C. Scott Hamey

Title Chief Financial Officer

Name of Business Davis Vision, Inc.

Address 175 E. Houston Street

City, State, Zip San Antonio, TX 78205

Sworn to before me this _____ day of _____, 20__;

_____ Notary Public

NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY

Certification

The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State government entities (including the Office of the State Comptroller (OSC)) in making responsibility determinations regarding award or approval of a contract or subcontract and that such government entities will rely on information disclosed in the questionnaire in making responsibility determinations; (2) acknowledges that the New York State government entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (3) acknowledges that intentional submission of false or misleading information may result in criminal penalties under State and/or Federal Law, as well as a finding of non-responsibility, contract suspension or contract termination.

The undersigned certifies that he/she:

- is knowledgeable about the submitting Business Entity's business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has not altered the content of the questionnaire in any manner;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her knowledge, information and belief, confirms that the Business Entity's responses are true, accurate and complete, including all attachments, if applicable;
- understands that New York State government entities will rely on the information disclosed in the questionnaire when entering into a contract with the Business Entity; and
- is under an obligation to update the information provided herein to include any material changes to the Business Entity's responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the New York State government entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

Signature of Owner/Official



Printed Name of Signatory

C. Scott Hamey

Title

Chief Financial Officer

Name of Business

Davis Vision, Inc.

Address

175 E. Houston Street

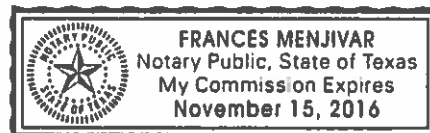
City, State, Zip

San Antonio, TX 78205

Sworn to before me this 28th day of March, 2014;



Notary Public





State of New York
 Department of Civil Service
 Albany, NY 12239

EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN

OFFICE OF FINANCIAL ADMINISTRATION

EEO-100 (9/2011)

Solicitation No.: RFP #Vision Plan-2016-1 NYS Vision Plan Services		Reporting Entity: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor		Report includes: <input type="checkbox"/> Contractor's work force to be utilized on this contract <input checked="" type="checkbox"/> Contractor's total work force <input type="checkbox"/> Subcontractor's work force to be utilized on this contract <input type="checkbox"/> Subcontractor's total work force	
Contractor/Subcontractor's Name: Davis Vision, Inc.					
Contractor/Subcontractor's Address: 175 E. Houston Street San Antonio, TX 78205					
FEIN: 11-3051991					

Enter the total number of employees in each classification in each of the EEO-Job Categories identified.

EEO Job Categories	Total Work Force	Work force by Gender		Work force by Race/Ethnic Identification													
		Total Male (M)	Total Female (F)	White (M) (F)		Black (M) (F)		Hispanic (M) (F)		Asian (M) (F)		American Indian or Alaskan Native (M) (F)		Disabled Individual (M) (F)		Veteran (M) (F)	
Executive/Senior level Officials & Managers	SEE ATTACHED REPORT.																
First/Mid level officials & Managers																	
Professionals																	
Technicians																	
Sales Workers																	
Administrative Support Workers																	
Craft Workers																	
Operatives																	
Laborers and Helpers																	
Service Workers																	
Totals																	

PREPARED BY (Signature): [Redacted]	TELEPHONE NO.: 800-328-4728	DATE: 4/11/2016
	EMAIL ADDRESS: [Redacted]	

NAME AND TITLE OF PREPARER (Print or Type): C. Scott Hamey, Chief Financial Officer



State of New York
Department of Civil Service
Albany, NY 12239

EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN

OFFICE OF FINANCIAL ADMINISTRATION

EEO-100 (9/2011)

Page 2 of 2

General Instructions: All Offerors must complete an EEO Staffing Plan (EEO 100) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's total work force, the Offeror shall complete this form for the contractor's total work force. Subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor must complete this form upon request of the Department.

Instructions for completing:

1. Enter the Solicitation Number that this report applies to along with the name and address of the Offeror (contractor).
2. Check off the appropriate box to indicate if the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate if the contractor's/subcontractor's work force being reported is just for the contract or the total work force.
4. Enter the total work force by EEO job category.
5. Break down the total work force by gender and enter under the heading "Work force by Gender."
6. Break down the total work force by race/ethnic background and enter under the heading "Work force by Race/Ethnic Identification."
7. Enter information on any disabled or veteran employees included in the work force under the appropriate heading.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

WHITE: (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

BLACK: A person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.

HISPANIC: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

ASIAN & PACIFIC ISLANDER: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.

AMERICAN INDIAN OR ALASKAN NATIVE (Not of Hispanic Origin): A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

DISABLED INDIVIDUAL - any person who:

- has a physical or mental impairment that substantially limits one or more major life activity
- has a record of such an impairment; or
- is regarded as having such an impairment.

VIETNAM ERA VETERAN: A veteran who served at any time between and including January 1, 1963 and May 7, 1975.

CO= R004572
 ut= R004572

**EQUAL EMPLOYMENT OPPORTUNITY
 2015 EMPLOYER INFORMATION REPORT
 CONSOLIDATED REPORT - TYPE 2**

SECTION B - COMPANY IDENTIFICATION

1. DAVIS VISION, INC.
 175 E. HOUSTON ST.
 SAN ANTONIO, TX 78205

2a. DAVIS VISION, INC.
 175 E. HOUSTON ST.
 SAN ANTONIO, TX 78205

SECTION C - TEST FOR FILING REQUIREMENT

1-Y 2-Y 3-N DUNS NO.:0 EIN :251801124

c Y

SECTION E - ESTABLISHMENT INFORMATION

NAICS:

SECTION D - EMPLOYMENT DATA

JOB CATEGORIES	HISPANIC OR LATINO		NOT-HISPANIC OR LATINO											OVERALL TOTALS	
			***** MALE *****						***** FEMALE *****						
	MALE	FEMALE	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE		TWO OR MORE RACES
EXECUTIVE/SR OFFICIALS & MGRS	0	0	12	0	0	0	0	0	3	1	0	0	0	0	16
FIRST/MID OFFICIALS & MGRS	7	2	35	2	0	1	0	0	43	3	0	1	0	0	94
PROFESSIONALS	9	10	74	4	1	2	0	0	53	7	0	3	0	1	164
TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SALES WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ADMINISTRATIVE SUPPORT	6	19	61	8	1	3	1	5	216	53	0	4	0	7	384
CRAFT WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIVES	65	54	33	44	2	6	0	1	13	29	0	2	0	0	249
LABORERS & HELPERS	12	24	7	1	0	1	0	0	4	7	0	1	0	0	57
SERVICE WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	99	109	222	59	4	13	1	6	332	100	0	11	0	8	964
PREVIOUS REPORT TOTAL	92	101	215	57	2	12	0	3	320	85	0	13	0	7	907

SECTION F - REMARKS

DATES OF PAYROLL PERIOD: 09/13/2015 THRU 09/26/2015

SECTION G - CERTIFICATION

CERTIFYING OFFICIAL: ROBERT ALLISON
 EEO-1 REPORT CONTACT PERSON: ROBERT ALLISON
 EMAIL: [REDACTED]

TITLE: VP BENEFITS HRIS & COMPENSATION
 TITLE: VP BENEFITS HRIS & COMPENSATION
 TELEPHONE NO: [REDACTED]

CERTIFIED DATE[EST]: 10/28/2015 05:35 PM

CO= R004572
 U= R004572

**EQUAL EMPLOYMENT OPPORTUNITY
 2015 EMPLOYER INFORMATION REPORT
 HEADQUARTERS REPORT - TYPE 3**

SECTION B - COMPANY IDENTIFICATION

1. DAVIS VISION, INC.
 175 E. HOUSTON ST.
 SAN ANTONIO, TX 78205

2a. DAVIS VISION, INC.
 175 E. HOUSTON ST.
 SAN ANTONIO, TX 78205

BEXAR COUNTY
 c. Y

SECTION C - TEST FOR FILING REQUIREMENT

1-Y 2-Y 3-N DUNS NO.:0 EIN :251801124

SECTION E - ESTABLISHMENT INFORMATION

NAICS: 561110 Office Administrative Services

SECTION D - EMPLOYMENT DATA

JOB CATEGORIES	HISPANIC OR LATINO		NOT-HISPANIC OR LATINO										OVERALL TOTALS		
			***** MALE *****					***** FEMALE *****							
	MALE	FEMALE	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN		AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES
EXECUTIVE/SR OFFICIALS & MGRS	0	0	10	0	0	0	0	0	2	1	0	0	0	0	13
FIRST/MID OFFICIALS & MGRS	3	1	17	1	0	0	0	0	22	2	0	1	0	0	47
PROFESSIONALS	7	8	15	1	0	0	0	0	17	3	0	1	0	1	53
TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SALES WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ADMINISTRATIVE SUPPORT	4	12	2	0	0	0	0	0	17	0	0	1	0	0	36
CRAFT WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIVES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LABORERS & HELPERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	14	21	44	2	0	0	0	0	58	6	0	3	0	1	149
PREVIOUS REPORT TOTAL	10	19	38	3	0	0	0	0	60	8	0	3	0	1	142

SECTION F - REMARKS

CO= R004572
 U= AZ80261

EQUAL EMPLOYMENT OPPORTUNITY
 2015 EMPLOYER INFORMATION REPORT
 INDIVIDUAL ESTABLISHMENT REPORT - TYPE 4

SECTION B - COMPANY IDENTIFICATION

1. DAVIS VISION, INC.
 175 E. HOUSTON ST.
 SAN ANTONIO, TX 78205

2. DAVIS VISION, INC.
 711 TROY SCHENECTADY ROAD
 SUITE 301
 LATHAM, NY 12110
 ALBANY COUNTY
 c Y

SECTION C - TEST FOR FILING REQUIREMENT

1-Y 2-Y 3-N DUNS NO.:0 EIN :251801124

SECTION E - ESTABLISHMENT INFORMATION

NAICS: 561422 Telemarketing Bureaus and
 Other Contact Centers

SECTION D - EMPLOYMENT DATA

JOB CATEGORIES	HISPANIC OR LATINO		NOT-HISPANIC OR LATINO											OVERALL TOTALS	
			***** MALE *****						***** FEMALE *****						
	MALE	FEMALE	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE		TWO OR MORE RACES
EXECUTIVE/SR OFFICIALS & MGRS	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
FIRST/MID OFFICIALS & MGRS	1	0	13	0	0	1	0	0	18	0	0	0	0	0	33
PROFESSIONALS	2	1	58	2	1	2	0	0	34	2	0	2	0	0	104
TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SALES WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ADMINISTRATIVE SUPPORT	2	7	59	8	1	3	1	5	199	53	0	3	0	7	348
CRAFT WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIVES	1	0	3	0	1	1	0	0	0	0	0	0	0	0	6
LABORERS & HELPERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	6	8	135	10	3	7	1	5	252	55	0	5	0	7	494
PREVIOUS REPORT TOTAL	4	8	127	7	2	5	0	1	236	38	0	6	0	6	440

SECTION F - REMARKS

CO= R004572
 U= CI49145

**EQUAL EMPLOYMENT OPPORTUNITY
 2015 EMPLOYER INFORMATION REPORT
 INDIVIDUAL ESTABLISHMENT REPORT - TYPE 4**

SECTION B - COMPANY IDENTIFICATION

1. DAVIS VISION, INC.
 175 E. HOUSTON ST.
 SAN ANTONIO, TX 78205

2a. DAVIS VISION, INC.
 3805 WEST CHESTER PIKE
 BUILDING D, SUITE 150
 NEWTOWN SQUARE, PA 19073
 DELAWARE COUNTY

c. Y

SECTION C - TEST FOR FILING REQUIREMENT

1-Y 2-Y 3-N DUNS NO.:0 EIN :251801124

SECTION E - ESTABLISHMENT INFORMATION

NAICS: 339115 Ophthalmic Goods
 Manufacturing

SECTION D - EMPLOYMENT DATA

JOB CATEGORIES	HISPANIC OR LATINO		NOT-HISPANIC OR LATINO										OVERALL TOTALS			
	MALE	FEMALE	***** MALE *****						***** FEMALE *****							
			WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN		AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	
EXECUTIVE/SR OFFICIALS & MGRS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FIRST/MID OFFICIALS & MGRS	2	0	2	1	0	0	0	0	0	1	0	0	0	0	0	6
PROFESSIONALS	0	1	1	0	0	0	0	0	1	1	0	0	0	0	0	4
TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SALES WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ADMINISTRATIVE SUPPORT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CRAFT WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIVES	16	12	21	36	0	3	0	1	9	21	0	1	0	0	0	120
LABORERS & HELPERS	7	4	4	1	0	0	0	0	2	7	0	1	0	0	0	26
SERVICE WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	25	17	28	38	0	3	0	1	12	30	0	2	0	0	0	156
PREVIOUS REPORT TOTAL	26	16	28	39	0	4	0	1	13	33	0	3	0	0	0	163

SECTION F - REMARKS

CO= R004572
 U= FA82496

**EQUAL EMPLOYMENT OPPORTUNITY
 2015 EMPLOYER INFORMATION REPORT
 INDIVIDUAL ESTABLISHMENT REPORT - TYPE 4**

SECTION B - COMPANY IDENTIFICATION

1. DAVIS VISION, INC.
 175 E. HOUSTON ST.
 SAN ANTONIO, TX 78205

2a. DAVIS VISION, INC.
 159 EXPRESS STREET
 PLAINVIEW, NY 11803

NASSAU COUNTY

c. Y

SECTION C - TEST FOR FILING REQUIREMENT

1-Y 2-Y 3-N DUNS NO.:0 EIN :251801124

SECTION E - ESTABLISHMENT INFORMATION

NAICS: 339115 Ophthalmic Goods
 Manufacturing

SECTION D - EMPLOYMENT DATA

JOB CATEGORIES	HISPANIC OR LATINO		NOT-HISPANIC OR LATINO											OVERALL TOTALS		
	MALE	FEMALE	***** MALE *****						***** FEMALE *****							
			WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE		TWO OR MORE RACES	
EXECUTIVE/Sr OFFICIALS & MGRS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FIRST/MID OFFICIALS & MGRS	1	1	3	0	0	0	0	0	3	0	0	0	0	0	0	8
PROFESSIONALS	0	0	0	1	0	0	0	0	1	1	0	0	0	0	0	3
TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SALES WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ADMINISTRATIVE SUPPORT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CRAFT WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIVES	48	42	9	8	1	2	0	0	4	8	0	1	0	0	0	123
LABORERS & HELPERS	5	20	3	0	0	1	0	0	2	0	0	0	0	0	0	31
SERVICE WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	54	63	15	9	1	3	0	0	10	9	0	1	0	0	0	165
PREVIOUS REPORT TOTAL	52	58	22	8	0	3	0	1	11	6	0	1	0	0	0	162

SECTION F - REMARKS

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TECHNICAL PROPOSAL REQUIREMENTS

Plan Administration

1. EXECUTIVE SUMMARY

Required Submission

The Offeror must submit an Executive Summary outlining its overall program and its capacity to administer the NYS Vision Plan. The Executive Summary must include:

- (1) The name and address of the Offeror's main and branch offices and the name of the senior officer who will be responsible for this account;
- (2) A description of the Offeror's understanding of the requirements presented in the RFP and how the Offeror can assist the Department in accomplishing its objectives;
- (3) A statement explaining the Offeror's previous experience managing the vision plans of other state or local government employers or any other organizations with over 100,000 covered lives. Detail how this experience qualifies the Offeror to undertake the functions and activities required by this RFP;
- (4) A detailed description of how the following functions will be allocated between the Offeror and any Key Subcontractor, if applicable (i.e., Will the role of the Offeror be limited to supervision of the Key Subcontractor, or will the Offeror perform any administrative functions?).
 - (a) Account Management
 - (b) Customer service
 - (c) Enrollee and Provider Communications
 - (d) Enrollment Management
 - (e) Reporting
 - (f) Collective Bargaining and Legislative Implementation
 - (g) Network Management
 - (h) Claims Processing
 - (i) Frame & Lens selection
 - (j) Contact Lens Selection
 - (k) Occupational Vision Program
 - (l) Medical Exception Program
 - (m) Upgrade Program

1. EXECUTIVE SUMMARY

Required Submission

(1) The name and address of the Offeror's main and branch offices and the name of the senior officer who will be responsible for this account;

Davis Vision's corporate headquarters are located at 175 E. Houston Street, San Antonio, TX. Our state-of-the-art claims and customer service center is located at 711 Troy Schenectady Road, Latham, NY. All claims and customer service functions are handled from our Latham location. NYS DCS will continue to have a dedicated customer service team in our Latham Service Center. This team will respond to all calls from NYS DCS members and will provide a one-stop shop for all member questions regarding claims, benefits, eligibility, providers, etc.

Mr. Thomas J. Rosa - *Senior Vice President, Client Management* - Mr. Rosa has overall executive level responsibility for all of Davis Vision's key accounts including NYS DCS. He supports several teams of Client Managers whose responsibilities include ongoing development of client relationships, as well as retention and growth. Mr. Rosa is a proven leader in our organization and brings 30 years' experience, including 27 with Davis Vision, in the optical and insurance industries with expertise in client management and retail operations. Mr. Rosa works in our Syracuse, New York regional office located at 2921 Erie Boulevard, and can be reached at [REDACTED]

(2) A description of the Offeror's understanding of the requirements presented in the RFP and how the Offeror can assist the Department in accomplishing its objectives;

With over 50 years' experience with similar projects, including more than 23 years providing vision services to NYS DCS, Davis Vision is well-positioned to deliver on the requirements of the RFP including:

- Successfully continuing to administer the negotiated benefit structure including the Upgrade Program, Laser Vision Correction Program, Occupational Program, and Medical Exception Program.
- Continue offering a quality eye care service experience to enrollees and their covered dependents in terms of access to providers, availability of a broad selection of eyewear and lens materials, and timely delivery of services.
- Continue offering an extensive participating provider network to urban, suburban, and rural populations
- Maintaining high satisfaction among the enrollee population.
- Working with the NYS DCS to implement negotiated benefit changes on behalf of union populations.
- Offering a quality, national, credentialed Laser vision network with greater cost controls.

Davis Vision's current administration system provides both comprehensive automated adjudication of the specified benefit plans as well as extensive reporting capabilities. Our system supports continued successful administration of the benefits of the program as well as extensive information on utilization and cost as evidenced by the reporting we already provide.

Davis Vision utilizes an extensive Quality Assurance Program designed to monitor and continuously improve quality of care and service for our members. This approach requires continual identification and implementation of measures for every quality dimension monitored

to maximize performance, efficiency, and cost effectiveness. The following accreditations and certifications are testaments to our dedication to quality:

Provider Networks

National Committee for Quality Assurance (NCQA) Certification:

We've constructed our credentialing process to meet and exceed NCQA requirements. Davis Vision earned NCQA Certification in July 2004 and is one of a select few vision care benefit administrators in the country to have maintained this certification.



Laboratories

International Organization for Standardization (ISO): ISO is the world's largest developer of international standards, which create state of the art specifications for products, services and good practice. Our labs have maintained ISO 9001:2008, without Design, Certification since December 2004, thus ensuring eyewear produced is in accordance to benchmark-quality management system standards and requirements.

Administration

Utilization Review Accreditation Commission (URAC): Davis Vision's member website has been accredited by URAC annually since October 2007. The URAC is an independent, non-profit organization recognized as a leader in promoting health care quality through its accreditation and certification programs. Websites with URAC accreditation are evaluated thoroughly against 50+ stringent standards safeguarding delivery of quality health content and services.



Davis Vision supports building high satisfaction among enrollees through the foundational goals of accurate benefit administration and a quality eye care service experience coupled with dedicated Davis Vision customer service representatives specifically trained in the Department's programs and customer interaction skills. Additionally, through clear member communications as well as extensive provider-oriented communications, the in-office experience of the enrollee is enhanced.

