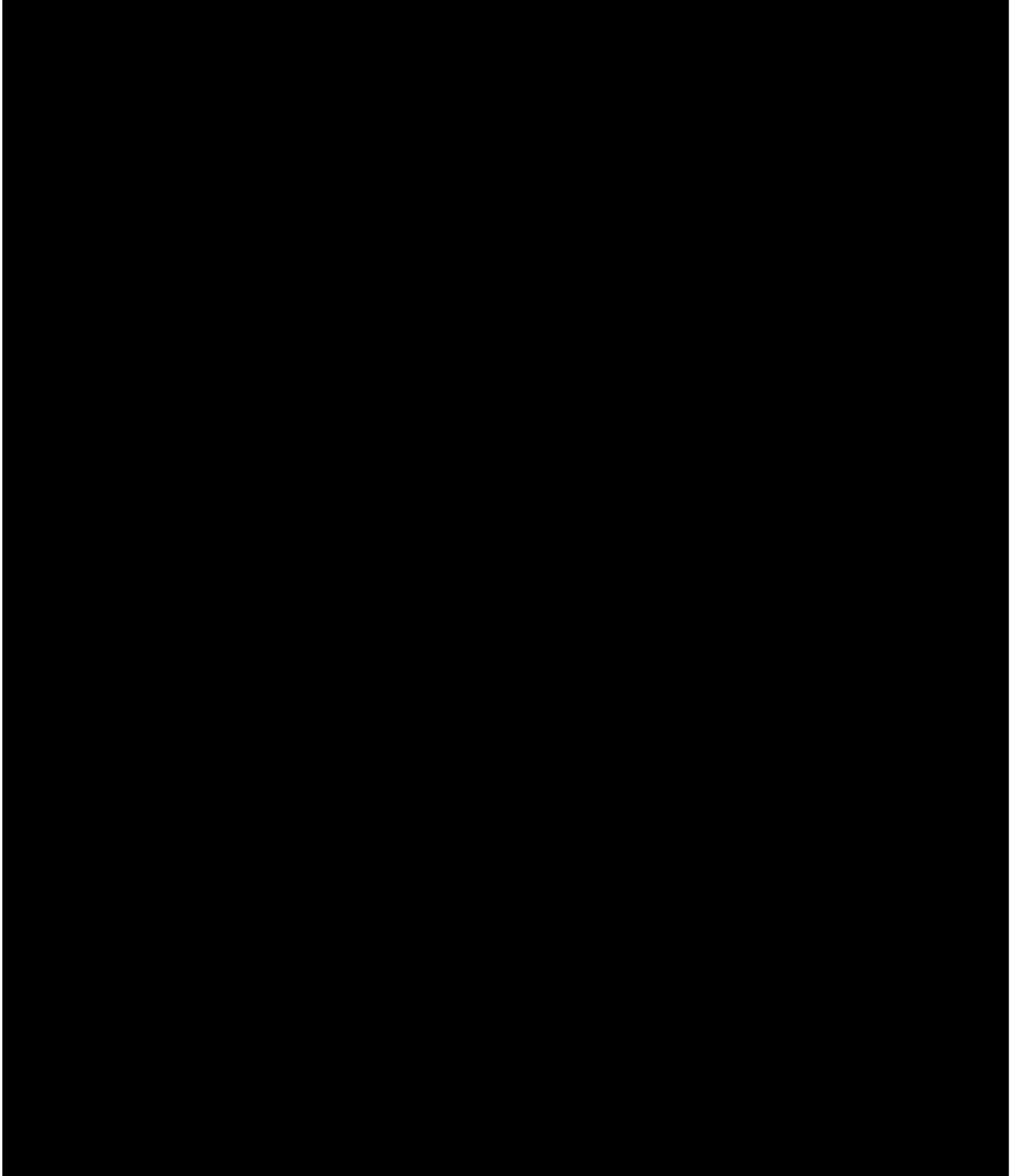


DAVIS VISION
EYECARE REFRAMEDSM

SUPERIOR VISION 
See yourself healthy.



DAVIS VISION RESPONSE TO HCA RFI 2641

SECTION 4: CONTENT OF RESPONSES

A. PLAN TYPE

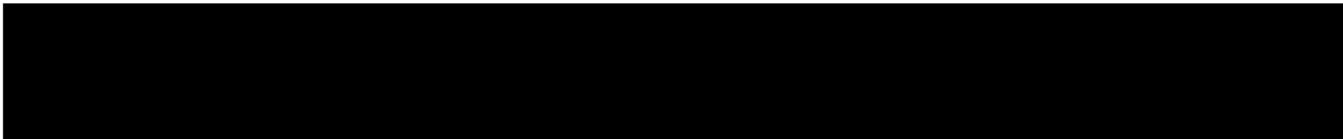
1. Using the table provided below, please provide the aggregated numbers of your vision coverage as of January 1, 2018.

Product Type	Number of Accounts	Number of Subscribers	Number of Members
Self-Insured			
Fully-Insured			
Discount/Affinity Only			
Totals			

2. If offered, are your self-insured vision plans customizable?

Yes, our self-insured vision plans are customizable. We are able to offer a wide variety of plan designs and copays to meet your specific needs.

3. How many vision plan contracts does your organization have in Washington State?



B. PLAN DESIGN

1. Describe your organization's benefit plan offerings and include covered services descriptions. Please provide your range of plans and rates.

Davis Vision has been an optical industry leader for more than 100 years by offering low member costs, network ease of access, and unparalleled member service. Our members enjoy the lowest out-of-pocket costs. In-network providers consistently administer funded benefits and unlike the current network, there are no confusing "Affiliate" providers or reduced benefits at retail providers.

Our benefit plan offerings include a wide range of coverage levels for routine vision care with a variety of options for plan design allowances, copays, and levels of coverage. Our core product and service offerings include:

- **Comprehensive Vision Care Plans:** Including routine eye exams and prescription eyewear at the frequency and benefit level chosen by the client. Costs related to these programs are based on the plan design/specifications, funding structure, and geographic location of the employee population.
- **Discount Program:** Offers significant uniform discounts on both professional services and eyewear fees, such as what is currently available to Washington HCA through Premera..
- **Discount Program Plus Eye Exam:** Provides coverage for an eye exam combined with our Discount Program's discounts on eyewear.
- **Occupational Programs:** In addition to our routine eyewear programs, we offer Computer Vision Syndrome (CVS) and Safety Eyewear Programs. These programs can be offered on a stand-alone basis or in conjunction with the routine eyewear benefit.

We are excited to share a range of plan designs and rates tailored to you and your members upon the receipt of additional information – preferably a census of your members including their 5 digit zip codes and your preferred plan types. .

2. Describe any member paid buy-up options offered by your organization.

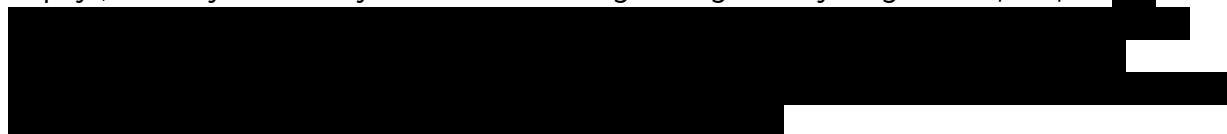
We offer a variety of member paid buy-up options and would be happy to discuss them with you further.

