

Eddy County – RFP B-16-12 Questions and Answers

*Eddy County apologizes for the delayed response in furnishing the answers, below.*

1. Is it imperative we submit a “Formal RFP”? I’d like to send our standard electronic proposal. If VSP is identified as a finalist, we can then send additional information (Questionnaire, references etc.). **A: The County has been directed by its Board of County Commissioners to solicit proposals as outlined in RFP B-16-12. Strict adherence to format, organization and response to specifications is required.**
  
2. In reviewing the RFP, I didn’t see information for the following:  
Effective date – 1/1/17? – **The Effective Date of the Agreement will when the Board of County Commissioners enters into an agreement with the selected firm. A tentative award date of December 20, 2016 is listed in this RFP’s schedule of events (page 7).**
  - Will the plan be 100% employee paid or will the County contribute? **The county pays all the employee's portion and 60 percent of the dependent coverage.**
  - Current vision rates – **please see attached forms – Davis Vision Eye Care Information**
  - Requested commission level – **The RFP does not address requested Commission Levels**



## Premier Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your vision plan helps you care for your eyes while saving you money by offering:

### Paid-in-full eye examinations, eyeglasses and contacts!

**Frame Collection:** Your plan includes a selection of designer, name brand frames that are completely covered in full.<sup>1</sup>

**Contact Lens Collection:** Select from the most popular contact lenses on the market today with Davis Vision's Contact Lens Collection.<sup>1</sup>

### One-year eyeglass breakage warranty included on plan eyewear at no additional cost!

### How to locate a Network Provider...

Just log on to the Open Enrollment section of our Member site at [davisvision.com](http://davisvision.com) and click "Find a Provider" to locate a provider near you including:



Eligibility for vision care benefits is determined by the same rules that apply to your other health care benefits. A description of coverage is listed to the right. Keep in mind that this information is a summary only. Please Refer to the plan's official Summary Plan Description for full details, including all limitations and exclusions. Once enrolled just log on to our Member site at [www.davisvision.com](http://www.davisvision.com) or call us at 1.800.999.5431 for more information.

The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select toric and multifocal contacts. For dependent children, monocular patients and patients with prescriptions of 6.00 diopters or greater.

<sup>1</sup> Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

<sup>2</sup> Transitions® is a registered trademark of Transitions Optical Inc.

<sup>3</sup> Allowance is available at these Visionworks family of store locations: Davis Vision, Empire Vision Centers, Total Vision Care, EyeMasters, Cambridge Eye Doctors, Vision World, Dr. Bizer's Vision World, Eye Dr. Dr. Bizer's Valu Vision, Doctor's Valu Vision, Hour Eyes, Visionworks.

Davis Vision has made every effort to correctly summarize your vision plan features. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract or insurance policy will prevail.

### IN-NETWORK BENEFITS

<b>Eye Examination</b>	Every 12 months, <b>Covered in full</b> after \$10 copayment
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### Eyeglasses

<b>Spectacle Lenses</b>	Every 12 months, <b>Covered in full</b> For standard single-vision, lined bifocal, or trifocal lenses after \$15 copayment
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<b>Frames</b>	Every 24 months, <b>Covered in full</b> Any Fashion, Designer or Premier frame from Davis Vision's Collection <sup>1</sup> (value up to \$190) OR \$150 retail allowance toward any frame from provider, plus 20% off balance <sup>3</sup> OR \$200 allowance, plus 20% off balance <sup>3</sup> to go toward any frame from a Visionworks family of store locations. <sup>5</sup>
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### Contact Lenses

<b>Contact Lens Evaluation, Fitting &amp; Follow Up Care</b>	Every 12 months Collection Contacts: <b>Covered in full</b>  Non Collection Contacts: Standard Contacts: <b>Covered in full</b> Specialty Contacts <sup>1</sup> : \$60 allowance with 15% off balance <sup>3</sup>
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<b>Contact Lenses (in lieu of eyeglasses)</b>	Every 12 months, <b>Covered in full</b> Any contact lenses from Davis Vision's Contact Lens Collection <sup>1</sup> OR \$150 retail allowance toward provider supplied contact lenses, plus 15% off balance <sup>3</sup>
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### ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS

MOST POPULAR OPTIONS <small>Savings based on in-network usage and average retail values.</small>	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0 <sup>2</sup> -\$30
Standard Anti-Reflective (AR) Coating	\$83	\$35
Standard Progressives (no-line bifocal)	\$198	\$50
Photochromic Lenses (i.e. Transitions®, etc.) <sup>4</sup>	\$110	\$65

### Lower costs and more benefits! See the savings!

Service	Without Davis Vision	With Davis Vision	Savings up to: <b>\$424</b>
Eye Examination	\$103	\$10	
Lenses			
Bifocals	\$116	\$15	
Scratch-Resistant Coating	\$25	\$0	
Transitions <sup>®3</sup>	\$110	\$65	
Frame	\$160	\$0	
<b>Total</b>	<b>\$514</b>	<b>\$90</b>	



A Davis Vision Enhanced Benefit or the Out-of-Network Reimbursement Benefit, an enhanced benefit for you from Davis Vision

The enhanced **Out-of-Network (OON) Reimbursement Benefit** is available to any enrollee obtaining services from a non-participating provider, if that member's home residence zip code does not have a full service Davis Vision provider within a 20 mile radius. The Radius measurement is calculated by the Claims department at Davis Vision on the given date of service.

**Enhanced Out-of-Network Reimbursement Schedule**

<b>Service</b>	<b>Reimbursement</b>
Eye Examination, up to	\$60
Spectacle Lens (per pair):	
<i>Single, up to</i>	\$40
<i>Bifocal, up to</i>	\$60
<i>Trifocal, up to</i>	\$80
<i>Lenticular, up to</i>	\$100
Frame up to	\$80
Contact Lenses:	
<i>Elective, up to</i>	\$110
<i>Medically Necessary, up to</i>	\$225

Currently exceptions are in place for the following areas: Clovis, Portales, Hobbs, Roswell, Silver City, Socorro, and T or C until the provider network is expanded in those areas.

Please complete an OON Claim Form and mail to Vision Care Processing Unit, P.O. Box 1525, Latham, NY 12110.

If you should have any questions, please do not hesitate to contact the Member Services Team at 1-800-999-5431.