Your dedicated NYS DCS client management team will continue to meet with your representatives for periodic plan review meetings. Currently, Ms. Roberson is sending quarterly reports. Ms. Roberson and Mr. Rosa will continue to meet with NYS DCS and Governor's Office of Employee Relations (GOER) annually. Our plan reviews include a discussion of utilization and claims experience, patient satisfaction results, network utilization, administrative and operational results, industry trends, and recommended plan changes. We also provide free access to a wealth of online vision care, eye health, and wellness articles through our Vision Reference Library and will continue to provide customized enrollment communication materials.

(3) A statement explaining the Offeror's previous experience managing the vision plans of other state or local government employers or any other organizations with over 100,000 covered lives. Detail how this experience qualifies the Offeror to undertake the functions and activities required by this RFP;

Davis Vision has provided service and support to NYS DCS for over 23 years. We look forward to continuing this relationship. In addition to NYS DCS, Davis Vision services over 21 million members including our largest client which has over 1 million members. Our client list includes other large, New York-based organizations such as CSEA Employee Benefit Fund, New York City Management Benefits Fund, NYSUT (New York State United Teachers), Nassau County

and the New York State Nurses Association Benefit Fund. These experiences illustrate our familiarity and ability to work with the Department to implement negotiated benefits.

- Other large municipal or state organizations we serve include the Massachusetts Public Employees, Massachusetts Group Insurance Commission, City of Chicago, New Mexico Public Schools Insurance Authority and New Mexico Retirees Health Care Authority and dozens of other state and local governments, school systems and public entities.
- We manage plans for nearly 100 insurance carriers and health plans covering over 8 million lives. Customers include CareFirst BlueCross BlueShield; EmblemHealth, which was formerly known as Group Health Incorporated (GHI) and Health Insurance Plan (HIP); Fidelis Care; Healthfirst, and Guardian Life Insurance Company. This experience with large customers highlights our background with complex benefit arrangements and national provider networks.

Overall, Davis Vision directly manages vision plans for approximately 250 New York-based clients and covers almost 5.5 million New York residents. We serve 32 groups nationally that each have more than 100,000 covered lives, 10 of which actually have over 500,000 lives each.

Davis Vision has a unionized laboratory, customer service and claims processing labor force and continues to serve its very first client, Tri-State Teamsters, who has enjoyed a Davis Vision plan for over 50 years. Through hundreds of organizations, unions and multi-employer health and welfare funds that are Davis Vision clients, we proudly serve nearly 3.5 million union members and their families.

(4) A detailed description of how the following functions will be allocated between the Offeror and any Key Subcontractor, if applicable (i.e., Will the role of the Offeror be limited to supervision of the Key Subcontractor, or will the Offeror perform any administrative functions?)

Davis Vision will manage and perform all of the operations listed; we are not proposing subcontractors. All Davis Vision administrative and operational functions are wholly owned and are located within the United States.

2. GENERAL QUALIFICATIONS

Required Submission

The Offeror must demonstrate its acceptance of the program duties and responsibilities set forth in this RFP and ensure full compliance with the Program's benefit design. The Offeror must demonstrate that it has the financial and operational wherewithal to administer the Plan as required by this RFP. Offerors should provide detailed responses to the following:

(1) What experience does the Offeror have in managing a vision plan similar to the Plan described in this RFP?

(2) Explain how the Offeror's account team will be prepared to administer the operational and clinical aspects of the Plan?

2. GENERAL QUALIFICATIONS

(1) What experience does the Offeror have in managing a vision plan similar to the Plan described in this RFP?

Davis Vision is a wholly owned subsidiary of HVHC Inc., who realized approximately \$1.4 billion in 2014 through Davis Vision and Visionworks, which operates and/or manages over 700 retail optical stores nationwide. HM Life Insurance Company and HM Life Insurance Company of New York have underwritten Davis Vision's fully insured vision products since 1994. As of April 24, 2015 both are rated A- by A.M. Best.

As the incumbent, Davis Vision has almost 23 years' experience in managing the exact vision plan described in the RFP. As demonstrated in our client reports, NYS DCS patient satisfaction for the past four years has been 97%. We look forward to continuing our long relationship with NYS DCS and will continue to work as a partner with NYS DCS to integrate any future, required changes.

(2) Explain how the Offeror's account team will be prepared to administer the operational and clinical aspects of the Plan?

As the incumbent, Davis Vision has been administering the operational and clinical aspects of the plan most recently since January 2012, and for 18 years prior to that. We will continue to provide the vision benefit service required to each of the covered populations and will continue to provide the reporting necessary to manage the program.

Ms. Dianne Roberson, your Senior Client Manager, and the rest of our client management team will continue to work closely with our operations and administration team in Latham, NY. As Ms. Roberson is located in our Customer Service Center, she will continue to interact as needed to ensure all the requirements of the contract are met. These requirements include:

- Working with the dedicated Customer Service Reps, Supervisor, and Manager to provide client specific training as needed
- Ensuring the Customized Member Portal/Website is updated in a timely manner
- Providing Quarterly Reporting- Utilization Data- PG reporting and monitoring
- Providing Ad hoc and cost analysis reporting as requested
- Attending Annual Plan Performance Meetings
- Communicating regarding Company Initiatives and Enhancements
- Communicating regarding member issues
- Communicating significant provider changes; for example, sending a mailing to members when a new Visionworks location has been
- Providing educational Documents and Videos to be shared with the membership (advising partner)
- Attending Health Fairs, Benefit Events, and other meetings as required
- Helping to monitor occupational dispensing percentage to stay within performance guarantees
- Helping to monitor medical exception processing, including verifying denials, if needed

Program Services

1. ACCOUNT TEAM

The Department expects the successful Offeror to have in place a proactive, experienced leader and an experienced team who have the authority to coordinate the appropriate resources to implement and administer the Plan.

b. Required Submission

(1) Does the Offeror agree to comply with, and fulfill, all duties and responsibilities as outlined in Section IV.B.1.a?

(2) Provide an organizational chart and narrative description illustrating how the Offeror proposes to administer, manage, and oversee all aspects of the Plan. Include the names, qualifications, and job descriptions of the key individuals proposed to comprise the operational, clinical and management team for the Offeror and its Key Subcontractor(s) (if applicable). Complete Exhibit I.B of this RFP, Biographical Sketch Form, for all key members of the proposed account management team. Where key individuals are not named, include qualifications of the individuals that you would seek to fill the positions. Include the following:

(a) Reporting relationships and the responsibilities of each key position of the account management team; and how the team will interact with other business units of the Offeror such as the call center(s), quality assurance, reporting and network management within the Offeror's organization. Describe how the account management team interfaces with senior management and ultimate decision makers within the Offeror's organization;

(3) Confirm that the account team will be readily accessible to the Program. Describe where the account team will be based.

(a) Describe how the Offeror proposes to ensure that timely responses (1 to 2 Business Days) are provided to administrative concerns and inquiries.

(b) Describe the protocols that will be put into place to ensure the Department will be kept abreast of actual or anticipated events impacting Program costs and/or delivery of services to Program enrollees. Provide a representative scenario.

(4) Describe the corporate resources that will be available to the account team to ensure compliance with all legislative and statutory requirements. Confirm the Offeror's commitment to notify the Department immediately if the Offeror were to be unable to comply with any legislative or statutory requirements and to work with the Department to take the appropriate remedial action to come into compliance as soon as practicable.

1. ACCOUNT TEAM

b. Required Submission

(1) Does the Offeror agree to comply with, and fulfill, all duties and responsibilities as outlined in Section IV.B.1.a?

Davis Vision agrees to comply with, and fulfill, all duties and responsibilities as outlined in Section IV.B.1.a.

(2) Provide an organizational chart and narrative description illustrating how the Offeror proposes to administer, manage, and oversee all aspects of the Plan. Include the names, qualifications, and job descriptions of the key individuals proposed to comprise the operational, clinical and management team for the Offeror and its Key Subcontractor(s) (if applicable). Complete Exhibit I.B of this RFP, Biographical Sketch Form, for all key members of the proposed account management team. Where key individuals are not named, include qualifications of the individuals that you would seek to fill the positions.

Please find a Client Management Organizational Chart and Exhibit I.B, Biographical Sketch Form, completed for each key member of the Davis Vision Client Management team, appended as Attachment 1.

(a) Reporting relationships and the responsibilities of each key position of the account management team; and how the team will interact with other business units of the Offeror such as the call center(s), quality assurance, reporting and network management within the Offeror's organization. Describe how the account management team interfaces with senior management and ultimate decision makers within the Offeror's organization;

The following is a narrative description illustrating how Davis Vision proposes to administer, manage, and oversee all aspects of the Plan:

Client Management Team

The following dedicated Client Management Team will continue to provide ongoing account management services and support:

Ms. Dianne Roberson - *Senior Client Manager* - will be the primary day-to-day contact for NYS DCS and will participate as a core member of your account implementation team. Ms. Roberson will serve as NYS DCS's dedicated Client Manager with overall responsibility for ensuring the optimal performance of your Davis Vision plan. Ms. Roberson brings 27 years' experience with Davis Vision in customer service, implementation, and account management. She has been the client manager for NYS DCS for almost four years. Ms. Roberson works in our Latham, New York Customer Service Center located at 711 Troy Schenectady Road and can be reached at [REDACTED].

Ms. Teresa Davis - *Regional Vice President, Client Management - Labor* - will serve as corporate account support to NYS DCS's Client Management team with overall responsibility for our services and your total satisfaction with Davis Vision. Ms. Davis has direct responsibility for your Client Manager's overall performance in the management of our partnership with NYS DCS and will be available for direct consultation and support as needed. Ms. Davis brings 37 years' experience, including 28 years with Davis Vision, in the optical and insurance industries. She has worked directly with the NYS DCS vision programs for more than four years. Ms.

Davis works in our Winchester, Massachusetts regional office located at 63 Shore Road, Suite 32, and can be reached at [REDACTED].

Ms. Amanda Beddia - *Client Administrator* - will assist in the implementation of the plan and will provide ongoing member and client services support. Ms. Beddia has a diverse background with 8 years' experience in sales and customer service, including 2 years with Davis Vision. She has supported NYS DCS during her entire tenure with Davis Vision. Ms. Beddia works in our Winchester, Massachusetts regional office located at 63 Shore Road Suite 32, and can be reached at [REDACTED].

Mr. Thomas J. Rosa - *Senior Vice President, Client Management* - Mr. Rosa has overall executive level responsibility for all of Davis Vision's key accounts including national, labor, and government programs. He supports several teams of Client Managers whose responsibilities include ongoing development of client relationships, as well as retention and growth. Mr. Rosa is a proven leader in our organization and brings 30 years' experience, including 27 with Davis Vision, in the optical and insurance industries with expertise in client management and retail operations. Most recently he has provided oversight and expertise for the NYS DCS program for more than four years. Mr. Rosa works in our Syracuse, New York regional office located at 2921 Erie Boulevard, and can be reached at [REDACTED].

Ms. Roberson, and the entire client management team, will continue to work closely with the following personnel to meet the requirements for NYS DCS:

Operations and Administration

As the incumbent, Davis Vision does not anticipate needing an implementation process unless plan or design changes are requested. If such changes are requested, we would implement a streamlined implementation process. Our systems have already been configured with NYS DCS plan benefits and we will be able to continue processing enrollment files and claims immediately. Your existing, dedicated customer service team will continue answering member calls and responding to questions.

Ms. Sue Ann Brown - *Vice President, Customer Experience & Service Operations* - has overall responsibility for all aspects of managed vision care administration including customer service, enrollment, membership, billing, claims, reporting, and client implementation. Ms. Brown has 31 years' experience, including 2 years with Davis Vision, with expertise in service operations, business process improvement, customer relationship management, and project management. Ms. Brown has supported the NYS DCS program since she joined Davis Vision in her current role. Ms. Brown works in our Latham, New York Customer Service Center located at 711 Troy Schenectady Road and can be reached at [REDACTED].

Membership, Billing, and Claims

Ms. Hope Cameron - *Director of Membership, Billing, and Claims* - has overall responsibility for enrollment, claims processing, and group billing. Ms. Cameron has 27 years' experience, including 2 years with Davis Vision, with expertise in the day-to-day operations at various health plans including claims, customer service, business systems configuration, membership, implementation and billing. She has supported the NYS DCS program since she joined Davis Vision. Ms. Cameron works in our Latham, New York Customer Service Center located at 711 Troy Schenectady Road and can be reached at [REDACTED].

Ms. Michaela Garibaldi - *Claims Manager* - has overall responsibility for claims processing at Davis Vision. Ms. Garibaldi has 21 years' experience in the insurance industry, including 6 years with Davis Vision, with expertise in customer service and claims adjudication. She has supported the NYS DCS program for almost four years. Ms. Garibaldi works in our Latham,

New York Customer Service Center located at 711 Troy Schenectady Road and can be reached at [REDACTED].

Operational Reporting & Benefit Configuration

Mr. Paul Ennis - *Vice President, Facilities, Mailroom Operations, and Reporting* - has overall responsibility for the Davis Vision operational reporting functions and new group benefits configuration. Mr. Ennis has 27 years' experience at Davis Vision with expertise in software development; health care operations management, including the implementation and management of group installations; project management; client administration; and customer service. He supported NYS DCS during their initial period with Davis Vision and has continued that support during the recent contract. Mr. Ennis works in our Latham, New York Customer Service Center located at 711 Troy Schenectady Road and can be reached at [REDACTED]. He will continue to work closely with Ms. Roberson to ensure all NYS DCS reporting requirements continue to be met.

Customer Service

Ms. René Geoffrion-Blair - *Director, Customer Service* – has overall responsibility for customer service and member satisfaction. Ms. Geoffrion-Blair has more than 21 years' experience, including 10 years at Davis Vision, with expertise in client and customer service. She has supported the NYS DCS program for almost four years. Ms. Geoffrion-Blair works in our Latham, New York Customer Service Center located at 711 Troy Schenectady Road and can be reached at [REDACTED].

Davis Vision will continue to provide a dedicated service unit to NYS DCS members. The manager of the unit is Ms. Tracy Blowers. Ms. Blowers has more than 30 years experience in management and as a corporate trainer. She has been managing the dedicated service unit since November 2014. The supervisor of the unit is Mr. Shawn Rondeau. He has supervised the unit since August 2014. Mr. Rondeau has more than 16 years of customer service and supervisory experience.

(3) Confirm that the account team will be readily accessible to the Program. Describe where the account team will be based.

Davis Vision confirms our account team will be readily accessible to the NYS DCS. Local account support will continue to be based in our Customer Service Center, located in Latham, New York. Additional support will be provided from our regional office located in Winchester, Massachusetts. Our Senior Vice President, Client Management is located in Syracuse, New York.

(a) Describe how the Offeror proposes to ensure that timely responses (1 to 2 Business Days) are provided to administrative concerns and inquiries.

Our standard Client Management response time to client inquiries is within one business day, and at most two days. Davis Vision's Client Management Team members' office hours are typically from 8:30 a.m. to 6:00 p.m. Monday through Friday. In addition, team members will be available to the DCS via cell phone or e-mail after hours to assist. Ms. Roberson is located in our Customer Service Center in Latham, NY. From that location, she is able to meet face-to-face with administrative and operational personnel to quickly resolve administrative concerns and inquires.

(b) Describe the protocols that will be put into place to ensure the Department will be kept abreast of actual or anticipated events impacting Program costs and/or delivery of services to Program enrollees. Provide a representative scenario.

To keep our clients abreast of upcoming actual or anticipated events, we establish meetings (in person or via teleconference or videoconference) to discuss plan results (operational, service and financial), Davis Vision initiatives, and plan and industry trends. This would include actual or anticipated events including legislative or regulatory changes that could affect the NYS DCS vision plans. Currently, Ms. Roberson is meeting with NYS DCS and GOER representatives annually to review your plan performance. It is during these meetings that any anticipated changes would be discussed.

In addition, Ms. Roberson has reached out to representatives to update them regarding the release of Davis Vision's mobile app and our online DTV which includes a virtual frame tryon, has sent copies of our Davis Vision Lookbook for distribution, and has promoted the use of online articles including, for example, fireworks safety around the 4th of July holiday. Overall, Davis Vision client managers are notifying clients when states pass laws removing the requirement from provider contracts to offer additional discounts so that our clients can inform their employees.

In working directly with NYS DCS, during an internal audit of laser claims, Davis Vision found system configuration errors that caused overbilling for the Laser services. There were a total of 879 claims that were impacted for a total amount of \$196,636.25 which was refunded to the State.

(4) Describe the corporate resources that will be available to the account team to ensure compliance with all legislative and statutory requirements. Confirm the Offeror's commitment to notify the Department immediately if the Offeror were to be unable to comply with any legislative or statutory requirements and to work with the Department to take the appropriate remedial action to come into compliance as soon as practicable.

Davis Vision has an aggressive regulatory compliance program coordinated by our in-house legal staff and supported further by our parent company resources. As legislative changes occur, we evaluate those against current Davis Vision operational and administrative functions to identify any necessary changes. If those affected any clients, our dedicated Client Management team would proactively reach out to their client contacts to make them aware of the potential change and discuss steps necessary to ensure compliance.

In addition to the above, we participate in our parent company's Corporate Mandate Compliance Process to enhance our ability to identify and monitor implementation and compliance with new laws and regulations.

2. PLAN IMPLEMENTATION

The Offeror must have a strong implementation plan to ensure that the Plan will be fully functioning on January 1, 2017. The Offeror's implementation plan must be detailed and comprehensive and exhibit a firm commitment by the Offeror to complete all Plan implementation activities by December 31, 2016.

b. Required Submission

(1) Provide an implementation plan (narrative diagram and timeline) upon contract approval, on or about October 1, 2016 that results in the implementation of all Plan services by the required date of January 1, 2017, indicating: roles, responsibilities, estimated timeframes for individual task completion, testing dates and objectives, and

areas where complications may be expected. Include key activities such as Member and Provider communications, training customer service staff, report generation, eligibility feeds and claims testing.

(2) Implementation and Start-Up Guarantee. The Offeror must guarantee that all of the Implementation and Start-Up requirements listed in forth in Section IV.B.2.a(2)(a)-(f) are fully operational on January 1, 2017. The Offeror shall propose the forfeiture of a percentage of its Administrative Fees (prorated on a daily basis) for each day that all Implementation and Start-Up Guarantees are not met.

The Standard Credit Amount for each day that all Implementation and Start-Up requirements are not met is fifty percent (50%) of the Administrative Fee (prorated on a daily basis). However, Offerors may propose higher percentages.

2. PLAN IMPLEMENTATION

1. Implementation Plan

As the incumbent vision care provider with all systems, interfaces and processes in place, Davis Vision’s implementation plan will be streamlined to allow us to seamlessly meet NYS DCS’ effective date of January 1, 2017. A sample implementation timeline and narrative implementation diagram delineating the roles and responsibilities of both Davis Vision and NYS DCS is appended as Attachment 2 – Sample Implementation Plan for NYS DCS.

Davis Vision follows a point-by-point installation work plan, which includes milestone dates for all aspects of the implementation. Open communication, early responsibility designation, and sufficient lead-time have allowed Davis Vision to provide its clients with a 100% implementation success rate. If necessary, shortly after the award, Davis Vision will schedule an initial planning meeting to review plan design and operational details, including:

- Planning, Systems Interface
- Eligibility/Enrollment
- Member Communication/Education
- Provider Network
- Medical Management
- Accounting
- Service Review and Training
- Grievance Procedures

(2) Implementation and Start-Up Guarantee. The Offeror must guarantee that all of the Implementation and Start-Up requirements listed in forth in Section IV.B.2.a(2)(a)-(f) are fully operational on January 1, 2017. The Offeror shall propose the forfeiture of a percentage of its Administrative Fees (prorated on a daily basis) for each day that all Implementation and Start-Up Guarantees are not met.