3. Does your organization offer member discounts or affinity programs? If so, describe what the programs are, and what is included in them.

We do offer member discount / affinity programs. The Discount Program offers significant uniform discounts on both professional services and eyewear fees and we are currently the administrator for Premera's discount plan. Please see exhibit 1 for our standard discount plan design. .

4. Is your eye exam covered annually or biennially? Describe any member cost shares for this service.

We can provide plan coverage for eye exams both annually and biennially, however we recommend offering this service annually as the eye exam is such an important annual preventative measure for many prevalent and systemic conditions. The American Optometric Association recommends eye exams annually for optimal health. Member cost shares, or copays, can vary based on your desired coverage and generally range from \$0 - \$20.



5. What tests are included in the eye exam benefit?

Our team of Medical Professionals have established standards of care for all aspects of our program, which are consistent with clinical guidelines published by the American Optometric Association and the American Academy of Ophthalmology. These standards include preventive eye care with glaucoma testing, eye health screening, refractive care, and prescribing corrective lenses (if applicable). Our participating providers are required to provide members with a comprehensive eye health examination that includes the following components:

- Case history – chief complaint, eye and vision history, medical history
- Entrance distance acuities
- External ocular evaluation including slit lamp examination
- Internal ocular examination (dilated retinal examination, when professionally indicated)¹
- Tonometry
- Distance refraction – objective and subjective
- Binocular coordination and ocular motility evaluation
- Evaluation of pupillary function
- Biomicroscopy
- Gross visual fields
- Assessment and plan
- Patient education
- Form completion – school, motor vehicle, etc.

We realize the importance of having a vision care benefit that provides our members flexibility in how they use it. As such, our members have the choice to receive their eye exams from any provider. For those members who select an out-of-network provider, the components above may vary.

6. Please describe how pediatric eye exams and hardware benefits are designed and factored in the overall plan designs, keeping in mind the Affordable Care Act (ACA) pediatric vision requirements.

Pediatric vision care is an essential health benefit under the Affordable Care Act (ACA) for individual and small group health insurance plans. Children younger than 19 years must have covered vision services that include, at a minimum, an annual eye exam, vision screening, and glasses or contact lenses.

In Washington state, we adhere to the FEDVIP benchmark plan, where an eye exam and either glasses or contact lenses are covered in full for members annually. Davis Vision has over 25 years of experience in managing vision benefits via government sponsored plans, covering more than 6 million lives across 20 states.

7. Describe your organization's range of deductibles.

Deductibles are not applicable to routine vision care. Member copayments may include an eye

exam copayment, lens copayment, and discount costs for optional lens treatments and add-ons. Please see exhibit 2 for our most popular plan designs based on clients seeking low (base coverage), medium and high (most coverage) plan designs based on our book of business and industry trends.

8. Does your organization pay claims based on a capped amount per member, or are your costs based on a per service fee schedule? Is this dependent on whether the plan is fully-insured or self-insured?

Clients can be billed for claims on either a capped amount per member or on a per service billable fee schedule. Clients are typically charged the capped amount per member for Fully-Insured products and the billable fee schedule for Self-Insured business.

Our claims to providers are based on a per service fee schedule. Participating providers are reimbursed on a fee for service basis according to contracted reimbursements. This is applicable to both self-insured and fully-insured arrangements.

9. If payment is based on a capped amount per member, does the capped amount renew annually or biennially?

We provide our clients with guarantees on our rates / billable fee schedules for 4 years.

We do not base provider reimbursements on a capped amount per member.

C. PROVIDER NETWORK

1. Describe how your organization determines who is in-network.

We directly contract with participating providers (in a non-exclusive affiliation) for the provision of covered services. We also hold contracts with the participating retail chains' management organizations.

2. What vision provider types does your organization contract with?

We contract with ophthalmologists (MD), optometrists (OD), and retail locations across the United States.

3. Does your organization use a tiered provider network? If yes, describe the different coverage levels.

No, we do not use a tiered provider network.

4. Is the network the same for both fully insured and self-insured plans?

Yes, our network is the same for both fully insured and self-insured plans.

5. How do your organization's covered providers work with medical plans when services provided are covered under a medical plan and not a separate vision plan?

Our providers work directly with medical plans when services provided are covered under a medical plan and not the patient's Davis Vision plan. The process is seamless and does not need to interrupt care for the member.

6. Describe all the ways your organization allows members to submit claims for reimbursement.

In-network claims, which are currently over 98% of our claims, are submitted directly by the provider for reimbursement and members would only be responsible for submitting any out-of-network claims. Members can submit out-of-network claims by mail or directly in our mobile app available for smart phones (both iOS and Android).

7. Can a member purchase glasses or contact lenses from an out-of-network provider and submit a claim for reimbursement?

Yes. Members can pay in full at the time of service/purchase and submit an out-of-network claim form for reimbursement. Out-of-network reimbursement levels are dependent upon the selected plan design and represent less than 2% of all claims.

8. Describe how your organization pays out-of-network providers when:

a. The provider submits the claim

b. The member submits the claim

a. Out-of-network providers do not submit claims.

b. When a member visits an out-of-network provider, the member is responsible for paying the provider, in full, at the time of service. Members then submit an out-of-network claim form with receipts to us via mail or through our mobile app.

9. If prior authorization is required to schedule an examination with a network provider, what is the average wait time for an appointment with your organization's Washington network providers?

Prior authorization is not required to schedule an eye exam. We only require prior authorization for Visually Required contact lenses and low vision services. As all routine services are non-urgent and self-referred, members often choose to schedule an appointment several weeks in advance for their own convenience. About half of our members receive services within 2 days following confirmation, and approximately 90% within ten days. In addition, many of our participating providers welcome walk-ins.

10. Complete Exhibit 1, County Coverage: Number of Contracted Providers by Provider Type, with the following information:

- Column “c”: the number of in-network ophthalmologists.
- Column “d”: the number of in-network optometrists.
- Column “e”: the number of in-network ophthalmologist and optometrist (those accounted for in columns c and d) offices that sell vision hardware (prescription lenses, frames, contact lenses) on site.
- Column “f”: the number of retail stores that sell vision hardware.

Confirmed. Please see included completed attachment.

11. Provide a list of the States where your organization has contracted providers.

We have contracted providers in all 50 states.

12. Does your organization provide international coverage? If yes, please describe.

Yes. [REDACTED]

D. CUSTOMER SERVICE

1. Does your organization have customer service centers dedicated to specific contracted clients? If not, would this be a possibility? If the answer to either question is yes, what are the minimum requirements that would make a contracted client eligible for a dedicated customer service center?

Yes - we are able to provide dedicated units within our Customer Service Center (CSC). You meet these requirements and we look forward to discussing your specific customer service needs with you further to develop a solution befitting your needs.

2. Does your organization have other dedicated staff for large contracted clients? If so, please describe.

We do provide additional staff for large contracted clients, [REDACTED]

3. Are your customer service centers specifically dedicated to either members or providers, or do they handle both?

Our CSC handles both member and provider calls.

