



PROCUREMENT SERVICES

ADDENDUM TO CONTRACT DOCUMENTS

ADDENDUM NO.: 1

PROJECT NAME: Voluntary Group Vision Insurance

DATE OF ISSUE: June 5, 2023

The following information shall be included in the ITN documents and is hereby made part of the contract documents in the form of clarification, addition, deletion or revision to the contract specifications.

NOTE: Proposers' questions are not altered and are reported as received (including, but not limited to typo's). Proposers' questions/issues and District answers (District answers are italicized):

Q1.	Please confirm the broker/consultant commission percentage, if applicable?
A1.	<i>Broker/consultant commissions percentage is 0%.</i>

Q2.	What is the current level of employer contribution that the district supports for vision benefits?
A2.	<i>The current level of employer contribution that The District supports for vision benefits is \$0, as it is a voluntary benefit.</i>

Q3.	Are there any 'wish list' items that the School District of Lee County would like to see in their current vision program going forward?
Q3.	<i>Please provide any enhancements that may not already be included in The District's current plan designs.</i>

Q4.	Are there any services or products the School District of Lee County would like to see from proposers that are not currently being met by the incumbent vision carrier?
A4.	<i>Please see response to Question 3.</i>

Q5.	Please identify the top 100 utilized providers as requested on Questionnaire Attachment – worksheet 2–Minimum Qualifications. “Proposed Networks include at least 30% of the top 100 providers utilized by The District participants”.
A5.	<i>Please review the documentation that has already been provided.</i>

Q6.	Can you please submit the RFP via Greater Insight portal?
A6.	<i>Proposals shall be submitted through the Bonfire Portal. Only proposals submitted through the Bonfire Portal will be accepted.</i>

Q7.	Are the vision rates net of commission?
A7.	<i>Yes, the rates are net of commissions.</i>
Q8.	Can you provide a vision certificate?
A8.	<i>No additional information is available.</i>
Q9.	How are progressive lens paid. Are they paid on a TIER structure?
A9.	<i>Please review "Exhibit 2 – Vision Benefit Summary".</i>
Q10.	For the utilization, can you separate the lenses by Single, Bifocal, Trifocal, Progressive?
A10.	<i>Please review the documentation already provided alongside the ITN posting.</i>
Q11.	Is the in network frame allowance a wholesale or retail amount?
A11.	<i>The In-Network frame allowance is a wholesale amount.</i>
Q12.	Does your fit and follow up exam cost come out of the contact lens allowance?
A12.	<i>No, it is extra benefit.</i>
Q13.	How long has the coverage been with the current carrier? What was the original effective date of the plan?
A13.	<i>The current Vision carrier has been in place since 4/1/2009.</i>
Q14.	Should any commissions be included in the rates? Are there commissions in the current rates?
A14.	<i>Please see response to Question 1 and Question 7.</i>
Q15.	Please provide a full SPD or certificate.
A15.	<i>An SPD/Certificate of Insurance is not available.</i>
Q16.	Have there been any plan design changes over the past 36 months? If so, please provide the details and dates of any change(s).
A16.	<i>There have not been any enhancements since 4/1/2020.</i>
Q17.	Please confirm the percentage of claims paid In-Network.
A17.	<i>No additional information is available.</i>
Q18.	Is a more detailed annual utilization report available broken out by the following benefits: <ul style="list-style-type: none"> o Exams (are Refractions included under Exam codes or separately under another category?); o Contact Lens Exam & Fitting; o Frames; o Single lenses; o Bifocal lenses; o Trifocal lenses; o Progressive lenses, (If available Standard Progressives, Premium Progressive); o Contacts.
A18.	<i>A more detailed annual utilization report is not available.</i>
Q19.	If available, please also provide utilization of lens enhancements such as anti-reflective coating, scratch resistant coating, ultra-violet coating, and tints
A19.	<i>Please see response to Question 18.</i>