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3. CUSTOMER SERVICE

The Plan requires that the Offeror provide quality customer service to Plan Members. The Offeror must maintain a nationwide toll-free telephone number to service Plan Members

and Providers. Through this toll-free telephone number Members and Providers must have access to representatives who respond to questions and inquiries regarding Plan benefits, the Participating Provider Network, the Laser Vision Correction Participating Provider Network, eligibility and claims status, and complaints. Accordingly, the Plan's required Program Services include customer service level standards that reflect strong commitments to quality customer service.

b. Required Submission

(1) Confirm that the Offeror will maintain a call center located in the United States employing a staff of fully trained customer service representatives and supervisors available, at a minimum, between the hours of 8 a.m. and 8 p.m. ET, Monday through Friday and between the hours of 9 a.m. and 4 p.m. ET on Saturday, except for legal holidays observed by the State. If additional hours are proposed please state.

(2) Describe the training that will be provided to customer service representatives before they go "live" on the phone with Members/Providers. Include:

(a) A description of the internal reviews that are performed to ensure quality service is being provided to Members/Providers;

(b) The first call resolution rate for the proposed call center;

(c) The call center location, average staff and turnover rate for call center employees;

(d) Ratio of management and supervisory staff to customer service representatives and;

(e) Proposed staffing levels including the logic used to arrive at the proposed staffing levels.

(f) A description of the orientation and training materials provided to employees to guide them in the administration of the program.

(3) Describe the information, resources and capabilities that will be available for the customer service representatives to address and resolve member inquiries. Include:

(a) Whether any Interactive Voice Response (IVR) system is proposed;

(b) A sample of the IVR script and a description of customizable options, if any, the Offeror is proposing for the Plan;

(c) A description of the management reports and information that will be available from the system including any key statistics the Offeror is proposing to report;

(d) A description of the capabilities of the phone system to track call types, reasons and resolutions.

(4) Describe the Offeror's proposed back-up systems for its proposed primary telephone system which would be used in the event the primary telephone system fails or is unavailable. Indicate the number of times the back-up system has been utilized over the past two (2) years.

(5) Describe the information and capabilities the Offeror's proposed website will provide to Members/Providers. Does the Offeror currently have customized websites for its clients? If so, describe the process utilized by the Offeror to establish customized websites for its clients.

(6) Describe what resources will be available to non-English speaking and hearing impaired enrollees to address and resolve their inquiries.

(7) Call Center Telephone Performance Guarantees: For each of the four (4) Call Center Telephone service level standards above, the Offeror shall propose the forfeiture of a specific dollar amount of the Administrative Fee, for failure to meet the Offeror's proposed Performance Guarantee.

(a) Call Center Availability Performance Guarantee:

The Standard Credit Amount for each .01 to 1.0% below the standard of ninety-nine and five-tenths percent (99.5%) that the Offeror's telephone line is not operational and available to Members and Providers during the Offeror's Call Center Hours as calculated on a calendar year basis, is \$5,000. However, Offerors may propose higher amounts.

"The Offeror's quoted amount to be credited against the Administrative Fee for each .01 to 1.0% below the standard of ninety-nine and five-tenths percent (99.5%) (or the Offeror's proposed standard of ____%) that the Offeror's telephone line is not operational and available to Members and Providers during the Offeror's Call Center Hours as calculated on a calendar year basis, is \$_____."

(b) Call Center Telephone Response Time Performance Guarantee:

The Standard Credit Amount for each .01 to 1.0% below the standard of ninety percent (90%) of incoming calls to the Offeror's customer service toll-free telephone line that are not answered by a customer service representative within sixty (60) seconds, as calculated on a calendar year basis, is \$5,000. However, Offerors may propose higher amounts.

"The Offeror's quoted amount to be credited against the Administrative Fee for each .01 to 1.0% below the standard of ninety percent (90%) (or the Offeror's proposed standard of ____%) that incoming calls to the Offeror's customer service toll-free line that are not answered by a customer service representative within sixty (60) seconds, as calculated on a calendar year basis, is \$_____."

(c) Telephone Abandonment Rate Performance Guarantee:

The Standard Credit Amount for each .01 to 1.0% of incoming calls to the Offeror's telephone line in which the caller disconnects prior to the call being answered by a customer service representative in excess of the standard of three percent (3%), as calculated on a calendar year basis, is \$5,000. However, Offerors may propose higher amounts.

"The Offeror's quoted amount to be credited against the Administrative Fee for each .01 to 1.0% of incoming calls to the Offeror's telephone line in which the caller disconnects prior to the call being answered by a customer service representative in excess of the

standard of three percent (3%) (or the Offeror's proposed standard of ___%), as calculated on a calendar year basis, is \$_____."

(d) Telephone Blockage Rate Performance Guarantee:

The Standard Credit Amount for each .01 to 1.0% of incoming calls to the Offeror's telephone line that are blocked by a busy signal, in excess of the standard of three percent (3%), as calculated on a calendar year basis, is \$5,000. However, Offerors may propose higher amounts.

"The Offeror's quoted amount to be credited against the Administrative Fee for each .01 to 1.0% of incoming calls to the Offeror's telephone line that are blocked by a busy signal, in excess of three percent (3%) (or the Offeror's proposed standard of ___%), as calculated on a Calendar Year basis, is \$_____."

3. CUSTOMER SERVICE

(1) Confirm that the Offeror will maintain a call center located in the United States employing a staff of fully trained customer service representatives and supervisors available, at a minimum, between the hours of 8 a.m. and 8 p.m. ET, Monday through Friday and between the hours of 9 a.m. and 4 p.m. ET on Saturday, except for legal holidays observed by the State. If additional hours are proposed please state.

Confirmed. Davis Vision has a dedicated team of CSRs to answer calls from NYS DCS members. The dedicated toll-free number for NYS DCS members is 888-588-4823. These CSRs have been specifically trained on all NYS DCS plans and programs.

To accommodate NYS DCS's members' diverse and busy schedules, our Customer Service Center, (CSC), located in Latham, NY, stays open 7 days per week during the following Eastern Standard times:

- Monday-Friday: 8:00 a.m. – 11:00 p.m.
- Saturday: 9:00 a.m. – 4:00 p.m.
- Sunday: 12:00 p.m. – 4:00 p.m.

In addition, our Interactive Voice Response system and website are available 24/7, to answer most common questions.

(2) Describe the training that will be provided to customer service representatives before they go "live" on the phone with Members/Providers. Include:

(a) A description of the internal reviews that are performed to ensure quality service is being provided to Members/Providers;

CSRs must successfully pass a final exam and demonstrate an understanding of benefits and customer expectations. Progress is monitored throughout the duration of the 90-day probationary period, and a 45-day incremental evaluation is conducted to assess and share performance feedback. CSRs also have three calls per week evaluated; feedback regarding their performance is provided immediately.

Upon successful completion of the 90-day training, ongoing education is continued through professional development courses. Continuing education and training keep CSRs informed on

the latest quality tools and how to effectively utilize them to achieve desired results. CSRs regularly attend training workshops designed to support and enhance their service skills. Davis Vision believes that ongoing education helps keep all associates engaged and motivated, ultimately reducing the turnover rate within our organization.

To measure ongoing quality in our Customer Service Center (CSC), Davis Vision employs the Service Observation Evaluation program, which includes Tier-One monitoring for all Customer Service Representatives (CSRs) on a weekly basis, and Tier-Two monitoring for those with a need to improve. Tier-Two includes an in-depth assessment of improvement opportunity areas, action planning, and follow-up. A minimum of 1% of calls per CSR are monitored for quality assurance. Quality Review analysis is done to determine the frequency and nature of observation findings. Personalized training and education is provided to help ensure that our CSRs fully understand the issues and have actionable steps to correct any performance deficiencies. Any necessary education or follow-up with the CSR resulting from these calls is performed by the CSR's supervisor. Training classes are held on a routine basis for all CSRs to reinforce core concepts and address lessons learned, ensuring that our clients continue to receive first-class customer service.

All dedicated service units receive additional training above and beyond the core training. CSRs in dedicated units receive training that is specific to the benefits for the client they are servicing. For NYS DCS this would include additional training not only for the benefits, but for the additional processes in place for NYS DCS, the Medical Exception Program, Occupational Program, and student verification processes for example.

Dedicated service unit CSRs also attend bi-annual customer service workshops, with the focus on continuous skill development. Additional skills develop activities include:

- The NYS Supervisor monitors NYS Associates' calls and provides feedback on those calls in his monthly 1-1 coaching sessions with each associate. A
- Weekly STARS Evaluation (Davis Vision Contact Center Call Quality Program) on their phone calls, conducted by an independent member of the Quality & Training Team

(b) The first call resolution rate for the proposed call center;

Davis Vision's first call resolution goal is $\geq 95\%$. 2015 actual results for the NYS DCS dedicated service unit is 98%. The average speed to answer for this unit is 9 seconds. The average abandonment rate, members who hang up before their call is answered, is $\leq 1\%$ (0.5%)

(c) The call center location, average staff and turnover rate for call center employees;

Davis Vision's state-of-the-art Customer Service Center (CSC) is located at 711 Troy Schenectady Road in Latham, NY 12110.

In 2015, the annual rate of turnover for Davis Vision's Customer Service Representatives was 33.4% for customer service center overall; it was 29.79% for the NYS DCS dedicated service unit. This is in line with the industry average.

The average tenure of a Customer Service Representative is 2.5 years; for the NYS DCS unit it is slightly higher at 3.01 years. The management team that supports our customer service team has an average tenure with Davis Vision of more than 6 years with an average of nearly 17 years of industry experience. Both the manager and supervisor of the NYS DCS dedicated service unit have significant experience in management, training, and customer service ensuring continued high quality service for the NYS DCS members.

(d) Ratio of management and supervisory staff to customer service representatives and;

Davis Vision’s management and supervisory staff to customer service representatives is 1:7 for the NYS DCS dedicated unit.

(e) Proposed staffing levels including the logic used to arrive at the proposed staffing levels.

NYS DCS has a dedicated unit to service members, including a dedicated nationwide toll-free telephone number. Based on our estimate of 2,000 calls per month, averaged across the entire year, the NYS DCS’s dedicated unit includes an experienced team of 7 Customer Service Representatives and a leadership team who are familiar with the complex nature of the NYS DCS’s account.

Our staffing model is based on the number of lives we serve and the number of calls we expect to receive per thousand lives, based on historical trends. Initially, we reviewed both the historical data from the period we served the NYS DCS account, along with other large, municipal clients with similar populations and complex plan design structures to benchmark new staffing projections. Our original staffing model has been confirmed over the past 4 years of the current contract and we will continue providing the dedicated service unit as it is currently staffed. Based on our patient surveys, 98% of members indicated it was easy to obtain member assistance and 98% of all calls were resolved during the initial contact.

Overall Contact Center capacity is forecast to ensure that adequate human and equipment resources are available prior to the start of programs or anticipated periods of high volume. Specific to the NYS DCS, we would work with your team during the implementation process to understand recent call volumes and project the precise needs and refine the staffing based on variances experienced by the Plan in recent years.

We have seamlessly added over one million new members to our book of business for each of the past several years. Forecasts, which are based on expected membership, expected utilization of the benefit and providers’ experience with similar size clients, are critical in proactively avoiding challenges. Since our systems and workforce grow in accordance with our membership, phone lines can be easily added to our IVR system to accommodate increased volume or membership growth.

Davis Vision’s NYS DCS-specific Interactive Voice Response (IVR) system and customized website, davisvision.com, offer efficient self-service functionality to augment our current Customer Service Representative (CSR) staff. These systems efficiently resolve over 67% of member inquiries without any CSR involvement. Davis Vision has consistently met all of our customer service objectives for the NYS DCS over the past four years since returning to Davis Vision.

(f) A description of the orientation and training materials provided to employees to guide them in the administration of the program.

Before training begins, new hire orientation is conducted by Human Resources to familiarize associates with our company. Once orientation is completed, CSRs will begin a 90 day training program consisting of 3 sessions. The following chart shows a description of each:

Induction Training	Performance Based Training	Experiential Learning
A three day overview of: <ul style="list-style-type: none"> ▪ Davis Vision History ▪ Business Objectives 	Hands-on training to learn our systems through: <ul style="list-style-type: none"> ▪ Lectures / Note-taking 	This phase includes: <ul style="list-style-type: none"> ▪ Simulated calls ▪ Mock explanation of

<ul style="list-style-type: none"> ▪ Culture and Philosophy ▪ Corporate Values ▪ Customer Interactions <p>The basics of insurance industry terminology and routine vision care are also reviewed.</p>	<ul style="list-style-type: none"> ▪ Mentoring ▪ Quizzes ▪ Hands-on practice ▪ Q&A sessions <p>The core curriculum covers:</p> <ul style="list-style-type: none"> ▪ Benefit/System Overview ▪ Customer Service ▪ Communication Skills ▪ Benefit Design Review 	<ul style="list-style-type: none"> ▪ different benefit plans ▪ Assisting customers with routine tasks <p>CSRs must demonstrate proficiency and alignment with the company core values. Assessments are conducted via written final exam, initial call review sessions, and a training evaluation.</p>
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The experiential learning phase will continue until CSRs have successfully passed a final exam and demonstrated an understanding of the benefits and customer expectations. Progress is monitored throughout the duration of the 90-day probationary period, and a 45-day incremental evaluation is conducted to assess and share performance feedback. CSRs also have three calls per week evaluated; feedback regarding their performance is provided immediately.

Employees who will be assigned to the NYS DCS unit undergo additional training specific to NYS DCS benefits and programs.

Upon successful completion of the 90-day training, ongoing education is continued through professional development courses. Continuing education and training keep CSRs informed on the latest quality tools and how to effectively utilize them to achieve desired results. CSRs regularly attend training workshops designed to support and enhance their service skills. Davis Vision believes that ongoing education helps keep all associates engaged and motivated, ultimately reducing the turnover rate within our organization.

(3) Describe the information, resources and capabilities that will be available for the customer service representatives to address and resolve member inquiries. Include:

(a) Whether any Interactive Voice Response (IVR) system is proposed;

NYS DCS’s members will continue to use the existing IVR system with its customized script. IVR is available to members in English and Spanish. The IVR system answers calls in approximately two rings or eight seconds. Callers can opt out of the IVR at any time to reach a Customer Service Representative. The IVR system accesses real-time information which allows your members to obtain benefit information, order ID cards, verify eligibility, locate participating providers, and request out-of-network claim forms.

(b) A sample of the IVR script and a description of customizable options, if any, the Offeror is proposing for the Plan;

Please find appended as Attachment 3 the IVR Customized Script for NYS DCS.

We will work with the NYS DCS staff during the implementation process to modify or develop additional IVR scripts and menus that will best meet your needs. An additional option available and not currently being used by NYS DCS is the option to allow members to request their ID card. The “special message” option allows insertion of any messaging you may want for your members.

(c) A description of the management reports and information that will be available from the system including any key statistics the Offeror is proposing to report;

Davis Vision provides NYS DCS with monthly reports that include the following items:

- Average speed of answer
- Abandonment rate
- Average length of call
- Total number of calls received (volume of calls)
- Call answer time
- Maximum delay of answer
- The nature of the call
- First call resolution

Reports will be available on these items at any frequency desired by NYS DCS.

(d) A description of the capabilities of the phone system to track call types, reasons and resolutions.

Davis Vision records 100% of calls that come into Davis Vision's Customer Service Center utilizing NICE, a digital call recording, monitoring, and records management program. Calls are maintained for a minimum of six months; thereafter, they are archived.

Our administrative system provides an online call tracking and documentation system. It also measures quality as it integrates incoming call volume and the member challenge log. The member challenge log is linked to the member's record and contains the following information:

- Date of the call
- Description and purpose of the call
- Name of the Customer Service Representative handling the call
- Names of any additional associates to whom the issue was referred
- Details about the conversation and what was communicated to the member

Unlimited space is allotted for recording notes of the conversation. Reports may be generated in various formats, including tracking response time in specified time blocks by number and percentage of calls. Davis Vision will be able to report a high-level summary to NYS DCS on a regular basis.

(4) Describe the Offeror's proposed back-up systems for its proposed primary telephone system which would be used in the event the primary telephone system fails or is unavailable. Indicate the number of times the back-up system has been utilized over the past two (2) years.

In the event that Davis Vision would need to use a backup system, our telephone systems can be switched to our backup location, outlined below. Our Customer Service Representatives (CSRs) would handle program-specific calls within minutes of the backup system being activated.

Davis Vision maintains direct connectivity between an alternative administrative site in Schertz, Texas, using a nationwide high-speed network capable of transporting both voice and data. Schertz, Texas currently has immediate access to systems which provide information supporting program-specific calls. If Davis Vision experienced a failure of its primary phone system in Latham, NY, the process of re-routing from that facility into the alternative administrative facility would begin within a matter of minutes.

If an extensive outage occurs in Latham and both the telephone system and the data system access are disrupted, Davis Vision would initiate its Disaster Recovery Plan to bring both systems online.

Davis Vision has not had to utilize our backup telephone system over the past two years.

(5) Describe the information and capabilities the Offeror’s proposed website will provide to Members/Providers. Does the Offeror currently have customized websites for its clients? If so, describe the process utilized by the Offeror to establish customized websites for its clients.

Member Services

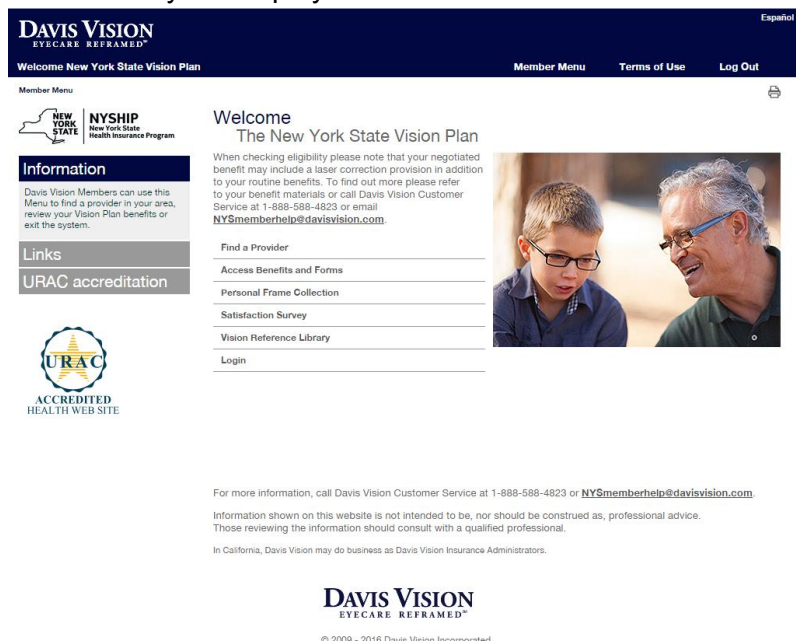
As the incumbent provider, Davis Vision has worked in conjunction with NYS DCS to establish a dedicated link between the State’s website (NYS EBD online) and the Davis Vision website. The content which their enrollees may view on the website has been reviewed and edited by the State. We will continue to provide and update the dedicated NYS DCS website. During 2015, the website received almost 40,000 logins from NYS DCS members.

Davis Vision’s secure, self-service member website is available 24/7 and provides every detail of NYS DCS’s vision plan. Its user-friendly, interactive capabilities make it the preferred method for your employees to learn about their benefits. The website also promotes our wellness initiative intended to inform and educate your employees and their families about the importance of eye health through an online library of articles, videos, and a glossary of vision benefit terminology.