4. Are your customer service centers U.S. based? If so, where are they located? If they are not located in the U.S., where are they located?

100% of our operations are U.S.-based. Our CSC is located at 711 Troy Schenectady Rd in Latham, New York.

5. Please provide your customer service hours, including time zone.

Our CSC is open 7 days a week during the following Pacific Standard times:

Monday – Friday: 5:00am – 8:00pm

Saturday – 6:00am – 1:00pm

Sunday – 9:00am – 1:00pm

6. How does your organization measure customer satisfaction, and how often is it measured? Provide any scores or results from the past two years.

Member satisfaction is a critical component in the success of our comprehensive vision benefit program. Our goal is always 100% satisfaction, for both our clients and members. To ensure that we are providing the highest levels of service to our members, we conduct member satisfaction surveys on an ongoing basis, both by mail and online at davisvision.com. Surveys are mailed monthly to a statistically valid sample of members who have recently used their benefit. Surveys can also be submitted online at the member website by all members.

Our complete 2017 Member Satisfaction Survey results indicate a 97% overall satisfaction with their vision program.

7. How does your organization work with vision providers who submit claims for services that are not covered under your vision plan, but may be covered under the member's medical plan?

Our providers would submit any applicable medical claims directly to the medical carrier.

E. ADMINISTRATION

1. How do members order vision hardware through your organization's online portal?

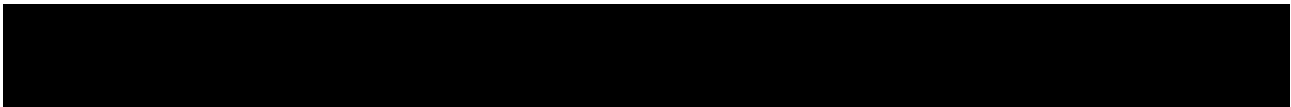
Members can order both eyeglasses and contacts using their in-network benefits at visionworks.com.

Members can click on the Insurance menu to get started and verify their benefits using the "Member Lookup" feature (with the policyholder member ID and name & birth date of the person shopping). The "Current Benefits" area will show the current coverage and eligibility. Members can then click "Start Shopping" to browse and shop on visionworks.com the same way they would shop at any online retailer for other types of goods and products. The website is user friendly and walks its visitors through a seamless customer purchasing experience.

2. What documents can a member upload to the online portal?

If members are purchasing eyewear using their in-network benefits on visionworks.com, they may upload their prescription. Their provider details may be needed and used for verification at the time the order is placed.

3. Can your organization receive premium payments directly from a member?



4. Please answer the following hypothetical questions regarding implementation, assuming HCA is a new client:

a. After being provided with a HIPAA 834 eligibility file, on average how long would it take to collaborate to build the group structure framework and data layouts, assuming there are six (6) subgroups (Reference Exhibit 2 - Group Structure Example)?

b. After completion of the group structure framework and data layouts, on average how long would it take to program the groups into your organization's IT systems?

c. After completion of the programming, on average how long would it take your organization to test?

a. After receiving a HIPAA 834 eligibility file it would take, on average, 30 days to collaborate and build the group structure framework and data layouts.

b. After completion of this framework, it would take, on average, 30 days to program the groups into our IT systems.

c. Internal testing is included in our above timeline estimates.

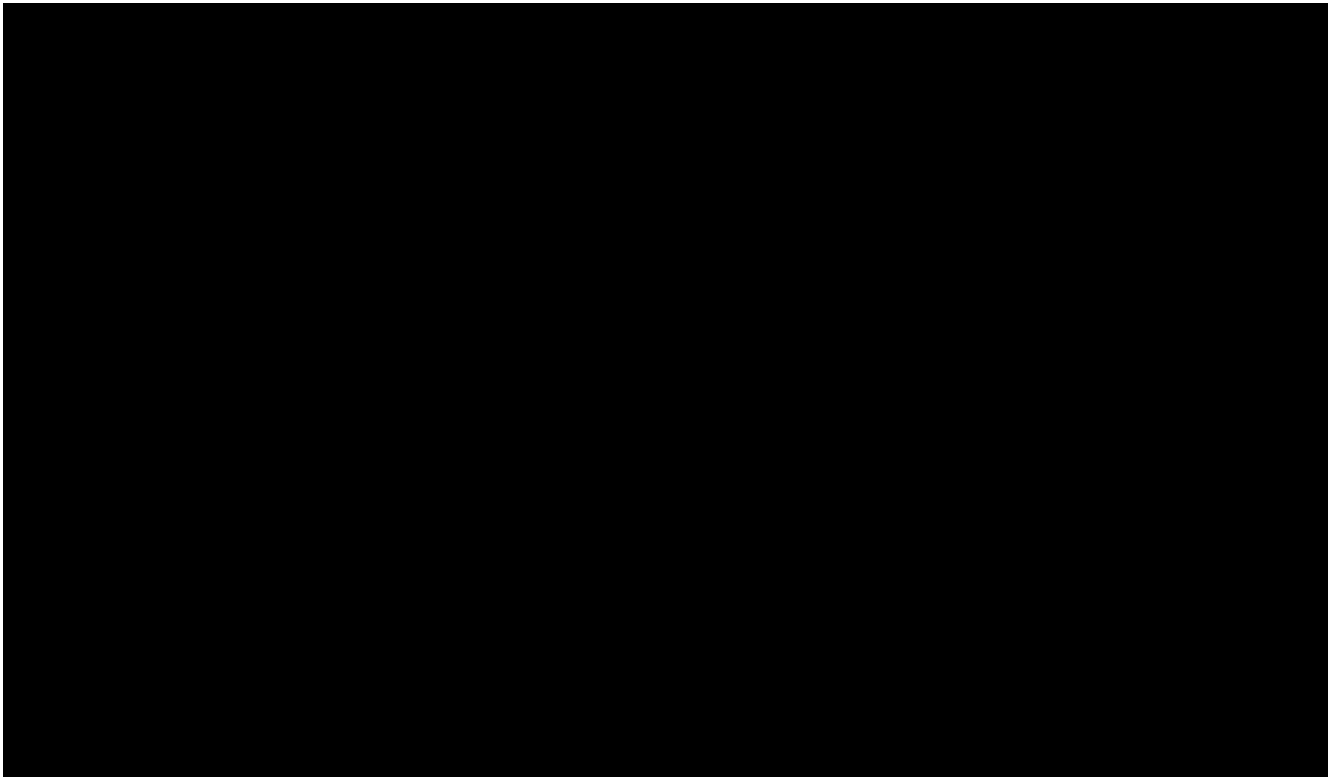
Our implementation dates and timelines vary and are dependent upon the needs of the client. Our proactive approach to Account Management and client support begin with our implementation process. Once awarded the contract, your implementation coordinator schedules a kick-off meeting to outline key objectives and milestones. A formal implementation plan is developed collaboratively and managed by your implementation coordinator. This plan contains a detailed outline of responsibilities and the time frame for key deliverables.