Q20.	Are the prior years' rates (rate history) available? Are the renewal rates available?
A20.	<i>The current rates have been in place since 4/1/2020. Renewal rates are not available.</i>
Q21.	Is a recent billing invoice available including the lives and current rates?
A21.	<i>There is no billing invoice available as The District's Vision benefits are self-billed. Current lives and current rates are listed in the Questionnaire.</i>
Q22.	Does Lee County expect to pay premiums within a 30-day grace period?
A22.	<i>Please see Section 7, Question 12 of the Questionnaire.</i>
Q23.	Are you willing to waive ink signatures and notary request on all required RFP forms/documents?
A23.	<i>The district will not waive the notary requirement. The fillable forms required allow for electronic signatures.</i>
Q24.	After the start of COVID, given the difficulty in coordinating ink signatures with authorized signers located across the country, we began standardly asking if e-signatures are acceptable. This has evolved into a best business practice. Please let us know if e-signatures will suffice.
A24.	<i>Yes, e-signatures are acceptable</i>
Q25.	Please confirm that the district is requesting three (3) current references and one (1) former reference in response to ITN No: N237450AN – Voluntary Group Vision Insurance. Please advise if the former reference will be required to complete the reference request form and return it to the district?
A25.	<i>Please see the Specifications, page 20, Document 5, 3 references are required.</i>
Q26.	Is the District currently experiencing network issues with the incumbent carrier
A26.	<i>No.</i>
Q27.	please provide a 5 year rate history along with plan change details within that benefit period, if available.
A27.	<i>Please see response to Question 20.</i>
Q28.	If there has been a plan design change in the past 5 years would the District confirm the reason for the change?
A28.	<i>N/A</i>
Q29.	Please clarify on the requested Agreement as outlined in Attachment 01. N237450AN – Detailed Specifications, 11. Proposal Submittal Requirements, Document 3, I. Agreement (pg. 18 of 23).
A29.	<i>Please disregard the requested Agreement. This will occur when the ITN is awarded.</i>
Q30.	The incumbents vision benefit summary details standard progressive at a \$50 copay while the benefit deviation page details it as \$45. Can you confirm what is the true copayment ?
A30.	<i>The co-payment for Standard progressive lenses at In-Network providers is \$50. The co-payment for Standard progressive lenses at Out-of-Network providers is up to \$40.</i>
Q31.	Please confirm that a non-officer individual with the authority to bind a contract is sufficient to sign all applicable signature documents required for this RFP submission
A31.	<i>A non-officer individual may sign the ITN documents with a signature authorization from an officer of the firm. Please submit the signature authorization with the submission.</i>

Q32.	Can you confirm the documents required in Document 3 (page 18-19) can be uploaded as separate attachments, due to overall size?
A32.	<i>Document 3 - Required Attachments and Document 5 - References allow for multiple files to be uploaded. All other documents are to be uploaded as one document.</i>
Q33.	Can you confirm Document 2 (Questionnaire) would consist solely of vendors response to the 7-02. N237449AN - Questionnaire.xlsx workbook in excel format, and any additional requested items should be put with Document 3?
A33.	<i>The Questionnaire shall be uploaded as Document 2. All other required attachments shall be uploaded as Document 3.</i>
Q34.	Please provide member facing benefit summary & certificate of coverage booklet
A34.	<i>Please see response to Question 15.</i>
Q35.	Please provide servicing provider NPI # in Provider Match tab
A35.	<i>NPI numbers are not available. Tax ID numbers have been provided in the Provider Match tab.</i>
Q36.	Please provide claim level detail (i.e. # exams/ frames / eyeglass lenses / contact lenses)
A36.	<i>Please see response to Question 18.</i>
Q37.	Please confirm where we should provide information on any implementation or technology credits
A37.	<i>Please provide information on Worksheet 3, Section 7, Question 5.</i>
Q38.	Please confirm current commissions and requested commissions,
A38.	<i>Please see response to Question 1 and 7.</i>
Q39.	Could you please provide a fully comprehensive summary including a break-down of lens options and any material discounts?
A39.	<i>No additional information is available.</i>
Q40.	What retail locations do members have access to and please provide any applicable discounting members receive at each retailer?
A40.	<i>Please review the Exhibits provided.</i>
Q41.	Please provide the number of single vision, bifocal, trifocal, anti-reflective, UV coating and adult poly claims broken out separately for 2021 and 2022
A41.	<i>No additional information is available.</i>
Q42.	Please verify what commissions level should be quoted.
A42.	<i>0%.</i>
Q43.	Please provide a benefit summary and a certificate of coverage from Avesis
Q43.	<i>No additional information is available.</i>
Q44.	Can you confirm the current benefits? One summary has tints covered and another summary doesn't mention this as a benefit.
A44.	<i>Please review Exhibit 2 – Benefit Summary</i>
Q45.	Please provide exam utilization percentage for 2021 and 2022.

A45.	<i>No additional information is available.</i>
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There are no other changes at this time. Please acknowledge this addendum via Attachment D, Addenda Acknowledgement Form, in your submittal.

Thank you for your interest in The School District of Lee County.



Amy Naranjo
Procurement Agent