Convenient Menu Features

The member website can be displayed in both English and Spanish and offers a wide array of valuable, member-specific capabilities including:

- **Find a Provider** - Conveniently locate participating providers by zip code, city, county, state or by provider/business name.
- **Claim History** - Securely view history of recent claims
- **Access Benefits and Forms** -



Download essential benefit forms including plan descriptions, out-of-network claim forms, student verification forms, and Medical Exception request forms

- **Confirm Enrollment/Check Eligibility** - Check enrollment and eligibility status for covered services.
- **Personal Frame Collection** - View and shop our Exclusive Collection of frames.
- **Laser Vision Correction** - Easily learn about laser vision correction and locate participating providers.
- **Satisfaction Survey** - Available to complete at any time.
- **Davis Vision Contacts** - Connect to www.davisvisioncontacts.com to easily order replacement contact lenses.
- **Request Member ID Card** - Simply click the number of ID Cards needed to be mailed to the home address on file.
- **My Profile** - View and edit member profile information.
- **Vision Reference Library** - Access informative articles on vision care and wellness.
- **Customer Service Request** - Allows members to submit customer service requests and questions directly to your dedicated NYS DCS customer service team.

Members can also visit our microsite, Davis Vision Television, “DVTV”, an interactive self-service portal that provides a user-friendly platform for what’s trending in eyewear, eye care education, and the following unique features:

- **Virtual Try-on** - Customizable virtual frame try-on with nearly 1,000 frame options.
- **Eye-TV** - View educational eye health videos
- **Social Media Connectivity** - Stay connected with Davis Vision through Pinterest, YouTube, Twitter, Facebook, LinkedIn, and Instagram.
- **The Look Book** - Davis Vision’s Magazine showcasing our Exclusive Collection of private label and designer frames, current trends in eyewear, and a style guide to help coordinate your most fashionable look for the season.

With more than 15,000 visits every month, DVTV is a groundbreaking innovation for the vision benefit industry. Visit dvtv.davisvision.com or davisvision.com and click the “Explore DVTV” link to access and explore the exciting features found on DVTV.

Both DVTV and our public site are mobile responsive, which ensures that information is available 24/7 from one convenient location, whether at home or on the go. In order to meet consumer interest for even more connectivity options, Davis Vision released their mobile app in early 2016 and is set to launch their e-commerce site later in 2016. Davis Vision’s mobile app is available for both Apple and Android users which gives our members another way to engage with us anytime, anywhere. The Davis Vision e-commerce site will allow members to shop and purchase the eyewear of their choice online using their vision benefit.

Provider Services

Davis Vision supports a provider website widely recognized throughout the provider community as one of the most user-friendly websites available. Each provider can customize their view according to the needs of the practice. Over 60% of all orders are received through this website.

Once a provider logs into the secure provider website, they can:

- Review the Davis Vision provider manual
- Verify eligibility of members for services
- Report claims
- Generate authorizations for member services (exams and/or materials)
- Place orders for services or materials
- Track the status of orders placed

Providers can also access the quarterly provider newsletter, view our Exclusive Collection of frames, send an e-mail for support, and view frequently asked questions.

(6) Describe what resources will be available to non-English speaking and hearing impaired enrollees to address and resolve their inquiries.

Davis Vision supports over 170 languages. We have live in-house bilingual (Spanish/English) Customer Service Representative (CSR's) on staff to ensure excellent communication. We also supply Spanish/English capabilities through our member website and Interactive Voice Response system.

Davis Vision supports many other languages through LanguageLine Solutions, our third party vendor who is a leader in over-the-phone, face-to-face, videoconference interpreting, and document translation services. Their services are offered 24 hours a day, 7 days a week with year round support. All of their linguists are full-time, accredited professionals who have been qualified by LanguageLine Solutions.

Davis Vision has obtained documentation supporting the LanguageLine Solutions privacy and security policies and practices. Additionally, they have signed a Business Associate Agreement, which binds them to all HIPAA Privacy and Security regulations that Davis Vision is subject to. Davis Vision has taken steps to confirm that our chosen vendor for these services has reliable procedures and controls in place to ensure that all sensitive and protected data is handled appropriately.

In addition to the various languages supported, Davis Vision provides convenient access to an array of information and support that is suitable for all members 24/7. Our member website is URAC Health Website certified and compliant with both Section 508 of the Rehabilitation Act (for fifth grade readability) for mentally impaired members and the American Disabilities Act (for adjustable font size) for seniors and visually impaired members. All written communications are supplied in appropriate font sizes for ease of readability for seniors and visually impaired members. Davis Vision also maintains a toll-free Text Telephone Service (TTY) for the hearing impaired in addition to our interactive voice response system.

(7) Call Center Telephone Performance Guarantees: For each of the four (4) Call Center Telephone service level standards above, the Offeror shall propose the forfeiture of a specific dollar amount of the Administrative Fee, for failure to meet the Offeror's proposed Performance Guarantee.

Davis Vision has Call Center Performance Guarantees currently in place that exceed the requested amount by 32% and we will continue to offer NYS DCS these guarantees. We are pleased to report the following results for 2015:

Call Center Availability: 100%
 Telephone Response Time: 98.5% of calls answered within 30 seconds
 Abandonment Rate: 0.4%
 Rate of Calls Blocked: 0%

(a) Call Center Availability Performance Guarantee:

REDACTED
 [Redacted text block]

(b) Call Center Telephone Response Time Performance Guarantee:

REDACTED
 [Redacted text block]

(c) Telephone Abandonment Rate Performance Guarantee:

REDACTED
 [Redacted text block]

(d) Telephone Blockage Rate Performance Guarantee:

REDACTED
 [Redacted text block]

4. ENROLLEE AND PROVIDER COMMUNICATION SUPPORT

All Enrollee communications are subject to the review and approval of the Department. The Offeror shall be required to create Plan materials that clearly explain the enrollee’s benefits specific to each bargaining unit and group.

b. Required Submission

(1) Provide an outline of the communications campaign the Offeror is proposing for the Plan’s first year; including the timeline for developing, printing and mailing Enrollee and Provider Plan materials.

(2) Does the Offeror have staff within its organization or a Key Subcontractor that specializes in enrollee communications? What is their capacity to provide the communication support described above?

(3) Confirm that upon request, subject to the approval of NYS DCS, on an “as needed” basis, the Offeror shall provide staff to attend health benefit fairs, conferences, and benefit design information sessions. The Offeror agrees that the costs associated with these services are included in the Offeror’s Administrative Fee. Describe the experience and qualifications of the staff who will be assigned to attend such events when so requested by the Department.

(4) State the Offeror's agreement to work with the Department to develop appropriate customized forms and letters for the Program, including but not limited to Enrollee claim forms, disruption letters, etc., and that all such communications must be approved by the Department.

(5) Website Maintenance Performance Guarantee: The Plan's service level standard requires that all Plan benefit changes be accurately updated by the Offeror to the Plan's customized website within thirty (30) days of notification by the Department.

The Standard Credit Amount for each calendar day beyond thirty (30) days notification by the Department that all Plan benefit changes are not accurately updated to the Plan's customized website is \$500. However, Offerors may propose higher or lesser amounts.

"The Offeror's quoted amount to be credited against the Administrative Fee for each calendar day in excess of the thirty (30) day standard that Plan benefit changes are not accurately updated to the Plan's customized website, is \$_____."

4. ENROLLEE AND PROVIDER COMMUNICATION SUPPORT

b. Required Submission

(1) Provide an outline of the communications campaign the Offeror is proposing for the Plan's first year; including the timeline for developing, printing, and mailing Enrollee and Provider Plan materials.

Davis Vision looks forward to continuing to provide enrollment support and new member materials for NYS DCS and its members. Your dedicated Client Management team will work with you to determine, and update if needed, the communications campaign that best meets your needs.

Our member communication strategy includes customized communication materials at no additional charge to our clients. Pre-enrollment materials are provided during the open enrollment period and Member Welcome Kits are supplied to all those who enroll. All of our materials are available in both English and Spanish, and our system can be programmed to send the appropriate materials to each individual as long as that information is provided on the enrollment file.

Members will continue to receive Member Welcome Kits that are sent to all new enrollee's homes. The kits are customized to include NYS DCS's name and/or logo and will continue to include the following:

- Benefit Summary
- Frequently Asked Questions
- Customized Provider Listing
- Two Identification Cards

While we currently anticipate no change in the benefits and plan to continue providing materials as needed; however, the timeline for developing, printing, and mailing new enrollee and provider plan materials, if necessary, is included in Attachment 2 – Sample Implementation Plan. We have also included existing examples of the PEF and NYSCOPBA Member Welcome Kits and Plan Booklets as Attachment 13.

(2) Does the Offeror have staff within its organization or a Key Subcontractor that specializes in enrollee communications? What is their capacity to provide the communication support described above?

Yes. Our internal marketing department has a communications and design team to assist in the development of collateral that addresses enrollee questions and how and where the vision benefit can be utilized. In conjunction with the dedicated Client Management team led by Ms. Dianne Roberson, this talented and creative team will support all communication requests from NYS DCS.

(3) Confirm that upon request, subject to the approval of NYS DCS, on an “as needed” basis, the Offeror shall provide staff to attend health benefit fairs, conferences, and benefit design information sessions. The Offeror agrees that the costs associated with these services are included in the Offeror’s Administrative Fee. Describe the experience and qualifications of the staff who will be assigned to attend such events when so requested by the Department.

Davis Vision confirms. We will continue to attend the NYS DCS health benefit fairs, conferences, and benefit design information sessions as needed, at no additional cost. Davis Vision’s Client Management representatives would attend targeted events to explain the vision care program, distribute open enrollment materials, and answer questions from members. Ms. Roberson attended approximately 24 events in 2015 and we look forward to the opportunity to continue interacting with your membership.

(4) State the Offeror’s agreement to work with the Department to develop appropriate customized forms and letters for the Program, including but not limited to Enrollee claim forms, disruption letters, etc., and that all such communications must be approved by the Department.

While we don’t anticipate any changes to the existing documents for NYS DCS, we look forward to working with your representatives to update, as needed, customized out-of-network claims forms, appeal and denial letter language and member materials. All communication materials will be approved by the Department prior to their finalization.

(5) Website Maintenance Performance Guarantee: The Plan’s service level standard requires that all Plan benefit changes be accurately updated by the Offeror to the Plan’s customized website within thirty (30) days of notification by the Department.

Davis Vision’s current website maintenance performance standard of \$650 per calendar day that plan changes are not accurately updated will be continued for the next 4 years. We are pleased to say all changes were completed within specified timeframe.

REDACTED

5. ENROLLMENT MANAGEMENT

The Plan requires the Offeror to ensure timely addition of enrollment data as well as cancellation of benefits in accordance with Plan eligibility rules. EBD utilizes a web-based enrollment system for the administration of employee benefits. The system is

referred to as the New York Benefits Eligibility & Accounting Systems (NYBEAS). NYBEAS is the source of eligibility information for all NYS Vision Plan Enrollees and Dependents. Enrollment information is set forth in Exhibits II.A and II.B.

Note: The enrollment counts depicted in these exhibits may vary slightly due to timing differences in exhibit generation.

b. Required Submission

(1) Describe the Offeror's proposed testing plan to ensure that the initial enrollment load is accurately updated to the Offeror's system and that the Offeror's enrollment system interfaces correctly with the Offeror's claims system.

(a) Describe what quality controls will be performed before the initial and ongoing enrollment transactions are loaded into the claims adjudication system.

(b) Describe how the Offeror's system will identify transactions that will not load into the Offeror's enrollment system. What exceptions will cause enrollment transactions to fail to load into the enrollment system? What steps will be taken to resolve the exceptions, and what is the proposed turnaround time for the exception records to be added to the enrollment file?

(2) Describe the Offeror's system capabilities for retrieving and maintaining enrollment information within forty-eight (48) hours of its release by the Department as well as:

(a) How the Offeror's system will maintain a history of enrollment transactions and how long enrollment history will be kept online. Indicate whether or not there will be a limit as to the quantity of historic transactions that can be kept online.

(b) How the Offeror's system will handle retroactive changes and corrections to enrollment data.

(c) Confirm that the Offeror's enrollment and claims processing system has and will have the capability to administer a social security number and Employee identification number. Indicate whether or not the system has any special requirements to accommodate these Enrollee identification numbers? Explain how Dependents will be linked to the Enrollee in the enrollment and claims processing systems.

(3) Describe the Offeror's ability to meet the administrative requirements for national Medical Support Orders and Dependents covered by a Qualified Medical Child Support Order (QMCSO), including storing this information in the Offeror's system so that information about the Dependent is only released to the individual named in the QMCSO.

(4) Describe the process the Offeror will utilize to verify a dependent child's full time student status prior to authorization of Vision Plan services. Confirm whether this process is utilized for other customers.

(5) Describe how the Offeror's enrollment system data transfer and procedure for handling data are HIPAA compliant.

(6) Confirm that the Offeror will maintain a read only connection to the NYBEAS enrollment system, and that Offeror's staff will be able to access enrollment information through NYBEAS during the required hours.

(7) Describe the Offeror's backup system, process or policy that will be used in the event that enrollment information is not immediately available.

(8) Describe how the Offeror will ensure that the provider portal is updated timely and accurately when accessed by Participating Providers to verify enrollee eligibility status.

(9) Enrollment Management Performance Guarantee: The Program's service level standard requires that one hundred percent (100%) of all Program enrollment records that meet the quality standards for loading be loaded into the Offeror's enrollment system within forty-eight (48) hours of release by the Department. The Offeror shall propose the forfeiture of a specific dollar amount of the Administrative Fee for failure to meet this level of standard.

The Standard Credit Amount for each twenty- four (24) hour period or portion thereof beyond forty-eight (48) hours from the release by the Department that one hundred percent (100%) of the Program enrollment records that meet the quality standards for loading is not loaded into the Offeror's enrollment system is \$500. However, Offerors may propose or lesser amounts.

"The Offeror's quoted amount to be credited against the Administrative Fee for each twenty- four (24) hour period or portion thereof beyond forty-eight (48) hours from the release by the Department that one hundred percent (100%) of the Program enrollment records that meet the quality standards for loading is not loaded into the Offeror's enrollment system, is \$____."

5. ENROLLMENT MANAGEMENT

(1) Describe the Offeror's proposed testing plan to ensure that the initial enrollment load is accurately updated to the Offeror's system and that the Offeror's enrollment system interfaces correctly with the Offeror's claims system.

As the incumbent vendor, the data and programming are in place to continue seamless administration of the proposed vision benefits.

(a) Describe what quality controls will be performed before the initial and ongoing enrollment transactions are loaded into the claims adjudication system.

Davis Vision's enrollment processing tools allow our Data Administration team to configure, test, review, and process enrollment files, as well as ongoing production files. The proprietary process incorporates the following stringent quality controls:

- Prohibits any updates to submitted enrollment files
- Identifies variances within full replacement files that would result in a large number of enrollment records being termed by absence if that file were applied
- Tracks the receipt of incoming files against their expected receipt date and flags files that are overdue

- Identifies and reports records that do not adhere to the minimum data requirements

Our proprietary application also supports file processing statistics and reporting.

(b) Describe how the Offeror's system will identify transactions that will not load into the Offeror's enrollment system. What exceptions will cause enrollment transactions to fail to load into the enrollment system? What steps will be taken to resolve the exceptions, and what is the proposed turnaround time for the exception records to be added to the enrollment file?

Davis Vision executes the following required steps to successfully implement initial and ongoing electronic enrollment files:

Definition:

- a) Establish designated contacts for file transfer and file layout
- b) Agree on file transfer methodology
- c) Establish file transfer frequency
- d) Review layout and content
- e) Determine connectivity and error reporting distribution and transfer methodology

Iterative Testing:

- a) Test file transfers
- b) Validate HIPAA compliancy for EDI 834 files
- c) Identify targeted test scenarios
- d) Verify file content against data requirements
- e) Load and review results in dedicated enrollment test region
- f) Provide test file processing feedback
- g) Perform additional iterations as needed to fulfill testing requirements

Production Update:

- a) Initiate production of full file transfer
- b) Validate HIPAA compliancy for EDI 834 files
- c) Validate data
- d) Review enrollment error reports
- e) Davis Vision approval of initial file for update
- f) NYS DCS approval of initial file for update
- g) Member Welcome Kit generation, validation, proof review (if applicable)

Ongoing production enrollment file updates validate:

- a) Timing of enrollment file receipt against defined expected file frequency
- b) Error reporting review and follow-up
- c) Validation of production update

When Davis Vision processes an enrollment file, a summary/error report is produced and shared with the client by 4:30 p.m. Eastern Standard Time following integration of the file. Davis Vision follows up on error reports and reviews them internally. Data exceptions that result in enrollment records being rejected from Davis Vision's enrollment update process include:

- Missing or unjustified Employee Identification Number
- Missing or invalid benefit plan information
- Missing or invalid NYS DCS-specific identifiers
- Missing employee or dependent first or last name
- Missing "Enrollment Processing Required Member Categories" – data defined during implementation as required
- Non-compliant HIPAA EDI 834 files

System-required fields resulting from the conversion of the HIPAA-compliant 834 format to our proprietary file layout include:

- Missing header / trailer record
- Missing or invalid file status identifying (T)est, (P)roduction or (O)pen Enrollment File
- Missing or invalid file types identifying (F)ull file all active lives, full file with (T)erminations, or (C)hange transaction file
- Missing or invalid record type identifying (S)ubscriber or employee, or (D)ependent

(2) Describe the Offeror's system capabilities for retrieving and maintaining enrollment information within forty-eight (48) hours of its release by the Department as well as:

Davis Vision currently accepts eligibility from the NYS DCS' FTP server weekly and would be pleased to continue with this process, or discuss any other procedure that the NYS DCS may desire. Currently, all information is uploaded into the system within 2 business days of receipt. We have met or exceeded this standard consistently over the past four years of the current contract.

Davis Vision can accept initial eligibility data and subsequent updates in any electronic format and at any interval (daily, weekly, monthly, etc.) requested by NYS DCS.

(a) How the Offeror's system will maintain a history of enrollment transactions and how long enrollment history will be kept online. Indicate whether or not there will be a limit as to the quantity of historic transactions that can be kept online.

All NYS DCS's member and dependent identifying information and details of benefit usage is stored on Davis Vision's proprietary administrative services system. Claims and enrollment history is stored online in our administrative system for up to seven years. Once off-loaded from the system, it is archived and available for recall indefinitely. There is no limit to the quantity of historical transactions that can be kept online.

(b) How the Offeror's system will handle retroactive changes and corrections to enrollment data.

Davis Vision accepts both future and retroactive effective and termination dates. Upon receipt of a termination date, Davis Vision would no longer confirm eligibility for in-network services requested beyond the ending effective date. Future out-of-network claims received for a date of service after the ending eligibility date would also be denied.

(c) Confirm that the Offeror's enrollment and claims processing system has and will have the capability to administer a social security number and Employee identification number. Indicate whether or not the system has any special requirements to accommodate these Enrollee identification numbers? Explain how Dependents will be linked to the Enrollee in the enrollment and claims processing systems.

Confirmed. Davis Vision accepts Social Security Numbers from NYS DCS. We issue and use alternative ID numbers for all NYS DCS members and dependents. Davis Vision's administrative system has the ability to easily accept client supplied Social Security Numbers (SSNs) and Employee ID numbers as well as generate alternate identification (ID) numbers. We can easily accommodate client supplied ID numbers contingent upon the following:

- The alternate ID number cannot consist of exactly nine numeric characters and should not have more than 12 numeric characters. It is preferable that the alternate ID number consists of eight, 10, or 11 characters to avoid potentially matching existing Social Security Numbers (SSNs) in the system.
- Only numeric characters will be accepted. Alpha characters and characters such as an asterisk (*) and "#" cannot be accepted by our administrative system or interactive voice response system.