F. MISCELLANEOUS

1. What feedback or advice do you have for HCA as it considers procurement of a group vision insurance plan?

With nearly 8 out of 10 Americans living paycheck to paycheck², we believe a vision carrier should provide the high quality products and services members want at a price they can afford. The number one plan feature that consumers want from a vision plan is low out of

pocket costs at the providers' office, according to Jobson, an independent optical trade publication. More than any other plan feature, members want vision benefits to deliver what they are designed to do – save hard earned dollars and provide low or no cost eyewear and eye care.

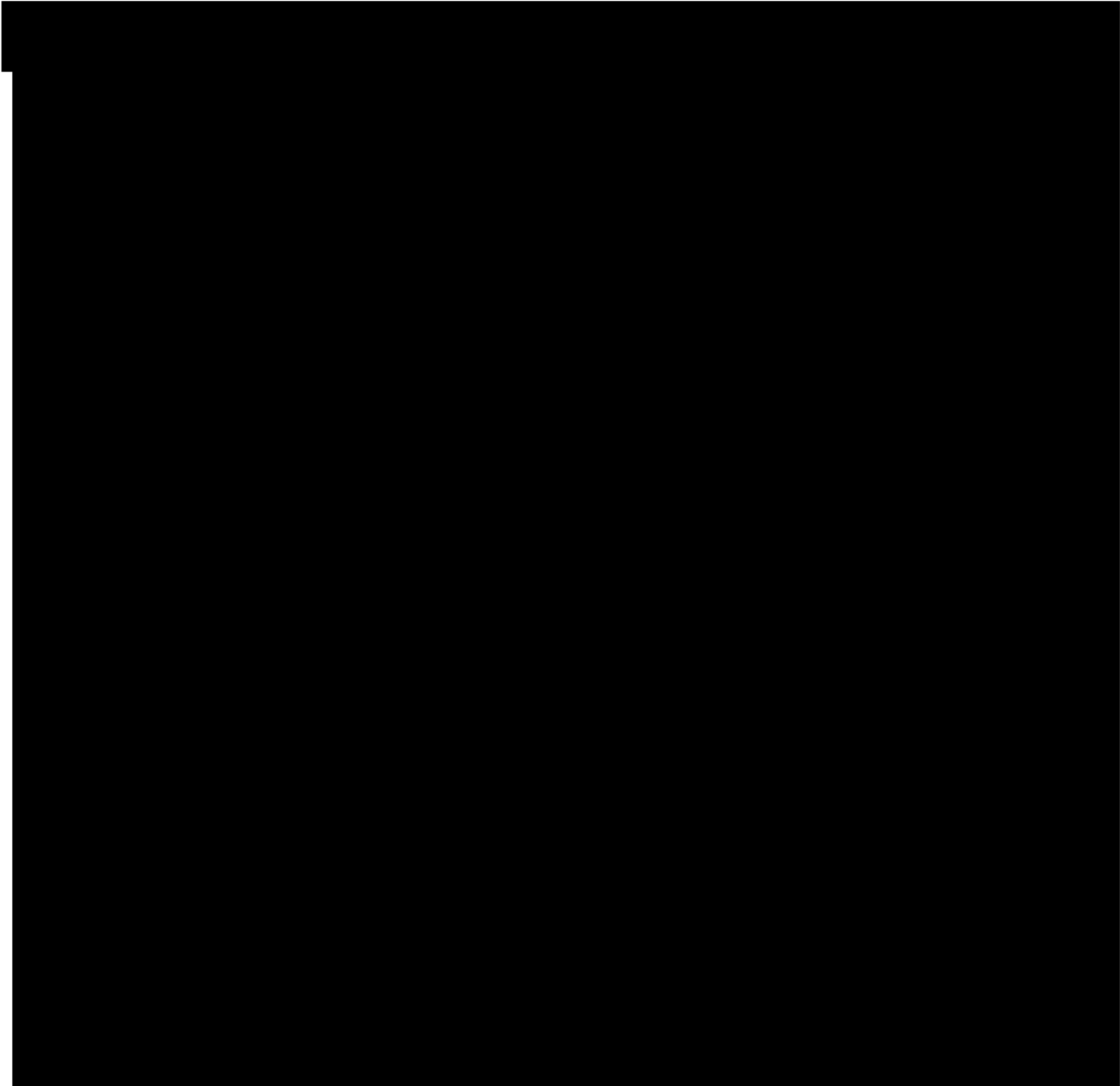


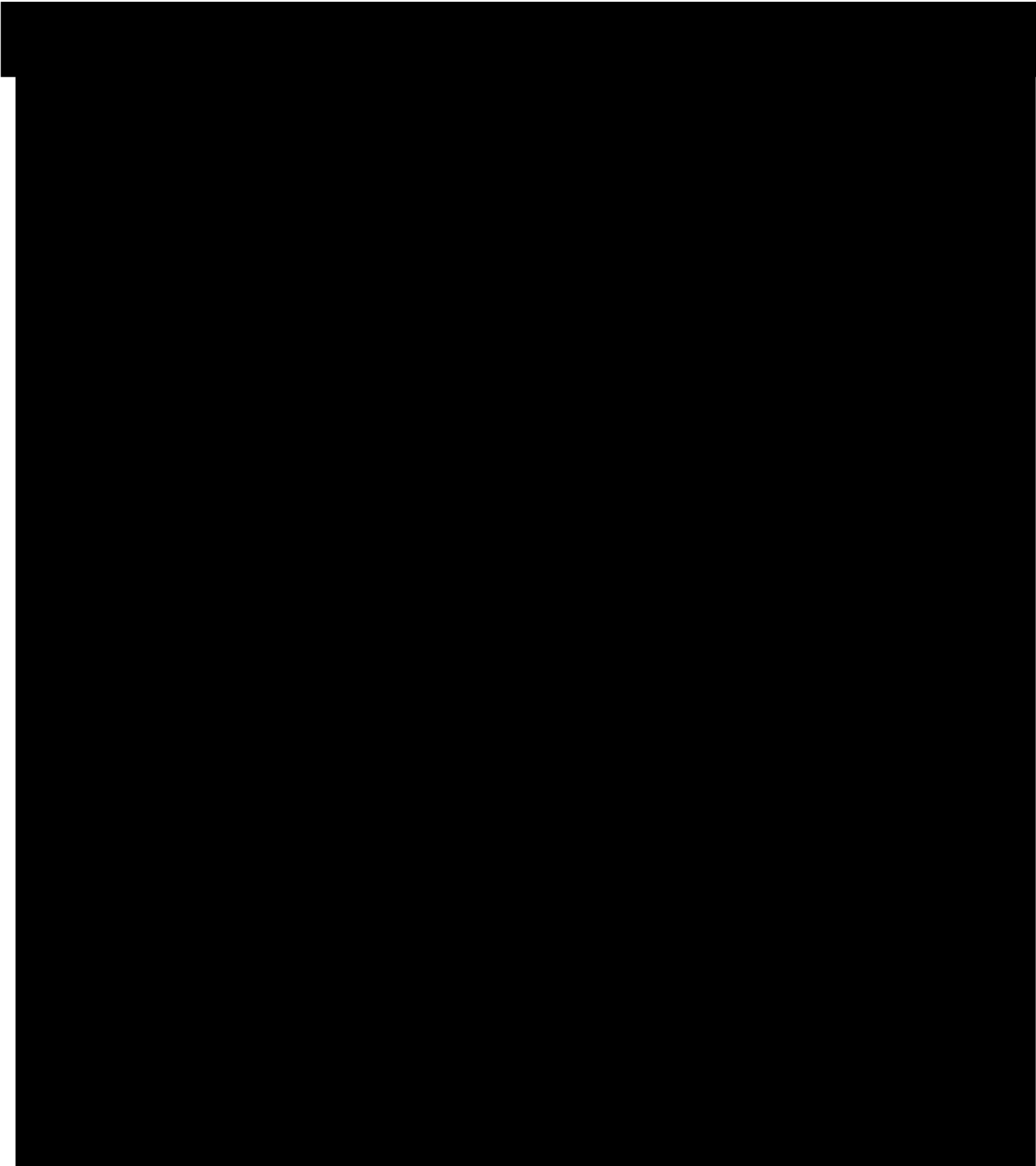
2. Please provide contact information (name, email, and phone number) for staff that HCA can follow up with for questions pertaining to this RFI.

