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**ADDENDUM NO. 1**  
**Date: May 19, 2014**  
**ITB / RFP No. 14-0027, Group Vision Plan**

It is the vendor's responsibility to ensure their receipt of all addenda, and to clearly acknowledge all addenda within their initial bid or proposal response. Acknowledgement may be confirmed either by inclusion of a signed copy of this addendum with the initial bid or proposal response, or by completion and return of the addendum acknowledgement section of the solicitation. Failure to acknowledge each addendum may prevent the bid or proposal from being considered for award.

1. Confirm the current employer contribution percentage towards both employee premiums and dependent premiums.

Answer: 0%, see answer to question #1.

2. Please confirm that the intent of the RFP is that as of October 1, 2014 the employer contribution will be 0% towards the employee premiums and 0% towards the dependent premiums.

Answer: Confirmed

3. The Certificate of Insurance that was provided with the RFP noted that the Non-Participating Provider allowance for Frames is \$45, and under the Form 1: Vision RFP document it is noted at up to \$70. Please clarify.

Answer: The non-participating provider allowance for frames is \$45 **not** \$75.

4. Please provide a Utilization Report by provider.

Answer: See the most recent utilization report available in Attachment 7 of the RFP

5. Please provide a claims Report by code.

Answer: Use the claims experience report provided in Attachment 6 of the RFP.

6. May we include a cover letter?

Answer: Responses should be submitted as outlined in Section 1.14, additional information may be added.

7. Confirm which document is considered Attachment A. This is listed on Section III, letter B of Form 1.

Answer: Refer to Attachment 5 Current Policy to respond to deviations from coverage from current policy and exclusions per Section III, B of Form 1.

8. Provide specifics on Performance Guarantees requested on page 13, Section 2 in RFP 14-0027.

Answer: Per Form 1, list any performance guarantees and proposed risk that your company would take for not meeting any goals

9. Florida Department of Finance limits rate guarantees to a two year maximum. Please confirm that a two year rate guarantee is acceptable.

Answer: A two year rate guarantee with a not to exceed for the third year is permissible.

10. Please provide current performance guarantees offered by the incumbent.

Answer: There are no current performance guarantee offered by the incumbent

11. Please provide Renewal rates (if available)

Answer: I have requested the information and if it is available before the response date I will make it available on our website.

12. Provide a breakdown of the claims experience count by service type.

Answer: I have requested the information and if it is available before the response date I will make it available on our website

13. Confirm the current benefit plan in network “materials” copay applies for each separately as follows: spectacle lenses, frames and/or contact lenses?

Answer: I have requested the information and if it is available before the response date I will make it available on our website

14. Confirm that any level of proposed benefit(s) to ‘exceed’ current plan benefits must be included as ONE plan design as responded to in Form 1 section III?

Answer: I have requested the information and if it is available before the response date I will make it available on our website

15. Confirm if the current plan rates include any commission? If yes, what percentage?

Answer: I have requested the information and if it is available before the response date I will make it available on our website

16. Clarify and explain the current benefit for Progressive Lenses: stated as follows “Up to providers contracted fee for Lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge”. Can a specific example of member cost be provided for the progressive lenses as noted in Form 1? What is the provider’s contracted fee referred to? Also please specify the type of Progressive Lenses (formulary) covered for example Standard only, or Premium or Digital lenses, if applicable?

Answer: I have requested the information and if it is available before the response date I will make it available on our website

17. Confirm that in addition to completing Form 1 for Proposed Benefits that a carrier may submit their standard proposal document which outlines ALL other details of standard filed and included services?

Answer: Responses should be submitted as outlined in Section 1.14. Additional information may be added.

18. Clarify if the Out-of-Network benefit for Frames is \$70 as noted in FORM 1 or \$45 as noted in the ‘Schedule of Eye Care Services’ provided within the RFP?

Answer: See Answer to question #4.

Firm Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Typed/Printed Name: \_\_\_\_\_