Although SSNs are maintained on file for certain customers, Davis Vision does not use SSNs on member correspondence in compliance with applicable regulations. Davis Vision standardly uses unique member identifiers on ID cards and Explanation of Benefits (EOBs) to identify members.

Dependents are linked to the enrollee using the enrollee's ID number.

(3) Describe the Offeror's ability to meet the administrative requirements for national Medical Support Orders and Dependents covered by a Qualified Medical Child Support Order (QMCSO), including storing this information in the Offeror's system so that information about the Dependent is only released to the individual named in the QMCSO.

Davis Vision is fully equipped to comply with National Medical Child Support Orders (NMCSO) and Qualified Medical Child Support Orders (QMCSO). Our information systems are capable of loading and storing alternate addresses (if applicable) and parent custodial arrangements at the life level.

QMCSO and NMCSO covered dependents' records are flagged and alternate addresses, if applicable, are kept strictly confidential. All documentation applicable to a QMCSO or NMCSO covered dependent is mailed to the dependent's custodial parent, pursuant to QMCSO and NMSO guidelines.

Davis Vision can support the loading of QMCSO and NMCSO information both electronically and manually.

(4) Describe the process the Offeror will utilize to verify a dependent child's full time student status prior to authorization of Vision Plan services. Confirm whether this process is utilized for other customers.

Davis Vision will continue using the process currently in existence for NYS DCS. The Student Verification Form is available on the customized NYS DCS customized Davis Vision web site, which is linked to the NYS DCS web site. Please see Attachment 4 – NYS DCS Student Verification Form and Process for a copy of the form and our process flow chart. If necessary, your dedicated Customer Service Representative can educate members who call in on the

process and how to locate the Student Verification Form, which is available on the customized NYS DCS web site.

(5) Describe how the Offeror's enrollment system data transfer and procedure for handling data are HIPAA compliant.

Davis Vision is fully compliant with all of the requirements of the Health Insurance Portability and Accountability Act (HIPAA). Our Privacy and Security Office is overseen by Jeff Smith, OD MBA, Davis Vision's Chief Medical Officer and Privacy Officer. Dr. Smith's team is responsible for our HIPAA Compliance Program, including the maintenance of Privacy and Security policies that adhere to the provisions of state and federal legislation, publishing a *Notice of Privacy Practices* and ensuring that technological and administrative safeguards are in place to secure the protected health information (PHI) of individuals, including stringent authentication procedures.

All of the necessary system and physical safeguards required of the HIPAA Privacy and Security regulations are in place, including electronic security access requirements. Additionally, as designated by the DRI International (originally Disaster Recovery Institute International), Davis Vision has a Certified Business Continuity Professional on staff and a Business Continuity Plan in place. Rest assured that Davis Vision's heightened security protocols will maintain the confidentiality of NYS DCS's PHI.

Critical data such as claims information and PHI are stored in our Customer Service Center in Latham, New York. Davis Vision's administrative system is built with internal security access architecture to ensure that all records containing PHI are secure. The following information thoroughly explains our system and physical safeguards:

System Safeguards

The inherent safeguard within our administrative system begins with eligibility and continues through the fabrication and delivery of eyewear. Claims are entered at the time of material order entry, guaranteeing that professional services and materials match, to ensure that a provider will only be paid for the actual services provided and at the predetermined amount. As part of Davis Vision's HIPAA compliance, technological and administrative safeguards are in place to protect PHI by way of the following stringent authentication procedures:

- Davis Vision's associates only have access to information that is required to perform their job functions. Our administrative system allows for differentiation between users and includes a periodically changed password system (stored in encrypted form). Associates are not allowed to view or use another associate's password. A periodic audit is completed to ensure that all users are at the appropriate level of access given their current role and responsibility within the company.
- Davis Vision's Interactive Voice Response (IVR) logic has been modified to follow the identity and authority verification processes established. The IVR system will note any discrepancies before transferring the caller to a Customer Services Representative (CSR) who will follow strict protocols when responding to the caller. Additionally, an "individual rights" indicator has been developed for confidential communications and restrictions on the system. If the indicator is present on the member or any dependent's profile, the call will be redirected to a CSR for appropriate response.
- Davis Vision's web site, davisvision.com, has also been modified to follow the identity and authority verification processes. If the authentication fails or there is an Individual Rights Indicator present on the enrollment record, the user will receive a message to contact Davis Vision for information.

- Davis Vision has partnered with Zix Corporation to use the ZixMail and ZixMessaging Services. The package ensures that all outbound e-mail messages that contain protected health information are encrypted and provide the receiver with a no-cost means to decrypt.
- A comprehensive control structure is in place to ensure the integrity of Davis Vision's proprietary claims processing application and its supporting hardware. Davis Vision undergoes a Statement on Standards for Attestation Engagements (SSAE-16) review by an independent auditing firm every year. This review assures Davis Vision's clients, vendors, members, and providers that the controls in place adequately safeguard the integrity of our systems, applications, and facilities.

Physical Safeguards

Davis Vision's Enterprise Systems Server, web systems, call systems and other major client server systems are housed in our world-class Latham facility with advanced environmental control systems, a back-up 350 KVA diesel generator, sophisticated fire suppression and electronic security access. Systems are monitored from a "command center" enabling constant display of critical system performance metrics. All significant systems are redundant, thus minimizing single points of failure. This redundancy includes diverse telephone entrances and central offices for our phone service and alternate power supplies. This facility, occupied in September 2001, was specifically built and designed for Davis Vision and ensures our compliance with HIPAA privacy and security regulations.

These procedures also provide the necessary quality control to help ensure that critical data is not created, changed or destroyed without proper authorization. As part of supporting those procedures, Davis Vision has extensive internal control processes such as daily review and documentation of security logs, reports to clients on enrollment and eligibility file loads, audit reconciliation with client files, semi-annual employee access reviews, and reporting of encounter/claim data.

Every year Davis Vision's controls and procedures are audited by an independent accounting company, as part of the SSAE 16 review of internal controls for data processing.

(6) Confirm that the Offeror will maintain a read only connection to the NYBEAS enrollment system, and that Offeror's staff will be able to access enrollment information through NYBEAS during the required hours.

Confirmed. Davis Vision currently maintains and provides a read-only connection to the NYBEAS enrollment system during the required hours for verifying enrollment coverage to the appropriate staff based on access and role-based security levels. Our dedicated customer service representatives have all been trained on how to access enrollment information in NYBEAS to verify a member's coverage if it is not in the Davis Vision system. Our system will then be updated based on the information received.

(7) Describe the Offeror's backup system, process or policy that will be used in the event that enrollment information is not immediately available.

Davis Vision has a contingency plan for enrollment information that is not readily available. By contacting the client's designated vision benefit coordinator, our Client Management team can obtain verification when necessary. Additionally, we have a dedicated eligibility team trained to handle such escalations to verify coverage, ensuring we partner with our clients for a positive member experience.

If needed, we have an escalated process in place to make updates to member records if a member is waiting at a provider location. A dedicated team of Davis Vision associates will

contact clients when enrollment is not yet on file and they will attain the appropriate information. This escalated process ensures that members are added to our enrollment system as quickly as possible and that there is no denial of services to the member.

(8) Describe how the Offeror will ensure that the provider portal is updated timely and accurately when accessed by Participating Providers to verify enrollee eligibility status.

The online provider portal is updated in realtime to ensure participating providers access updated and accurate enrollee eligibility status.

(9) Enrollment Management Performance Guarantee: The Program's service level standard requires that one hundred percent (100%) of all Program enrollment records that meet the quality standards for loading be loaded into the Offeror's enrollment system within forty-eight (48) hours of release by the Department. The Offeror shall propose the forfeiture of a specific dollar amount of the Administrative Fee for failure to meet this level of standard.

REDACTED

6. REPORTING

Reporting must be structured to provide assurances that member, network and account management service levels are being maintained and that claims are being paid and billed according to the terms of the agreements with Participating Providers and Laser Vision Correction Participating Providers and the terms of the Agreement. The selected Offeror may on occasion be requested to provide ad-hoc reporting and analysis within very tight time frames. The Program requires that the Offeror provide accurate claims data information on a monthly basis as well as specific summary reports concerning the Plan and its administration.

b. Required Submission

(1) The Offeror must submit examples of the financial, utilization and Enrollee satisfaction survey reports that have been listed without a specified format in the reporting requirements above, as well as any other reports that the Offeror is proposing to produce for the Department to be able to analyze and manage the NYS Vision Plan. Provide an overview of the Offeror's reporting capabilities and the value the Offeror believes it will bring to the Plan.

(2) Confirm that the Offeror will provide reports in the specified format (paper and or electronic- Microsoft Access, Excel, Word) as determined by the Department.

(3) Confirm that the Offeror will provide direct, secure access to its claims system and any online and web-based reporting tools to the Department's offices. Include a copy of the data sharing agreement the Offeror proposes, if any, for Department staff to execute in order to obtain system access.

(4) Confirm the Offeror's ability and willingness to provide Ad Hoc reports and other data analysis. Provide examples of Ad Hoc reporting that the Offeror has performed for other clients.

(5) Management Reports and Claims File Performance Guarantee: The Plan's service level standard requires that, for the management reports and claim files listed in Section IV.B.6.a.(3) of this RFP, accurate management reports and claims files will be delivered to the Department no later than their respective due dates. The Offeror shall propose the forfeiture of a specific dollar amount of the Offeror's Administrative Fee.

The Standard Credit Amount for each management report or claim file that is not received by its respective due dates is \$500 per report per each Business Day. However, Offerors may propose higher or lesser amounts.

"The Offeror's quoted amount to be credited against the Offeror's Administrative Fee for each management report or claim file listed in Section IV.B.6.a.(3) that is not received by its respective due date, is \$_____ per report for each Business Day between the due date and the date the accurate management report or claims file is received by the Department inclusive of the date of receipt."

6. REPORTING

(1) The Offeror must submit examples of the financial, utilization and Enrollee satisfaction survey reports that have been listed without a specified format in the reporting requirements above, as well as any other reports that the Offeror is proposing to produce for the Department to be able to analyze and manage the NYS Vision Plan. Provide an overview of the Offeror's reporting capabilities and the value the Offeror believes it will bring to the Plan.

Davis Vision will continue to provide reports as requested by NYS DCS, at no additional cost.

Transparency is one of Davis Vision's core values and as such we have one of the most robust reporting package in the industry. We will continue to provide NYS DCS with a comprehensive reporting package that tracks the performance of your vision plan. Your reporting package is available at any frequency you specify (monthly, quarterly, semi-annual, annual) at no additional cost.

Our aggregate report structure provides information on the following:

- In-network utilization and services obtained summaries
- Number of in-network vs. out-of-network claims
- Average enrollment and membership counts
- Patient satisfaction survey results
- Member web site usage
- Lens option utilization
- Member savings off Average Retail Pricing
- Manufacturing Statistics
- Industry Benchmarking

As part of our service model, we utilize this information to measure against same or similar business segments to capture trends and ensure your vision care plan is performing at high levels. Your dedicated Client Manager will review this information with you during periodic plan reviews. Currently, Ms. Roberson and Mr. Rosa are meeting with NYS DCS and GOER representatives annually.

Please see Attachment 5 for NYS DCS Reporting Package. This reporting package includes financial, utilization and patient satisfaction survey information included as part of our standard annual report. Customized standard reports for NYS DCS include Performance Guarantees, Medical Exception Requests, and Provider Dress and Occupational Counts.

(2) Confirm that the Offeror will provide reports in the specified format (paper and or electronic- Microsoft Access, Excel, Word) as determined by the Department.

Davis Vision confirms. We will continue to provide Claims Data monthly in the customized Access database as required by NYS DCS.

(3) Confirm that the Offeror will provide direct, secure access to its claims system and any online and web-based reporting tools to the Department's offices. Include a copy of the data sharing agreement the Offeror proposes, if any, for Department staff to execute in order to obtain system access.

Davis Vision confirms. In addition to our member website, NYS DCS representatives will continue to have view access to e-Bill, which provides you with the following:

e-Bill

- **Review Invoices**: View invoices and drill down to details, even to the individual subscriber or claim level
- **Detailed Reporting**: Download detailed supporting data for review and analysis and export into Excel or any spreadsheet application for a seamless transition
- **Pay Invoices**: Select preferred payment options and set up automatic recurring payments or initiate electronic monthly payments at any time for premium, administrative fees, and/or paid claims invoices

Davis Vision proposes to continue our existing data sharing agreement which is included as part of our current contract with NYS DCS. See Attachment 6 – NYS DCS Current Vision Program Contract.

(4) Confirm the Offeror's ability and willingness to provide Ad Hoc reports and other data analysis. Provide examples of Ad Hoc reporting that the Offeror has performed for other clients.

Davis Vision confirms.

Ad hoc runs of standard reporting formats are available, as is the custom development of client-specified reporting formats. We capture many data elements in order to satisfy the varying reporting requirements of our clients, including:

- Member enrollment and demographics
- Claim and encounter service level details
- Claims payment amounts
- Servicing provider details
- Many other member, provider, and claims payment data elements

Mr. Roberson will continue to send quarterly reports and she and Mr. Rosa will continue to meet with NYS DCS and GOER representatives annually to assess the value of the Davis Vision program for both NYS DCS and its enrollees.

Please find appended as Attachment 7 - NYS DCS Ad Hoc Report Sample.

(5) Management Reports and Claims File Performance Guarantee: The Plan's service level standard requires that, for the management reports and claim files listed in Section IV.B.6.a.(3) of this RFP, accurate management reports and claims files will be delivered to the Department no later than their respective due dates. The Offeror shall propose the forfeiture of a specific dollar amount of the Offeror's Administrative Fee.

Davis Vision will extend the management reports and claims file performance guarantee in place today for NYS DCS for the next four years. As stated below, if reports or claims files are not received by respective due dates, Davis Vision will pay a penalty of **\$650** per report for each business day the files are received late.

Davis Vision's proposed penalty as calculated on a calendar year basis, is \$650 (instead of \$500) per business day.

7. COLLECTIVE BARGAINING AND LEGISLATIVE IMPLEMENTATION

The NYS Vision Program's benefit design can be modified as a result of collective bargaining and/or federal and state legislation. The Department expects the selected Offeror to provide advice and preliminary analysis of financial and enrollee impact of proposed benefit design changes.

b. Required Submission

(1) How will the Offeror assist the Department in evaluating the impact of proposed benefit design changes resulting from collective bargaining, legislation, or the discretion of the State?

7. COLLECTIVE BARGAINING AND LEGISLATIVE IMPLEMENTATION

(1) How will the Offeror assist the Department in evaluating the impact of proposed benefit design changes resulting from collective bargaining, legislation, or the discretion of the State?

Your dedicated Client Manager, Ms. Dianne Roberson, will proactively share advice and recommendations to ensure optimal plan performance due to changes resulting from collective bargaining, legislation, discretion of the State, as well as in the area of Health Care Reform. Most recently, Ms Roberson has provided Cost Analysis reports at the request of NYS DCS in anticipation of potential changes to existing collective bargaining agreements. Ms. Roberson or any member of your Client Management Team will be easily accessible to address any questions or concerns and provide consultative advice on plan changes and trends, as needed. Our Client Management team will continue to partner with our in-house labor relations experts and underwriters to assess the impact of proposed changes and will continue to work with you to ensure mutual agreement.

We will help you make informed and educated decisions about your vision care benefits, which includes more visibility into the vision care industry, new trends and innovations and ensuring we put NYS DCS and its members first.

8. TRANSITION AND TERMINATION OF CONTRACT

The Offeror shall ensure that upon termination of the Agreement, any transition to another organization be done in a way that provides Members with uninterrupted access to their vision benefits and associated customer services through final termination of the Agreement. This includes, but is not limited to: ensuring that Members can continue to receive services from network(s) providers as necessary, processing all network(s) and non-network claims; verification of enrollment; and, providing sufficient staffing to ensure Enrollees continue to receive good customer service even after the termination date of the Agreement. It is also imperative that the Plan continue to have dialogue with key personnel of the Offeror, maintain access to online systems and receive data/reports and other information regarding the Plan after the effective end date of the Agreement. In addition, the Offeror and the selected successor shall fully cooperate with the Department to create and establish a transition plan in a timely manner.

b. Required Submission

(1) Provide an outline of the key elements and tasks that the Offeror proposed would be included in its Transition Plan to ensure that all the required duties and responsibilities are completed if the Offeror were to be the incumbent contractor. Include a brief explanation on how the Offeror would accomplish this with the successor contractor.

(2) Detail the level of customer service that the Offeror would provide after the termination date of the Agreement.

(3) Confirm the Offeror's agreement to permanently forfeit 100% of all Administrative Fees (prorated on a daily basis) from the due date of the Transition Plan requirement(s) to the date the Transition Plan requirement(s) are completed to the satisfaction of the Department.

8. TRANSITION AND TERMINATION OF CONTRACT

Davis Vision confirms that upon termination of the Agreement, any transition to another organization will be done in a way that provides Members with uninterrupted access to their vision benefits and associated customer services through final termination of the Agreement.

(1) Provide an outline of the key elements and tasks that the Offeror proposed would be included in its Transition Plan to ensure that all the required duties and responsibilities are completed if the Offeror were to be the incumbent contractor. Include a brief explanation on how the Offeror would accomplish this with the successor contractor.

If the contract is terminated, Davis Vision would be fully committed to ensuring a timely, smooth transfer of information necessary to administer the plan. The key elements and tasks included in the detailed transition plan (which would be provided to the NYS DCS at least 45 days prior to the termination date) would include:

- Processing all claims incurred during the term of contract and administer run-out claims at no additional charge through a mutually agreed upon time period.
- Transitioning Plan data, history, report formats and unique information if required by the NYS DCS.
- Completing all such Offeror-provided services associated with claims incurred on or before the scheduled termination date of the agreement.

- Providing the necessary support in order to ensure a smooth transition process.

Please see Attachment 8 – Sample Transition Plan.

(2) Detail the level of customer service that the Offeror would provide after the termination date of the Agreement.

After the termination date of the agreement, Davis Vision would maintain the availability of a dedicated toll-free number into its Contact Center to support membership inquiries related to claim statuses, previous usage inquiries, etc. for a minimum of six months. This period could be extended at your request.

We would support inquiries related to prior usage, from both designated employees of the NYS DCS and/or designated employees of the Administrative Successor, until such time that the NYS DCS feels such services are no longer required, or the volume of such inquiries is reduced to the point that the NYS DCS determines that level of support to no longer be necessary

(3) Confirm the Offeror’s agreement to permanently forfeit 100% of all Administrative Fees (prorated on a daily basis) from the due date of the Transition Plan requirement(s) to the date the Transition Plan requirement(s) are completed to the satisfaction of the Department.

Davis Vision confirms.

9. NETWORK MANAGEMENT

Vision Plan Enrollees and Dependents reside primarily in New York State and contiguous states. For this reason, the selected Offeror must have a comprehensive Participating Provider Network in place to allow adequate access for Plan Members. The Plan establishes minimum standards for Participating Provider Network access. Although the access standards only apply to New York State, Offerors are encouraged to propose a nationwide network that would provide access to Members residing or traveling in areas outside of New York.

Participating Provider Network

The current Plan includes a regional Participating Provider Network. The selected Offeror must have a credentialed Participating Provider Network in place January 1, 2017, that meets the Plan’s minimum access standards. The selected Offeror must also illustrate and attest that it has the capability and contractual right to effectively audit its Participating Provider Network.

b. Required Submission

(1) Propose access standards for the Plan’s Participating Provider Network that meet or exceed the minimum access standard set forth below. The access standard must be provided in terms of actual distance from Enrollees’ residences and must meet or exceed the minimum access standards stipulated below.