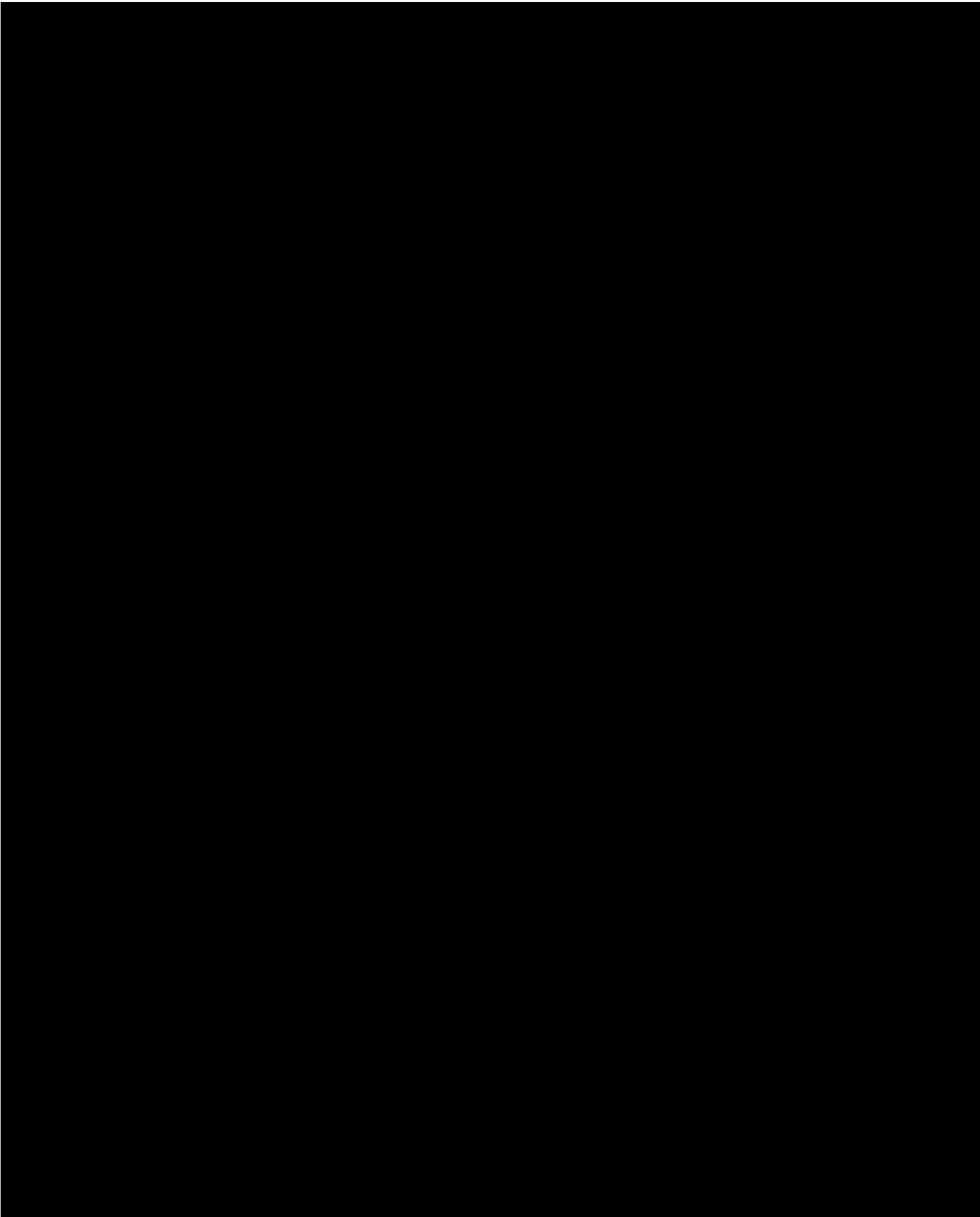
Your point of contact throughout the sales process will be [REDACTED]
[REDACTED]
[REDACTED]

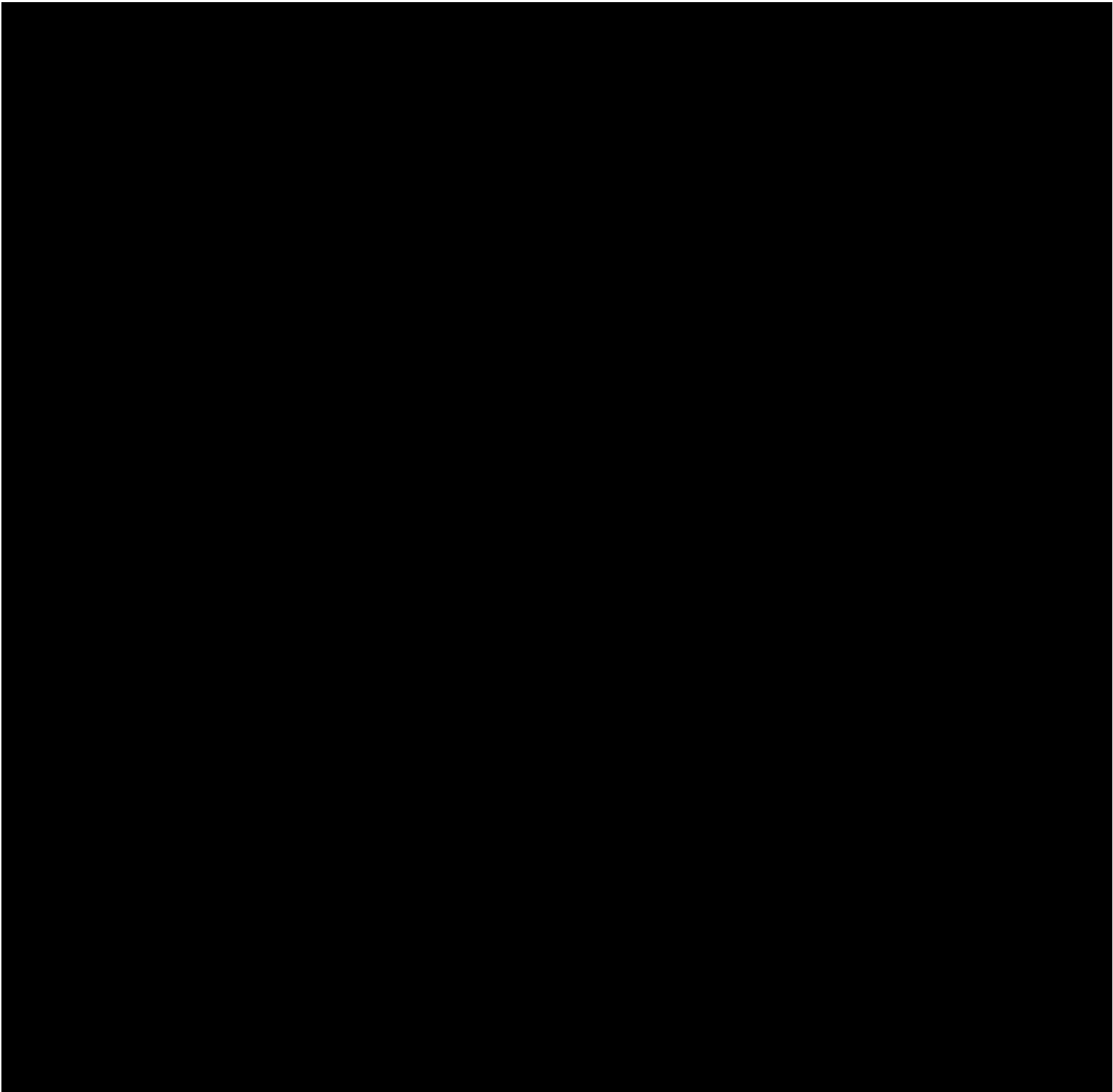
1. A Dilated Retinal Examination (DRE) is a critical diagnostic procedure in the detection and management of diabetes, glaucoma, hypertension and many other ocular and/or systemic diseases (up to 30 altogether). A DRE is also a key ophthalmologic measure included in TheHealthcare Effectiveness Data and Information Set (HEDIS) standards. Dilated retinal examinations can lead to higher quality patient care, improved lifestyle through early detection and intervention, and lower overall health care costs while achieving a higher level of compliance with HEDIS requirements.