NYS Enrollee Location	Access Standard – At least 1 provider within:
Urban	5 miles
Suburban	15 miles
Rural	30 miles

(2) Confirm that if selected, the Offeror shall provide an updated Exhibit I.Y on December 1, 2016 confirming that the proposed Participating Provider Network will be implemented as required on January 1, 2017.

(3) Describe the approach(es) the Offeror would use to solicit additional providers to enhance its proposed Participating Provider Network or to fulfill a request to add a Participating Provider.

(4) If a national network of Participating Providers is proposed, explain whether Members traveling or residing outside of New York State will have access to the same level of benefits as those offered by Participating Providers located in New York State.

(5) *Participating Provider Access Performance Guarantees:* The Offeror must guarantee that throughout the term of the Agreement, Enrollees living in urban, suburban and rural areas of New York State will have access to a Participating Provider. The Offeror must propose an access standard that meets or exceeds the minimum access standards set forth in the "Participating Provider Network" Section of this RFP. The Offeror shall propose the forfeiture of a specific dollar amount of the Administrative Fee for failure to meet these guarantees.

(a) The Standard Credit Amount for each .01 to 1.0% below the ninety-five percent (95%) minimum access standard in which the Participating Provider Access for Urban Areas of New York State is not met by the Offeror, as calculated on a Calendar Year basis, is \$5,000. However, Offerors may propose higher or lesser amounts.

"The Offeror's quoted amount to be credited against the Offeror's Administrative Fee is \$ ____ for each .01 to 1.0% below the ninety-five percent (95%) minimum access standard (or the Offeror's standard of __%) for any Calendar Year in which the Participating Provider Access for Urban Areas of New York State Performance Guarantee, as calculated on a Calendar Year basis, is not met by the Offeror."

(b) The Standard Credit Amount for each .01 to 10% below the ninety-five percent (95%) minimum access standard in which the Participating Provider Access for Suburban Areas of New York State is not met by the Offeror, as calculated on a Calendar Year basis, is \$5,000. However, Offerors may propose higher or lesser amounts.

"The Offeror's quoted amount to be credited against the Offeror's Administrative Fee is \$ ____ for each .01 to 1.0% below the ninety-five percent (95%) minimum access standard (or the Offeror's proposed standard of __%) for any Calendar Year in which the Participating Provider Access for Suburban Areas of New York State Performance Guarantee, as calculated on a Calendar Year basis, is not met by the Offeror."

(c) The Standard Credit Amount for each .01 to 1.0% below the ninety-five percent (95%) minimum access standard in which the Participating Provider Access for Rural Areas of New York State is not met by the Offeror, as calculated on a Calendar Year basis, is \$5,000. However, Offerors may propose higher or lesser amounts.

"The Offeror's quoted amount to be credited against the Offeror's Administrative Fee is \$ ____ for each .01 to 1.0% below the ninety-five percent (95%) minimum access

standard (or the Offeror's proposed standard of __%) for any Calendar Year in which the Participating Provider Access for Rural Areas of New York State Performance Guarantee, as calculated on a Calendar Year basis, is not met by the Offeror."

Laser Vision Correction Participating Provider Network

The Offeror must develop and contract a network of Laser Vision Correction Participating Providers to provide eligible Enrollees with a covered laser vision correction benefit. The covered benefit includes a pre-operative evaluation, laser vision correction surgery, and necessary follow-up visits once every five (5) years. Prior utilization data for the covered benefit is set forth in Exhibit III.H. of this RFP.

Ineligible Enrollees and Dependents are, however, provided with an Enrollee-pay-all discounted Laser Vision Correction program through the Offeror's contracted Laser Vision Correction Network. The incumbent contractor currently offers a discount of up to twenty-five (25%) off usual and customary fees. Utilization data for the discount program is not available.

Laser Vision Correction benefits are available to Enrollees and Dependents as set forth in the Summary of Covered Benefits, by Group in Exhibit II.D of this RFP.

b. Required Submission

(1) Indicate whether or not the Offeror currently has, and is proposing, a contracted Laser Vision Correction Network that provides both a covered benefit and a discount program. If so, please provide a listing of the proposed Laser Vision Correction Participating Providers located in New York State.

(2) Propose the Offeror's definition of "reasonable access" as regards the Laser Vision Correction Network.

(3) What is the minimum, maximum and average discount offered by Laser Vision Correction Participating Providers, expressed as a percentage? Do not include any cost information in the Technical Proposal.

(4) Confirm that the Offeror will solicit additional Laser Vision Correction Participating Providers at the Department's request.

(5) Describe how the Laser Vision Correction Participating Network and its availability will be communicated to enrollees.

Participating Provider and Laser Vision Correction Provider Credentialing

Offerors must ensure that their Participating Providers and Laser Vision Correction Participating Providers meet the licensing standards required by the State in which they operate. Participating Providers and Laser Vision Correction Participating Providers are also required to meet the credentialing criteria established by the Offeror. This additional criteria should be designed by the Offeror to ensure quality vision services.

b. Required Submission

(1) Describe the Offeror's proposed process to ensure that the Participating Providers and Laser Vision Correction Participating Providers meet the applicable state licensing requirements and are in compliance with all other federal and state laws, rules and regulations. What is the resource, data base, or other information that will be used by the Offeror to verify this information?

(2) Describe the Offeror's proposed approach for credentialing Participating Providers and Laser Vision Correction Participating Providers. Specify if the Offeror is proposing to utilize an external credentialing verification organization. When was the credentialing verification process last completed? What is the Offeror's process for confirming continued compliance with credentialing standards? How often does/will the Offeror conduct a complete review?

(3) What steps will the Offeror take between credentialing periods to ensure that Participating Providers and Laser Vision Correction Participating Providers that are officially sanctioned, disciplined, or had their licenses revoked are removed from the Participating Provider Network and/or Laser Vision Correction Provider Network as soon as possible? What steps will the Offeror take, if any, to advise members when a Participating Provider/Laser Vision Correction Participating Provider has been removed from the associated network(s)?

Participating Provider and Laser Vision Correction Provider Contracting

Contracts with Participating Providers and Laser Vision Correction Providers should be written to utilize the Plan's market strength to obtain cost-effective pricing while ensuring Plan access standards are met, where applicable. Contracting staff should keep abreast of current market conditions and have the wherewithal to adjust contracts that reflect the best interests of the Plan. The Offeror must ensure that all Participating Providers and Laser Vision Correction Participating Providers contractually agree and comply with the Plan's requirements and benefit design.

b. Required Submission

(1) Explain the Offeror's proposed contracting process. Describe the type of data analysis or access analysis that is/will be performed before extending participation into your network(s) to a new Provider. Provide a copy of the Offeror's proposed Participating Provider and Laser Vision Correction Participating Provider contracts, rate sheets (if applicable), and provider manual.

(2) Explain the legal and operational relationship between the Offeror and any optical labs that are used to supply materials provided by Participating Providers.

Network Administration and Quality Assurance

The successful Offeror should have a good working relationship with Participating Providers and Laser Vision Correction Participating Providers to ensure that NYS Vision Plan initiatives are accurately communicated and implemented, Enrollee questions or complaints are resolved timely, and that quality eyewear products are dispensed on a timely basis by Participating Providers. Network administration duties shall include, but not be limited to:

b. Required Submission

(1) Describe the Offeror’s proposed method(s) for communicating with Participating Providers to advise them of Plan benefits and modifications. Include copies of newsletters or other correspondence, as applicable.

(2) How does/will the Offeror monitor Participating Provider and Laser Vision Correction Participating Providers compliance with Plan benefits? What steps will the Offeror take when notified by an enrollee of a billing dispute with a Participating Provider/ Laser Vision Correction Participating Provider or dissatisfaction with services received?

(3) Turnaround Time for Receiving Eyewear Performance Guarantee: The Plan’s service level standard requires that ninety-five percent (95%) of all orders placed with a Participating Provider for covered eyewear will be available to the Member within seven (7) Calendar Days after placing the order. The Offeror shall propose the forfeiture of a specific dollar amount of the Offeror’s Administrative Fee for failure to meet this standard.

The Standard Credit Amount for each .01 to 1.0% below the standard of ninety-five percent (95%) of all orders from a Participating Provider for covered eyewear that are not available to the Member within seven (7) Calendar Days after placing the order, is as calculated on a Calendar Year basis, \$500. However, Offerors may propose higher or lesser amounts.

“The Offeror’s quoted amount to be credited against the Offeror’s Administrative Fee for each .01 to 1.0% below the standard of ninety-five percent (95%) (or the Offeror’s proposed standard of __%) of all orders from a Participating Provider for covered eyewear that are not available to the Member within seven (7) Calendar Days of placing the order, as calculated on an annual Calendar year basis, is \$_____.

9. NETWORK MANAGEMENT

Participating Provider Network

(1) Propose access standards for the Plan’s Participating Provider Network that meet or exceed the minimum access standard set forth below. The access standard must be provided in terms of actual distance from Enrollees’ residences and must meet or exceed the minimum access standards stipulated below.

NYS Enrollee Location	Access Standard – At least 1 provider within:
Urban	5 miles
Suburban	15 miles
Rural	30 miles

NYS DCS members are currently experiencing great access to Davis Vision’s Exclusive Provider Network (see table below).

NYS Enrollee Location	Access Standard –	Davis Vision Access Results
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	At least 1 provider within:	
Urban	5 miles	100%
Suburban	15 miles	100%
Rural	30 miles	99.8%

Please see Attachment 9 – NYS GeoAccess Network Report for access results by city and state.

(2) Confirm that if selected, the Offeror shall provide an updated Exhibit I.Y on December 1, 2016 confirming that the proposed Participating Provider Network will be implemented as required on January 1, 2017.

Davis Vision confirms.

(3) Describe the approach(es) the Offeror would use to solicit additional providers to enhance its proposed Participating Provider Network or to fulfill a request to add a Participating Provider.

While our current provider network offers excellent access to NYS DCS members, our network expansion is ongoing nationwide in order to serve our continuously growing national membership and expanding client needs. Davis Vision will make every effort to expand the network as necessary and to fulfill NYS DCS’s request to add participating providers. Your dedicated Client Manager, Ms. Diane Roberson is always available to assess any network gaps and jointly develop a plan to address those areas.

Part of our network expansion program includes the expansion of our sister company stores, Visionworks. During 2015, Visionworks added 15 locations in the boroughs of New York with an additional 10 locations planned for 2016.

(4) If a national network of Participating Providers is proposed, explain whether Members traveling or residing outside of New York State will have access to the same level of benefits as those offered by Participating Providers located in New York State.

In our program, no geographic areas are deemed out-of-area due to the breadth of our national network. Davis Vision’s blended provider network includes over 35,000 points of access nationwide and includes both independent providers and more than 700 Visionworks locations. In addition, Davis Vision offers a consistent benefit among all participating providers (both retail/independent and optometrist/ophthalmologist). Members will have nationwide access to all of the benefits exhibited in the Proposed Benefit.

(5) Participating Provider Access Performance Guarantees: The Offeror must guarantee that throughout the term of the Agreement, Enrollees living in urban, suburban and rural areas of New York State will have access to a Participating Provider. The Offeror must propose an access standard that meets or exceeds the minimum access standards set forth in the “Participating Provider Network” Section of this RFP. The Offeror shall propose the forfeiture of a specific dollar amount of the Administrative Fee for failure to meet these guarantees.

REDACTED

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Laser Vision Correction Participating Provider Network

(1) Indicate whether or not the Offeror currently has, and is proposing, a contracted Laser Vision Correction Network that provides both a covered benefit and a discount program. If so, please provide a listing of the proposed Laser Vision Correction Participating Providers located in New York State.

Davis Vision currently has and is proposing a national network of credentialed laser vision correction providers that provide both a covered benefit for a few clients, as well as a discount program.

Please see Attachment 10 – Laser Vision Providers New York State Directory.

(2) Propose the Offeror’s definition of “reasonable access” as regards the Laser Vision Correction Network.

Reasonable access as regards the Laser Vision Correction Network is defined as follows:

NYS Enrollee Location	Access Standard - At least 1 Provider within	Percentage with Access
Urban	10 miles	90%
Suburban	25 miles	90%
Rural	50 miles	80%

While Davis Vision continues to expand our laser provider network, we will continue to use the Non-Participating Provider (NPP) program for Laser services implemented in July 1, 2012. This program is for the **members** in the subgroups identified below (funded vision plans only) when there isn’t a participating provider within 30 miles from their home address. When a Laser Provider is not available within 30 miles, members can provide the name and telephone number of a Laser doctor in their area. The member will receive the in-network benefit and will only be responsible for their maximum member cost of \$200 per surgery.

Affected Subgroups:

- 001 - ALESU- Agency Police Services Unit- Rep by the Police Benevolent Association of NYS (PBANYS)
- 002- Council 82
- 005- NYSCOPBA- NYS Correctional Officers and Police Benevolent Association

(3) What is the minimum, maximum and average discount offered by Laser Vision Correction Participating Providers, expressed as a percentage? Do not include any cost information in the Technical Proposal.

NYS DCS current benefit offers members up to a 25% discount off typical retail charges for each procedure or a 5% discount from the laser center's advertised specials, whichever is lower.

(4) Confirm that the Offeror will solicit additional Laser Vision Correction Participating Providers at the Department's request.

Davis Vision confirms. We will contact providers that are currently being utilized by NYS DCS members to discuss joining the Davis Vision network.

(5) Describe how the Laser Vision Correction Participating Network and its availability will be communicated to enrollees.

Members will continue to have access to Provider directories using these convenient tools:

- **Online:** Employees can simply log on to our member website, davisvision.com, and search our provider directory to locate participating laser providers by zip code, city, county, state or by provider/business name. The online provider network database is updated daily so participants can always access up-to-date information.
- **Telephone:** Provider information can be obtained through our Interactive Voice Response (IVR) system 24 hours a day, seven days a week, or by speaking with a Customer Service Representative (CSR). Members can also request a hard copy by speaking with a representative or through the IVR.

Network Administration and Quality Assurance

(1) Describe the Offeror's proposed method(s) for communicating with Participating Providers to advise them of Plan benefits and modifications. Include copies of newsletters or other correspondence, as applicable.

A critical component in providing efficient service to members is an informed, up-to-date participating provider network. We communicate with providers through our dedicated staff and state-of-the-art provider website.

Telephonic Communications

Davis Vision's Customer Service Center (CSC) is located in Latham, New York and accepts provider calls between 8:00 a.m. and 8:00 p.m. Eastern Time, Monday through Friday, and from 9:00 a.m. to 4:00 p.m. on Saturday. Provider Service Representatives (PSRs) speak with network doctors on a daily basis, providing technical, benefit, billing and payment information and accepting orders. An extensive staff of dedicated Customer Service Representatives (CSRs) are continuously in touch with our network doctors providing benefit, eligibility, and authorization information on behalf of members. This continuous communication with our doctors provides the platform for constant and positive bi-directional feedback, and allows the plan to operate at benchmark levels of efficiency and satisfaction.

Our Interactive Voice Response (IVR) system augments our PSR/CSR staff by providing toll-free access to needed information and services 24 hours a day, seven days a week. Through the IVR, providers have the ability to verify/obtain eligibility information, obtain authorization for services, submit “examination only” claims, and order service record forms.

Regional Quality Assurance Representatives and Provider Field Consultants

These professionals are located nationwide and serve as local liaisons ensuring that participating doctors are informed of all aspects of the program through in-person, peer, and site review, as well as telephonic training and support.

Provider Website

Davis Vision supports a provider website widely recognized throughout the provider community as one of the most user-friendly websites available. Each provider can customize their view according to the needs of the practice. Over 60% of all orders are received through this website.

Once a provider logs into the secure provider website, they can:

- Review the Davis Vision provider manual
- Verify eligibility of members for services
- Report claims
- Generate authorizations for member services (exams and/or materials)
- Place orders for services or materials
- Track the status of orders placed

Providers can also view our Exclusive Collection of frames, send an e-mail for support, and view frequently asked questions.

(2) How does/will the Offeror monitor Participating Provider and Laser Vision Correction Participating Providers compliance with Plan benefits? What steps will the Offeror take when notified by an enrollee of a billing dispute with a Participating Provider/ Laser Vision Correction Participating Provider or dissatisfaction with services received?

Davis Vision’s Quality Assurance Program focuses on three major components to maintain and deliver the highest levels of quality and service by our providers:

1. **Monitoring practitioner compliance:** The Onsite Office Review Program is a key element in assessing practitioner compliance with Davis Vision’s requirements, regulatory mandates, and accreditation standards. Office and record reviews are conducted by Regional Quality Assurance Representatives who are either licensed or retired optometrists. Combination site visits and record reviews are scheduled once every three years for high-volume providers (that is, providers who render care to at least 300 members annually). Record reviews (without a site visit) are conducted for providers who do not meet the high-volume provider criteria but who render care to more than 100 members annually.

Audit results are reported to Davis Vision’s credentialing department for inclusion in the provider’s file and are considered by the Credentialing Committee when the provider’s re-credentialing file is presented for approval. Audit results are presented to the Quality Management Committee quarterly.

2. **Evaluating and resolving member complaints:** Davis Vision documents all member complaints, identifies trends, and reports complaint statistics to the Quality Management

Committee quarterly. Providers and Davis Vision associates are re-trained as appropriate. Resolutions are reported to the member or their group representative.

3. **Monitoring member satisfaction:** To ensure Davis Vision is providing the highest level of service to members, we conduct member satisfaction surveys on an ongoing basis, both by mail and online. Reports can be reported back on an overall and client-specific basis. Overall member satisfaction for 2015, as reported in the Client Review report, is 97%. This percentage has been consistent over the past four years.

(3) Turnaround Time for Receiving Eyewear Performance Guarantee: The Plan’s service level standard requires that ninety-five percent (95%) of all orders placed with a Participating Provider for covered eyewear will be available to the Member within seven (7) Calendar Days after placing the order. The Offeror shall propose the forfeiture of a specific dollar amount of the Offeror’s Administrative Fee for failure to meet this standard.

REDACTED

10. CLAIMS PROCESSING

The Offeror is required to process all claims submitted under the Plan. The selected Offeror must be capable of processing Participating Provider and Laser Vision Correction Participating Provider claims as well as Enrollee submitted claims for non-network benefits. Enrollees are required to submit claim forms to the Offeror for non-network services no later than ninety (90) days after the end of the calendar year in which the vision services were rendered, unless it was not reasonably possible for the Enrollee to meet this deadline. The Plan’s claim utilization data for Participating Providers, non-network services and Laser Vision Correction Participating Providers and can be found in Exhibits III.A, III.A.1, III.B and III.H, respectively.

b. Required Submission

(1) Provide a flow chart and step-by-step description of the Offeror’s proposed methodology for processing Participating Provider, Laser Vision Correction Participating Provider and Enrollee-submitted claims for the Plan. Provide a description of the edits implemented to ensure proper claim adjudication.

(2) Describe the Offeror’s claims processing system platform including any backup system utilized. Describe the Offeror’s disaster recovery plan and how Enrollee disruption will be kept to a minimum during a system failure. What will be the process for Enrollees trying to receive Vision Plan Services when the claim payment system is down or not available?

(3) Describe the capabilities of the Offeror’s claim processing system addressing each of the following Plan components:

(a) Eligibility verification;

- (b) Prior authorization for Medical Exception Program benefits;
 - (c) Variations in covered Plan benefits for various employer groups;
 - (d) Duplicate claims;
 - (e) Accurate claims pricing
 - (f) Edits, controls, and safe guards to ensure claims are processed according to benefit design.
- (4) Describe how any changes to the benefit design would be monitored, verified and tested for the Plan, and the quality assurance program to guarantee that changes to other client benefit programs do not impact the Plan.
- (5) What steps will you take to ensure that Participating Providers and Laser Vision Correction Participating Providers comply with the HIPAA requirement for use of National Provider Identifiers for all electronic claims submissions?
- (6) Describe how the Offeror's adjudication system will feed the reporting and billing systems.

10. CLAIMS PROCESSING

- (1) Provide a flow chart and step-by-step description of the Offeror's proposed methodology for processing Participating Provider, Laser Vision Correction Participating Provider and Enrollee-submitted claims for the Plan. Provide a description of the edits implemented to ensure proper claim adjudication.

Davis Vision's proprietary claims processing system and payment system electronically adjudicates claims. The in-network claim payment process is fully automated and requires very little manual intervention, since eligibility is pre-certified and claims are paid based on eyewear ordered. The system exclusively provides the internal audit platform to ensure the accuracy of claims processing input and payment outputs. Claims are entered at the time of material order entry uniquely integrating the two functions and guaranteeing that professional services and materials match. More than 40% of NYS DCS members receive services at Visionworks locations; all Visionworks locations submit their claims electronically.

Our system allows for the pre-certification of in-network services, currently trending at **99.2% for NYS DCS members**, by linking the member enrollment, eligibility, benefit design and provider information prior to services being submitted for payment. When the services are delivered to the patient, the provider submits the claim and the eyewear order using the certification previously obtained. The details for fabricating the eyewear are submitted by the provider via web, IVR, fax or phone. Because the claims are pre-certified, inappropriate billing and the submission of non-covered materials is essentially eliminated. The provider can only be paid for the actual services provided and only at a predetermined level. Additionally, the claim payment is tied to each client group's fee schedule and is date sensitive, ensuring that claim payments are consistent with the in-force contract between the group and Davis Vision.

For out-of-network claims (OON) (less than 1% of all NYS DCS claims), the member submits an OON claim form directly to Davis Vision for reimbursement. Davis Vision's Claim Processors

also utilize our integrated system to process OON claims. A statistically significant random sampling (usually 10% to 15%) of all manually processed claims are audited each day. This audit occurs on a pre-disbursement basis, so financial and coding errors are caught and corrected prior to the release of payment. If errors are found, feedback is given to the claims examiner and corrections are made within one business day.

Davis Vision also utilizes the MACCESS application for the imaging of all paper claims received. Once imaged, the claims are “vertexed” (i.e. data entry is completed to identify key data elements on the claim for routing and processing purposes) and then the claims are processed by Claim Examiners. The use of MACCESS allows Davis Vision to better handle paper claims storage, workflow and processing.

Please see Attachment 11 – In- and Out-of-Network Member Benefit Flow Charts

(2) Describe the Offeror’s claims processing system platform including any backup system utilized. Describe the Offeror’s disaster recovery plan and how Enrollee disruption will be kept to a minimum during a system failure. What will be the process for Enrollees trying to receive Vision Plan Services when the claim payment system is down or not available?

The Management Information System environment used in the administration of all Davis Vision programs is as follows:

Hardware Platform: Davis Vision utilizes an IBM z9 Model X01 Business Class zSeries System, which is configured with a 380 million instructions per second (MIPS) processor and is upgradeable to 422 MIPS with a simple microcode modification. It is channel attached via fibre channel (FICON) to an IBM Enterprise Storage Server Storage Area Network (ESS/SAN) containing 10 billion characters (10 terabytes) of online storage. For data communications, the z9 Model X01 is channel attached via fibre (ESCON) to a Cisco Systems 7206 router. For redundancy the z9 Model X01 also utilizes OSA adapters allowing direct Ethernet connectivity. For tape processing, the z9 Model X01 is channel attached via fibre channel (FICON) to an IBM 3592 tape subsystem utilizing IBM tape encryption technology.

Open Systems (Windows, Linux, AIX) utilize HP servers attached to a NETAPP Model 3040 for storage. Over 80 terabytes of online storage is provided by the NETAPP SAN (Storage Area Network). For tape processing, the open systems utilizes a Qualstar LTO-3 tape library utilizing NEOSCALE tape encryption technology.

Operating System: Davis Vision utilizes the IBM z/VSE V 4.1.1 operating system to support our enterprise. Z/VSE runs as a guest operating system under the IBM z/VM V5.5 operating system on the z9 Model X01.

Database Management System: Davis Vision utilizes its proprietary system for tracking claims received, processing status, pending status, benefit information and member correspondence. Davis Vision’s administrative system utilizes the IBM CICS/TS application server system for its transaction processing environment. VSAM data files are integral to the CICS application. The Mercator translation application receives and produces HIPAA compliant transactions.

Telecommunications: Davis Vision’s telecommunications operations are handled by a sophisticated computerized telephone system, the Avaya (Lucent) PBX, which services external customers via an advanced Automatic Call Distribution (ACD) consisting of over 400 lines. Our Avaya PBXs are a current Avaya Release: Communications Manager 5.2. Our Customer Service Center uses Syntellect Voice Enabled IVRs, Avaya CenterVu CMS call center management, Audix voice messaging and CTI integration to support agent screen activation

(screen pops). All of these peripheral systems, housed in our Latham, New York, data center, were upgraded in April of 2014.

The entire system is fully redundant and uses UPS and diesel generator power to remain operational during unplanned power outages. The only time the system experiences downtime results from scheduled maintenance activities.

Should our claims system go down, Davis Vision will regain claims processing capabilities within 72 hours of the decision, by the business recovery team, to execute the Disaster Recovery plan. Davis Vision has contracted with Iron Mountain in a partnering arrangement that includes the transportation to an off-site storage of Enterprise System Server and client server system back-up cartridges. In the event of a disaster, backup tapes are retained at the Iron Mountain storage facility and are accessible for system recovery purposes if required. Additionally, Davis Vision creates daily encrypted system back-up media, which are stored off-site at the Iron Mountain facility and are archived as identified in the Data Retention Policy.

The HVHC/Davis Vision IT systems replication network connectivity options support the testing of Davis Vision's Disaster Recovery Plan to ensure recovery agreement services and support are available in the event of an unplanned outage. Davis Vision tests its Disaster Recovery plan on an annual basis.

During a system failure, most Customer Service functions are still operational in the rare instance the claims processing platform is down, and during these times our Customer Service Associates are still able to provide answers to routine questions regarding benefit descriptions and supply provider location information. Additionally, providers are required to attain confirmation of eligibility prior to the services being rendered. In the event of an intermittent outage, enrollees may be asked to call back in an appropriate amount of time accounting for the anticipated duration of the impact.

(3) Describe the capabilities of the Offeror's claim processing system addressing each of the following Plan components:

(a) Eligibility verification;

When scheduling an appointment, NYS DCS members simply identify themselves as a Davis Vision member and provide their name and identification number as listed on their ID card or identify themselves as NYS DCS employees/dependents. The Davis Vision provider takes care of the rest by verifying patient eligibility with Davis Vision and submitting claims directly to Davis Vision.

(b) Prior authorization for Medical Exception Program benefits;

Under the Medical Exception Program, enrollees and covered dependents with a medical condition that may impact vision refraction may be eligible for an eye examination after 12 months. As long as a medical condition has an industry-standard diagnosis code associated with it, our systems can continue to include that condition in the NYS DCS Medical Exception Program. Providers are notified during the eligibility verification process when a member is eligible for the Medical Exception Program. Members have access to the required forms and an overview of the process on their customized NYS DCS web pages.

(c) Variations in covered Plan benefits for various employer groups;

As the incumbent vision care provider, the NYS DCS plan is currently set up on Davis Vision's administrative system at the subgroup level, and changes can be easily made for a specific group or universally for all groups within the Plan. Broader changes, e.g. for a range of groups, can be copied one group from another, with each such change then transferring to all the subgroups within the group.

(d) Duplicate claims;

Multiple safeguards have been built into our claims processing system to ensure efficiency and prevent abuse. Since eligibility is automatically pre-certified against client supplied enrollment data, duplicate claim payments and ineligible coverage is prevented.

The following systemic checks ensure that duplicate claims are not paid and ineligible plan members cannot use the vision benefit:

- Member/dependent must be eligible for services at the time the eligibility confirmation is issued.
- At the time confirmation is given, the provider is advised of specific benefit eligibility for the member/dependent in question, which prevents duplication of claims for the same services.
- Unused confirmations expire per system requirements and re-verification of eligibility occurs again at the time a new confirmation is requested.

Once the member/dependent has exhausted their benefit, additional services cannot be authorized, nor can a claim be paid.

(e) Accurate claims pricing

Our quality assurance and auditing procedures include: pre-adjudication, claims quality review, post adjudication payment review, and post adjudication premium billing review. As an organization, we uphold high accuracy standards across our book of business, including $\geq 99\%$ claims financial accuracy and $\geq 97\%$ claims processing accuracy; we have consistently met or exceeded these standards year over year.

(f) Edits, controls, and safe guards to ensure claims are processed according to benefit design.

Accuracy and efficiency are the ultimate goals of our claims processing system, which is initiated as a critical part of our implementation process and inherent system controls. Layers of testing during the implementation process ensures each client's unique plan design and billing schedule is configured correctly into our claims system. The configuration process includes two levels of quality review.

Davis Vision incorporates a number of internal audit protocols into our claims adjudication process, including random claim quality assurance controls and monitoring controls for all claims.

In addition to the internal auditing procedures, Davis Vision's procedures are audited each year by an independent accounting company as part of the SSAE 16 review of internal controls for data processing.

(4) Describe how any changes to the benefit design would be monitored, verified and tested for the Plan, and the quality assurance program to guarantee that changes to other client benefit programs do not impact the Plan.

Davis Vision's proprietary claims and administrative system is a comprehensive, flexible application that enables our associates to load plan designs, benefits, and fee schedules in a systematic and consistent manner. The process of benefit set-up for each client is part of a comprehensive, controlled process that includes multiple departments, detailed documentation, and multiple quality assurance steps to ensure that all set-ups are authorized, accurate, and complete. This ensures that changes to other client benefit programs will not impact the plan.

Benefit design changes are monitored through a coordinated implementation process between NYS DCS's Client Management and Implementation teams. The Client Management team

communicates the plan design for set-up, account structure, eligibility rules, and rates. The coordination and input of plan benefit changes affecting other business units is handled by the Implementation Team.

To ensure that changes to other benefit programs do not impact the plan, end-to-end testing is conducted through all facing systems (IVR, website, and the customer service portal). Validation testing is conducted prior to the effective date of any benefit changes. Davis Vision's quality assurance processes ensure that plan set-up, benefit design, and fee schedule are thoroughly reviewed by multiple associates prior to claims being paid.

(5) What steps will you take to ensure that Participating Providers and Laser Vision Correction Participating Providers comply with the HIPAA requirement for use of National Provider Identifiers for all electronic claims submissions?

A valid National Provider Identifier (NPI) number, associated with an active provider, is required for successful acceptance and adjudication of all claims. A provider cannot be activated in our systems without an NPI, and subsequently cannot confirm eligibility or submit claims for reimbursement.

(6) Describe how the Offeror's adjudication system will feed the reporting and billing systems.

Davis Vision's reporting and billing systems reflect closed claims. Closed claims have been adjudicated and processed for payment. Once a claim is closed, it is fed into our client billing process and also into our enterprise data warehouse for client reporting purposes.

11. FRAME AND LENS SELECTIONS

The Offeror may propose a standardized selection of Plan frames available at each Participating Provider and/or a frame allowance. The incumbent contractor utilizes a frame allowance with price points set at \$80, \$100 and \$130 for basic, standard and enhanced frames and a non-collection frame allowance of \$130. Participating Providers must offer all covered Lens types and options, as set forth in the Summary of Covered Benefits in Exhibit II.D of this RFP. Frame and Lens Plan Utilization data is set forth in Exhibit III.A and III.A.1 of this RFP.

b. Required Submission

(1) Describe in detail how the Offeror proposes to develop and maintain the three levels of Plan frames required under the Plan, including whether the Offeror is proposing a standardized Plan frame selection and/or allowance method, a description of the variety of frame options, and the minimum contractual and average number of frames available in each level. How will Plan enrollees be made aware of the available Plan frame selection when receiving services from a Participating Provider (i.e., separate location of frames, color coding of UPC codes, price tag)?

(2) State the retail price points for a standard collection and/or the Offeror's proposed allowances for frames covered at each of the three (3) levels. If an allowance method is proposed, confirm the allowances are adequate to ensure that Participating Providers stock the minimum contractual number of frames.

(3) Describe in detail how lens types and lens options will be classified as either Standard (covered) material or premium material, eligible for the upgrade program.

- (a) Provide a listing of the currently manufactured lens products that are/will be classified as Standard or premium for the following categories of lens types: progressive, high index, photochromic, and polycarbonate.
- (b) Confirm which covered lens options are/will be available in both basic and premium classifications.
- (c) Confirm that enrollees eligible for multiple covered lens types and options will be able to select a combination of covered eyewear with no out-of-pocket cost, for example, a photochromic single vision high index lens with Standard scratch-resistance and ultraviolet coating.
- (4) Describe the Offeror's proposed product guarantees for Plan frames and lenses dispensed by a Participating Provider. How does/will the Offeror ensure that Participating Providers perform product repairs and replacements for eyewear which are under warranty?

11. FRAME AND LENS SELECTIONS

b. Required Submission

- (1) Describe in detail how the Offeror proposes to develop and maintain the three levels of Plan frames required under the Plan, including whether the Offeror is proposing a standardized Plan frame selection and/or allowance method, a description of the variety of frame options, and the minimum contractual and average number of frames available in each level. How will Plan enrollees be made aware of the available Plan frame selection when receiving services from a Participating Provider (i.e., separate location of frames, color coding of UPC codes, price tag)?

Davis Vision proposes continued access to our Davis Vision Exclusive Collection of Frames for the NYS DCS members. Our Collection frames are available in three levels, Fashion, Designer, and Premier. Our levels correspond with the Basic, Standard, and Enhanced frame styles requested. The Collection is created by inventory specialists at our sister company, Visionworks, and is updated periodically to ensure it accurately reflects current trends and styles in the fashion frame industry. Our Collection of frames includes 222 frames; 90 Fashion, 80 Designer, and 52 Premier frames. Our Collection includes frames for men, women, and youth.

In our participating provider offices, the Davis Vision Exclusive Collection of frames is displayed separately on its own display fixture. Each level of the Collection has a different color price tag corresponding to its category. Fashion is yellow, Designer is red, and Premier is Blue. Visionworks does not display the Collection, but they do have comparable frames throughout the store.

Davis Vision is unique in our dual option for frame choice. In addition to choosing from the Collection, members may utilize their frame allowance, which varies depending upon the plan, toward any frame on the market. If the cost of the frame exceeds their allowance, they will receive a 20% discount off the overage, except SEHP (GSEU and CUNY). In addition, Visionworks offers members 50% off additional pairs of glasses, including sunglasses.

- (2) State the retail price points for a standard collection and/or the Offeror's proposed allowances for frames covered at each of the three (3) levels. If an allowance method is proposed, confirm the allowances are adequate to ensure that Participating Providers stock the minimum contractual number of frames.

Our proposed allowances for Davis Vision Collection frames at each level are:

Fashion: up to \$99 (which more than covers the \$80 requirement)

Designer: up to \$139 (which more than covers the \$100 requirement)

Premier: up to \$199 (which more than covers the \$130 requirement)

Except for the Student Employee Health Plan (SEHP), members in all the NYS DCS plans will be able to choose either a Fashion or Designer frame (170 frames) which will be covered in full. Members in the following plans will also be able to choose a Premier frame (52 frames) as covered in full: M/C and PE, PBA-T, PBA-S, PEF, and NYSPIA. For NYS DCS members covered by other plans, Premier frames are available for \$25 member charge when not covered in full.

While there is no required minimum number of frames each provider location must carry, participating providers typically carry 400 to 1,500 frames, depending on the type of practice. One of the reasons independent providers carry the Davis Vision Exclusive Collection of Frames is to ensure our members have a wide choice of covered-in-full frames.

(3) Describe in detail how lens types and lens options will be classified as either Standard (covered) material or premium material, eligible for the upgrade program.

The programs being proposed by Davis Vision will continue to provide the same lens types and options for the same low member charges. NYS DCS members are currently saving over \$11M annually on lens options using their Davis Vision plan. This is a savings of almost 85% off the average retail value. Members are saving 100% on 9 different lens options including standard and premium progressives, scratch resistant coating, and polycarbonate for children. Upgrade options would include high-index lenses or ultra anti-reflective coating. As Davis Vision covers more lens options than any other vision plan, our upgrade options are limited to higher end choices, resulting in lower member out-of-pocket costs for covered options.

(a) Provide a listing of the currently manufactured lens products that are/will be classified as Standard or premium for the following categories of lens types: progressive, high index, photochromatic and polycarbonate.

Standard lens types for all groups, except for SEHP, will continue to include glass, plastic, single vision, bifocal, blended bifocals, progressive lenses, photosensitive glass (single vision and multifocal), post-cataract lenses, tints, ultraviolet coatings and sunglasses. The scratch-resistant coating will also be included for all groups in our program. High index, plastic photosensitive, and polycarbonate lenses are not broken out into standard and premium categories.

We offer a wide variety of brands and manufacturers. We have agreements with the world's leading lens manufacturers to provide the vast majority of spectacle lenses available on the market today, such as Varilux®, Kodak, Carl Zeiss, Seiko and Hoya, and specialized lens treatments and coatings such as Crizal®, Avancé, Reflection Free®, Teflon®, Carat®, Carat® Advantage, Transitions®, Sunsenors® and Photogrey Extra.

(b) Confirm which covered lens options are/will be available in both basic and premium classifications.

Progressive lenses and anti-reflective coatings are the only covered lens options that are available in multiple classifications. In the Davis Vision program, enrollees will have access to both standard and premium progressive lenses at no additional member charge. Anti-reflective

coatings will be available in three levels: standard, premium, and ultra and would be subject to the relevant copayments as part of the upgrade program.

(c) Confirm that enrollees eligible for multiple covered lens types and options will be able to select a combination of covered eyewear with no out-of-pocket cost, for example, a photochromatic single vision high index lens with Standard scratch-resistance and ultraviolet coating.

Davis Vision confirms that Enrollees eligible for multiple covered lens types and options will be able to select a combination of covered eyewear with no out-of-pocket cost, for example, a plastic photochromic single vision high index lens with Standard scratch-resistance and ultraviolet coating.

(4) Describe the Offeror's proposed product guarantees for Plan frames and lenses dispensed by a Participating Provider. How does/will the Offeror ensure that Participating Providers perform product repairs and replacements for eyewear which are under warranty?

In the Davis Vision program, all eyeglasses come with a free breakage warranty for repair or replacement of the frame and/or lenses for a period of one year from the date of delivery. The one-year breakage warranty applies to all plan-covered eyeglasses (i.e., all spectacle lenses, Davis Vision Collection frames and national retailer frames, where our exclusive Frame Collection is not displayed).

Providers are contractually obligated to honor our repair and replacement warranty, and have no adverse financial effects as materials are provided by Davis Vision's laboratory. Should there be a minor repair necessary, like a screw falling out, the provider would take care of it immediately in their office.

12 CONTACT LENS SELECTIONS

The Offeror may propose a standardized contact lens selection and/or a contact lens allowance for PEF, SEHP, M/C and unrepresented Employees and their covered Dependents. The incumbent contractor utilizes a standard selection of contact lenses (i.e., a collection) and a non-collection allowance of \$105 of conventional contact lenses and \$125 for disposable contact lenses. A \$200 contact lens allowance benefit is available for the other employee groups.

b. Required Submission

(1) State whether a Standardized contact lens selection and/or contact lens allowance is proposed.