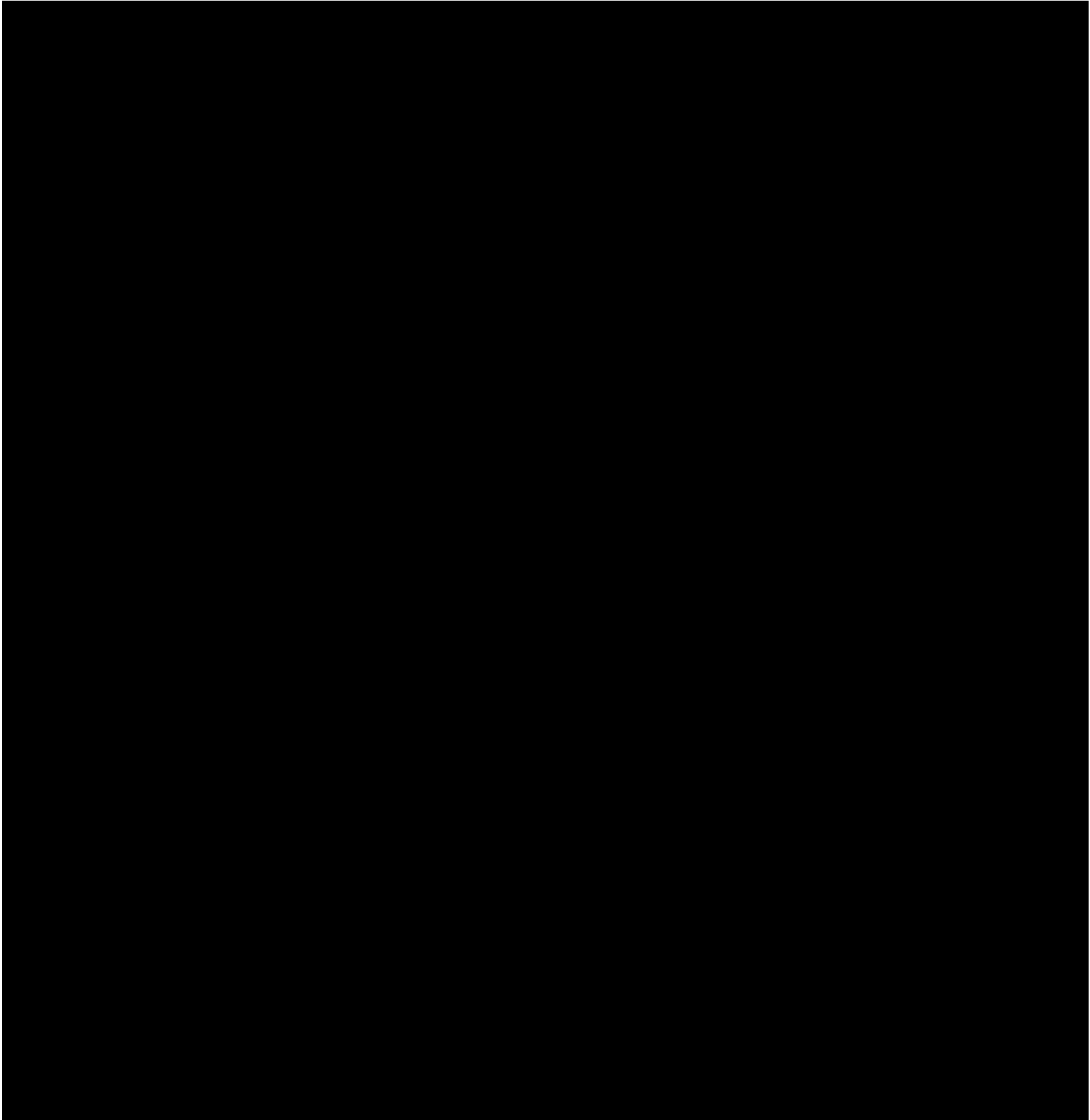
2. Via CBSNews.com: <https://www.cbsnews.com/news/americans-living-paycheck-to-paycheck/>