(2) If a Standardized contact lens selection is proposed:

(a) Describe how the Offeror will develop and maintain the selection of Plan contact lenses. Complete Exhibit III.G, Summary of Contact Lenses Covered by the Plan to detail the Plan contact lenses the Offeror is proposing.

(b) State the Offeror's proposed criteria for classifying contact lenses as either standard or premium (which are subject to the higher copay level for PEF, GSEU, M/C and unrepresented Employee and their covered Dependents).

(3) If a contact lens allowance is proposed, state the proposed allowance for standard and premium contact lenses. Do not include any cost information in the Technical Proposal.

(4) State how the Offeror proposes to administer the \$200 contact lens benefit for other employee groups, and confirm that the eye exam, contact lens fitting, and contact lens material will be included.

12. CONTACT LENS SELECTIONS

(1) State whether a Standardized contact lens selection and/or contact lens allowance is proposed.

Davis Vision is proposing a contact lens allowance complemented by our Contact Lens Collection.

(2) If a Standardized contact lens selection is proposed:

(a) Describe how the Offeror will develop and maintain the selection of Plan contact lenses. Complete Exhibit III.G, Summary of Contact Lenses Covered by the Plan to detail the Plan contact lenses the Offeror is proposing.

Davis Vision monitors national contact lens trends on usage and product advancements within the industry on a quarterly basis. Our contact lens Collection is based on this national trends analysis and includes the most updated contact lens brands/styles in the industry, which are most often prescribed by providers. The quality of new and improved contact lens modalities takes precedence when they are being considered for addition to the Collection. Please see Exhibit III. G, Summary of Contact Lenses Covered by the Plan.

(b) State the Offeror’s proposed criteria for classifying contact lenses as either standard or premium (which are subject to the higher copay level for PEF, GSEU, M/C and unrepresented Employee and their covered Dependents).

Davis Vision’s two-tier formulary is based upon contact lens types traditionally classified as standard and specialty. Planned replacement lenses and disposable lenses are provided at a \$25 member copayment and one day, toric, and multifocal disposables are included at a \$45 copayment.

(3) If a contact lens allowance is proposed, state the proposed allowance for standard and premium contact lenses. Do not include any cost information in the Technical Proposal.

Davis Vision has matched the current allowances for standard and premium allowances that are in place today, as outlined in the chart below:

Group	Allowance
ALESU	\$0 Copayment \$105 Allowance
Council 82 Arb. Eligible & Contract Affected	\$0 Copayment \$105 Allowance
SEHP (GSEU and CUNY)	\$0 Copayment

Group	Allowance
	\$105 Allowance
M/C, Retirees, PEs & other un-represented	\$25/\$45 Copayment \$105/\$125 Allowance
NYSCOPBA Arb. Eligible & Contract Affected & UUP Lifeguards	\$0 Copayment \$105 Allowance
PBA Troopers	\$0 Copayment \$105 Allowance
PBA Supervisors	\$0 Copayment \$105 Allowance
PEF	\$25/\$45 Copayment \$125 Allowance
PIA	\$0 Copayment \$105 Allowance

(4) State how the Offeror proposes to administer the \$200 contact lens benefit for other employee groups, and confirm that the eye exam, contact lens fitting, and contact lens material will be included.

Davis vision is currently administering a \$200 out-of-network benefit for the following populations:

APSU
Council 82
NYSCOPBA
PBA T
PBA S

This benefit is administered as up to \$16 reimbursement for the on the exam and up to \$184 for the materials, the fitting is not covered. Davis Vision will continue to administer this benefit where applicable.

13. OCCUPATIONAL VISION PROGRAM

The Plan’s Occupational Vision Program enables eligible enrollees to obtain a second eyewear selection (intended for occupational use) from a Participating Provider, at the time the primary eyewear is ordered. The occupational eyewear must differ from the primary eyewear based on criteria established by the Offeror and consistent with the Occupational Vision Program benefits specified in the Summary of Covered Benefit by Group, Exhibit II.D of this RFP. The Occupational Vision Program is not available to Dependents. Further, as a health and safety measure, enrollees in the State Police covered under PBA-Troopers, PBA-Supervisors, and PIA are entitled to an additional set of occupational lenses, if needed, for insertion into respirators. See insert specifications on Exhibit II.H of this RFP.

b. Required Submission

(1) Does the Offeror have experience administering an Occupational Vision Program for an Employer? If so, please describe the Offeror's experience administering an Occupational Vision Program and state what percentage of enrollees receive Occupational Vision eyewear for a similar client, using the same criteria that the Offeror proposes for the NYS Plan.

(2) State the Offeror's proposed eligibility criteria for the Occupational Vision Program. Be specific. Based on the proposed criteria, are there additional procedures outside of the regular, comprehensive eye examination required under this Program that Participating Providers will be required to perform? If so, please describe the additional procedures.

(3) Does the Offeror's lens fabricator have experience with or the ability to fabricate lenses for insertion into respirators, as specified in Exhibit II.H? If so, please describe that experience.

(4) Describe how the Offeror will communicate the Occupational Vision Program to enrollees and Participating Providers and monitor Participating Provider compliance.

(5) Occupational Vision Program Utilization: The Offeror must guarantee that the Occupational Vision Program's utilization rate will not materially exceed the Program's current utilization rate of fifty-one (51%). The Occupational Vision Program utilization rate shall be measured and reported to the Department on a quarterly basis.

The Standard Credit Amount for each .01 to 1.0% the Occupational Vision Program utilization is above fifty-one (51%), as calculated on a calendar basis, is \$20,000. However, the Offerors may propose higher or lesser amounts.

"The Contractor's quoted amount to be credited against the Contractor's Monthly Administrative Fee for each .01 to 1.0% above the Plan's Occupational Vision Program utilization rate standard of fifty-one (51%) (or the Contractor's proposed standard of ___%), as calculated on a calendar year basis is \$_____.

13. OCCUPATIONAL VISION PROGRAM

b. Required Submission

(1) Does the Offeror have experience administering an Occupational Vision Program for an Employer? If so, please describe the Offeror's experience administering an Occupational Vision Program and state what percentage of enrollees receive Occupational Vision eyewear for a similar client, using the same criteria that the Offeror proposes for the NYS Plan.

Yes, we have extensive experience administering Occupational Vision programs for a number of employer groups since 1980, including NYS DCS and the New York State Thruway Authority. For similar programs, utilization of occupational vision eyewear averages 40%. However, utilization varies depending on the exact benefit and dispensing criteria, whether it is funded or voluntary, and the frequency.

(2) State the Offeror's proposed eligibility criteria for the Occupational Vision Program. Be specific. Based on the proposed criteria, are there additional procedures outside of

the regular, comprehensive eye examination required under this Program that Participating Providers will be required to perform? If so, please describe the additional procedures.

When an Enrollee is eligible for the Occupational Vision Program, the occupational eyeglasses must be different from the dress eyewear in at least one of the following ways:

- The prescription must have at least a 0.5 diopter difference
- The segment height must have a 5.0 mm change
- The spectacle lens type must be different (i.e., single vision lenses to bifocal)

Additional procedures include applying the testing standards of the American Optometric Association. Our protocol includes the following elements performed in addition to a standard eye examination: procedures to assess visual acuity, refractive status, and binocular function at the computer distance, color vision, and stereopsis (depth perception).

(3) Does the Offeror's lens fabricator have experience with or the ability to fabricate lenses for insertion into respirators, as specified in Exhibit II.H? If so, please describe that experience.

Yes, we have both experience with and the continued ability to fabricate lenses for insertion into respirators, having successfully provided these services to the NYS DCS and to the employees of the New York State Thruway Authority.

Davis Vision will continue providing the prescription portion of the full-face respirator spectacle kits, and we have the laboratory flexibility to accommodate any kits described.

(4) Describe how the Offeror will communicate the Occupational Vision Program to enrollees and Participating Providers and monitor Participating Provider compliance.

We utilize a number of outlets to regularly communicate with our participating providers, including giving each provider materials for every new group when they join the Davis Vision program. These materials outline the benefits the enrollees are entitled to, including dress and occupational programs. Occupational vision programs are also included in our provider manual, which is given to providers when they begin participating with Davis Vision and is available online anytime. With nearly 36 years' experience with administering occupational vision programs and as the current administrator of both the NYS DCS and the New York State Thruway Authority's occupational vision program, we are positive that we have the depth of experience to administer this benefit successfully.

Participating Provider compliance with the Occupational Vision Program is ensured by the edits programmed into our proprietary laboratory system, where the materials are produced. These edits ensure that the minimum criteria for the occupational program are met each time occupational eyeglasses are ordered. In addition, Davis Vision monitors the Occupational Vision Program quarterly using the Participating Provider Dispensing Pattern Report. Working together, Davis Vision and NYS DCS have been able to reduce utilization in the program from over 59% to less than 51%. We will continue to work with NYS DCS and our providers to ensure the program stays within NYS DCS goals.

(5) Occupational Vision Program Utilization: The Offeror must guarantee that the Occupational Vision Program's utilization rate will not materially exceed the Program's current utilization rate of fifty-one (51%). The Occupational Vision Program utilization rate shall be measured and reported to the Department on a quarterly basis.

REDACTED

14. MEDICAL EXCEPTION PROGRAM

The Plan's Medical Exception Program benefit is available to eligible enrollees and Dependents as specified in the Summary of Benefit Variances by Group, Exhibit II.C of the RFP. Under the Medical Exception Program, enrollees and Dependents with a medical condition that may impact vision refraction, when referred by the physician caring for that medical condition, are eligible for benefits sooner than the usual twenty-four (24) month period, but not less than one year from last exam. Medical Exception Program utilization is presented in Exhibit III.F of this RFP.

b. Required Submission

- (1) Does the Offeror have experience administering a Medical Exception Program for an employer? If so, please describe the Offeror's experience administering a Medical Exception Program.
- (2) Provide a listing of medical conditions that the Offeror is proposing to use to qualify an Enrollee or Dependent to receive services under this program.
- (3) Describe the Offeror's proposed authorization process for the Medical Exception Program. Include a sample of any Medical Exception Program authorization forms that the Offeror is proposing to use under the program, timeframes for authorization and eyewear benefit criteria.
- (4) Describe how the Offeror will communicate the Medical Exception Program and monitor Participating Provider compliance.

14. MEDICAL EXCEPTION PROGRAM

b. Required Submission

- (1) Does the Offeror have experience administering a Medical Exception Program for an employer? If so, please describe the Offeror's experience administering a Medical Exception Program.

Yes, Davis Vision has an experienced Utilization Management team that administers "Medical Exception" programs for numerous existing customers, including NYS DCS. Client-specific parameters around the presenting conditions that may result in a covered individual receiving more frequent services are communicated to network providers. Please see Attachment 12 – Medical Exception Program.

- (2) Provide a listing of medical conditions that the Offeror is proposing to use to qualify an Enrollee or Dependent to receive services under this program.

Davis Vision's Medical Exception program is designed to treat enrollees and dependents flagged as having diabetes, glaucoma, cataracts, or age-related macular degeneration. We can also accommodate enrollees and dependents who are taking prescription drugs that cause vision changes and other conditions that could reasonably be expected to cause a significant

change in refractive status. As long as a medical condition has an industry-standard diagnosis code associated with it, our systems can continue to include that condition in the DCS's Medical Exception Program. We would look forward to evaluating the DCS's current and ongoing needs and updating the qualifications, if necessary, to best meet your needs.

(3) Describe the Offeror's proposed authorization process for the Medical Exception Program. Include a sample of any Medical Exception Program authorization forms that the Offeror is proposing to use under the program, timeframes for authorization and eyewear benefit criteria.

Davis Vision would continue to utilize the process currently in place for members to obtain a Medical Exception. Currently, members ask their provider to complete the medical request form, which can be obtained from the Davis Vision NYS DCS Customer Service Unit at 1-888-588-4823. Members must also provide documentation from their medical provider that states they are receiving care for one of the qualifying medical exception medical conditions. Both the exception request form and the medical documentation are faxed to the Davis Vision Medical Director for review and approval. During 2014 Davis Vision approved 159 exceptions; there were 84 exceptions in 2015.

(4) Describe how the Offeror will communicate the Medical Exception Program and monitor Participating Provider compliance.

Davis Vision utilizes a number of outlets to regularly communicate with our participating providers, including giving each provider materials for every new group when they join the Davis Vision program. These materials outline the benefits the enrollees are entitled to, including dress and occupational programs.

In addition, as each provider verifies the members eligibility and benefits online or through our Provider Service Representatives, they will be notified of the member's eligibility for this program, if they meet the criteria.

15. UPGRADE PROGRAM

Through the Upgrade Program, eligible enrollees and their Dependents may select certain non-Plan eyewear from a Participating Provider and pay a discounted surcharge (in addition to the Participating Provider fee paid by the Plan). The goal of the program is to make available, at a discounted price, a wider selection of frames, lens types (including contact lenses) and lens options, than is otherwise covered under the Plan.

b. Required Submission

(1) Does the Offeror currently administer an Upgrade Program for an employer? If so, please describe the Offeror's experience in administering an upgrade program. What direction does the Offeror give to Participating Providers regarding up selling? How will this benefit communicated to enrollees?

(2) Propose a minimum discount off of retail pricing for upgrade selections that are not a covered benefit for any Employee Group covered under the Plan. Propose a methodology for charging enrollees for these options under the Upgrade Program, including examples of the pricing methodology for frames with a retail cost of \$200 or more, premium progressive lenses and premium anti-reflective lens coating.

(3) Confirm that the Enrollee surcharge for Upgrade Program selections that are a covered benefit for one or more Employee Groups covered under the Plan will be equal to the Plan fees set forth in Exhibit IV.A. (Note: Do not specify the actual amount of the Participating Provider Fee Schedule when responding to this question. The amount of the Participating Provider Fee Schedule should be included in the Cost Proposal only.)

15. UPGRADE PROGRAM

b. Required Submission

(1) Does the Offeror currently administer an Upgrade Program for an employer? If so, please describe the Offeror's experience in administering an upgrade program. What direction does the Offeror give to Participating Providers regarding up selling? How will this benefit communicated to enrollees?

Yes, Davis Vision currently administers such a program for nearly all of our clients, including NYS DCS. The hallmark of our program is that it is designed to result in the lowest out-of-pocket costs for members and includes all ranges of prescriptions, all lens powers, all lens sizes including oversize lenses, tinting of plastic lenses and scratch-resistant coating at no charge to the member. Our plans include popular lens options like progressives, plastic photosensitive lenses, ultraviolet protection, and anti-reflective coatings at fixed, discounted member prices that are the same nationally. Members, on average, save 40% - 60% off retail prices. Members may choose higher lens options from the available options, for example, high-index lenses or ultra progressives instead of standard or premium. NYS DCS members have saved over \$11 million on lens options during 2015 or almost 85% based on the average retail cost.

Providers are standardly reimbursed according to a fixed, discounted fee schedule (uniform regionally) for professional services (i.e. eye exams) and materials. There are no withholds, incentive pools, or other risk sharing arrangements with providers. This helps avoid excess utilization while maintaining the quality of care.

Davis Vision does not provide bonuses or incentives for selling more expensive frames or lenses. Our provider contracts and standard plan protocols prohibit network providers from balance billing or collecting any additional fees for covered services (with the exception of plan designated copayments).

However, Davis Vision utilizes our unique integrated model which gives us end-to-end control of the supply chain and unparalleled purchasing power that delivers the lowest total cost, full service experience with true cost transparency, accessibility, and simplicity. Our plans are designed to provide paid-in-full coverage for more lens types and coatings than competing plans, resulting in the lowest member out-of-pocket costs. In addition, our plans include popular lens options like progressives, plastic photosensitive lenses, ultraviolet protection and anti-reflective coatings at fixed, discounted member prices that are the same nationally. Members, on average, save 40% - 60% off retail prices.

(2) Propose a minimum discount off of retail pricing for upgrade selections that are not a covered benefit for any Employee Group covered under the Plan. Propose a methodology for charging enrollees for these options under the Upgrade Program, including examples of the pricing methodology for frames with a retail cost of \$200 or more, premium progressive lenses, and premium anti-reflective lens coating.

After the plan allowance is applied, Davis Vision’s in-network discount for non-plan frames and contact lenses is calculated as a percentage off retail (20% discount off retail pricing for frames and 15% for contact lenses) except where prohibited by law or manufacturer restrictions. Spectacle lens options that are included in the upgrade program will be available at fixed, discounted prices offering savings of up to 60% off when compared to Average Retail Prices, as opposed to other plans in which savings are typically only 10%-20%. Davis Vision offers the following discounts once a member has used their primary benefit.

Additional Pair Discounts

For additional pairs of eyeglasses and sunglasses, members will receive 50% off at Visionworks and 20% off at other participating providers on the same day their vision benefit is used. For contact lenses, additional materials will be available at a 10% discount. Please note that these discounts are not applicable where limited by law or manufacturer restrictions.

The pricing for a pair of eyeglasses with a retail frame of \$200, with a Premium Progressive lens, and Premium Anti-Reflective Coating would be as follows, using the \$130 frame allowance available to, PBA Troopers, PBA Supervisors, PEF and PIA:

Retail Cost of Frame	\$200
Less \$130 retail allowance	-\$130
Subtotal	\$70
Less 20% discount off overage	-\$14
Total out-of-pocket frame cost	+\$56
Premium Progressive Lenses (no cost)	+\$0
Premium Anti-Reflective Coating	+\$48
Total cost of eyewear	\$104

(3) Confirm that the Enrollee surcharge for Upgrade Program selections that are a covered benefit for one or more Employee Groups covered under the Plan will be equal to the Plan fees set forth in Exhibit IV.A. (Note: Do not specify the actual amount of the Participating Provider Fee Schedule when responding to this question. The amount of the Participating Provider Fee Schedule should be included in the Cost Proposal only.)

Davis Vision confirms that the Enrollee surcharge for Upgrade Program selections that are a covered benefit for one or more Employee Groups covered under the Plan will be equal to the Plan fees set forth in Exhibit IV.A.

**NYS Vision Plan
Participating Provider and Laser Vision Correction Surgery Fee Schedule**

Type of Service	Offeror's Proposed Unit Price 2017	Offeror's Proposed Unit Price 2018	Offeror's Proposed Unit Price 2019	Offeror's Proposed Unit Price 2020	Offeror's Proposed Unit Price 2021
Examinations	REDACTED				
Examinations - Occupational					
Contact Lens Fitting and Dispensing					
Basic Frames					
Standard Frames					
Enhanced Frames					
Basic Plastic Single Vision Lenses					
Basic Plastic Bifocal Vision Lenses					
Basic Plastic Trifocal Vision Lenses					
Plastic Progressive Vision Lenses					
Contacts					
Conventional/ Standard					
Disposable/ Premium					
<i>Lens options (in additional to base lens price):</i>					
High Index					
Glass					
Ultraviolet Coating					
Photosensitive Glass					
Photosensitive Plastic					
Polycarbonate					
Tint					
Scratch resistant coating					
Laser Vision Correction (Per Eye)					
PRK					
Traditional Intralase					
Custom Intralase					
Custom Wavefront Lasik					

Note: Unit price quotes must be expressed in fixed dollar amounts.

**NYS Vision Plan
Administrative Fees and Communications Fee Schedule**

2017 2018 2019 2020 2021

Proposed Administration Fee Per Enrollee (1)

For all groups excluding SEHP

For SEHP Only

Communications Fee (2)



Instructions:

- (1) Quote, in the space provided your proposed monthly administrative fees for the respective years and enrollee groups.
The fee will be multiplied by the number of enrollees in the respective groups to arrive at the aggregate administrative expense due the vendor.
- (2) Quote, in the space provided the proposed aggregate Communications Fee to be paid in year one for services indicated in Section IV.B.4.a. (3),(4) of the RFP.

Note: Fees must be expressed in fixed dollar amounts.