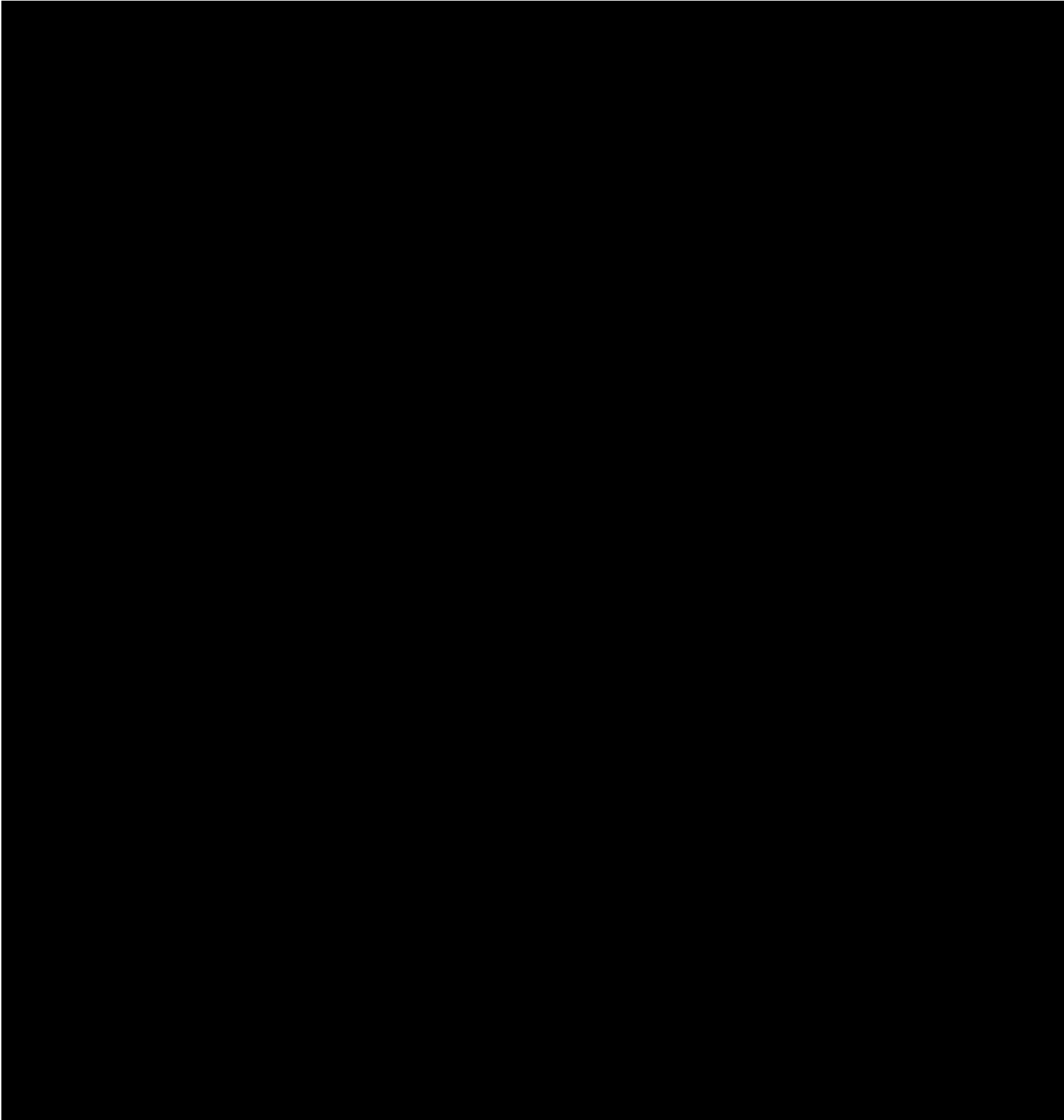


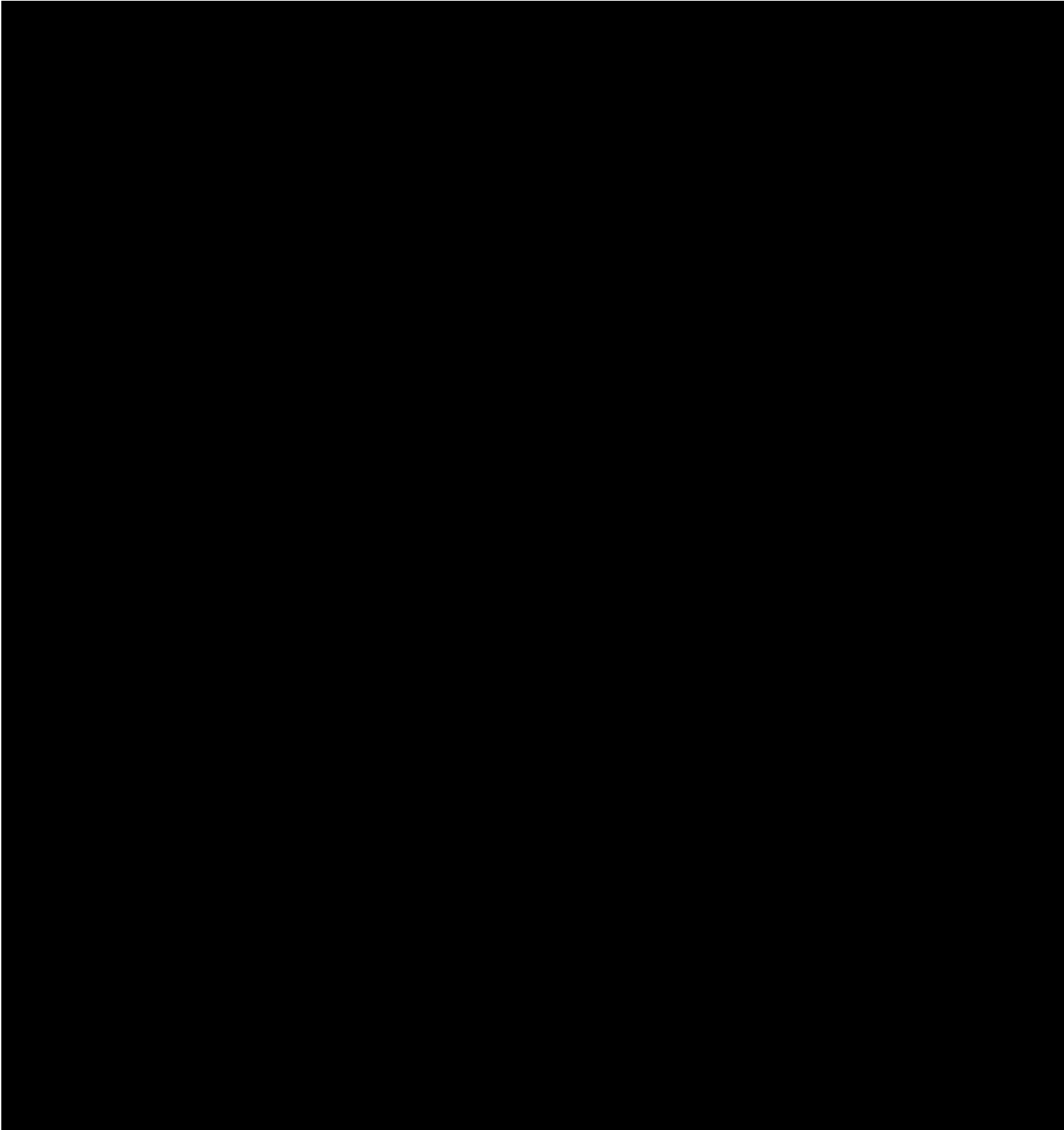


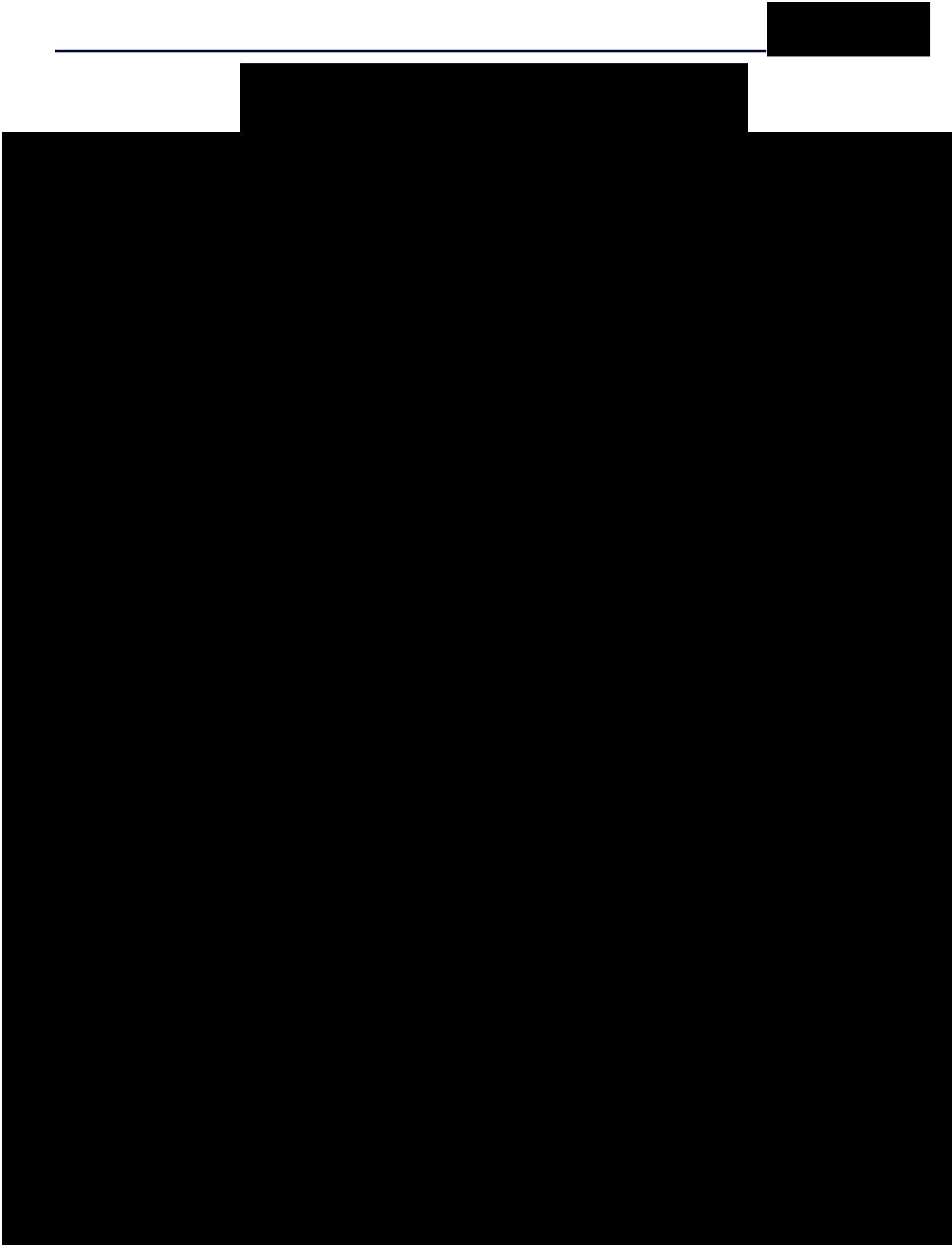


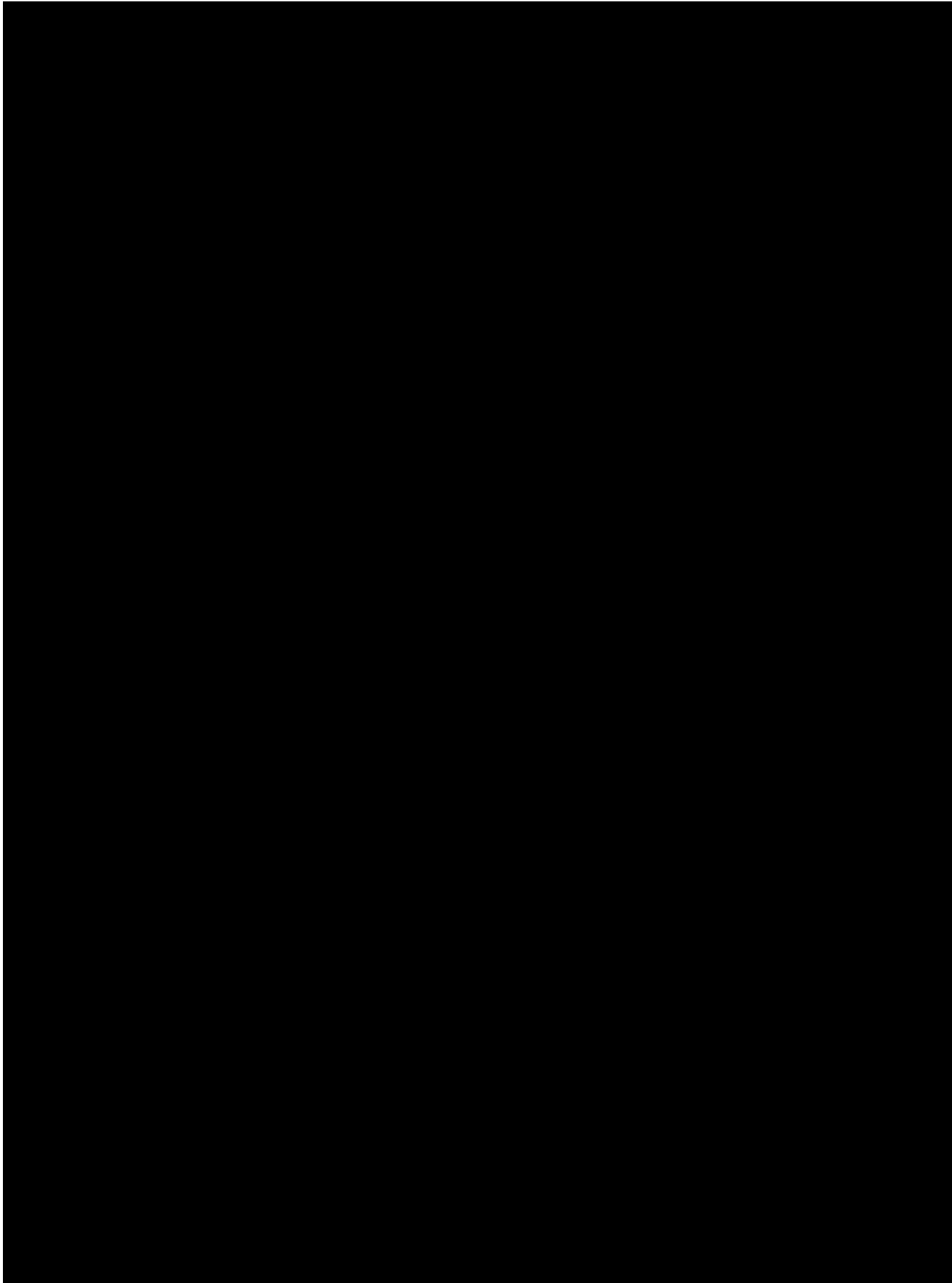


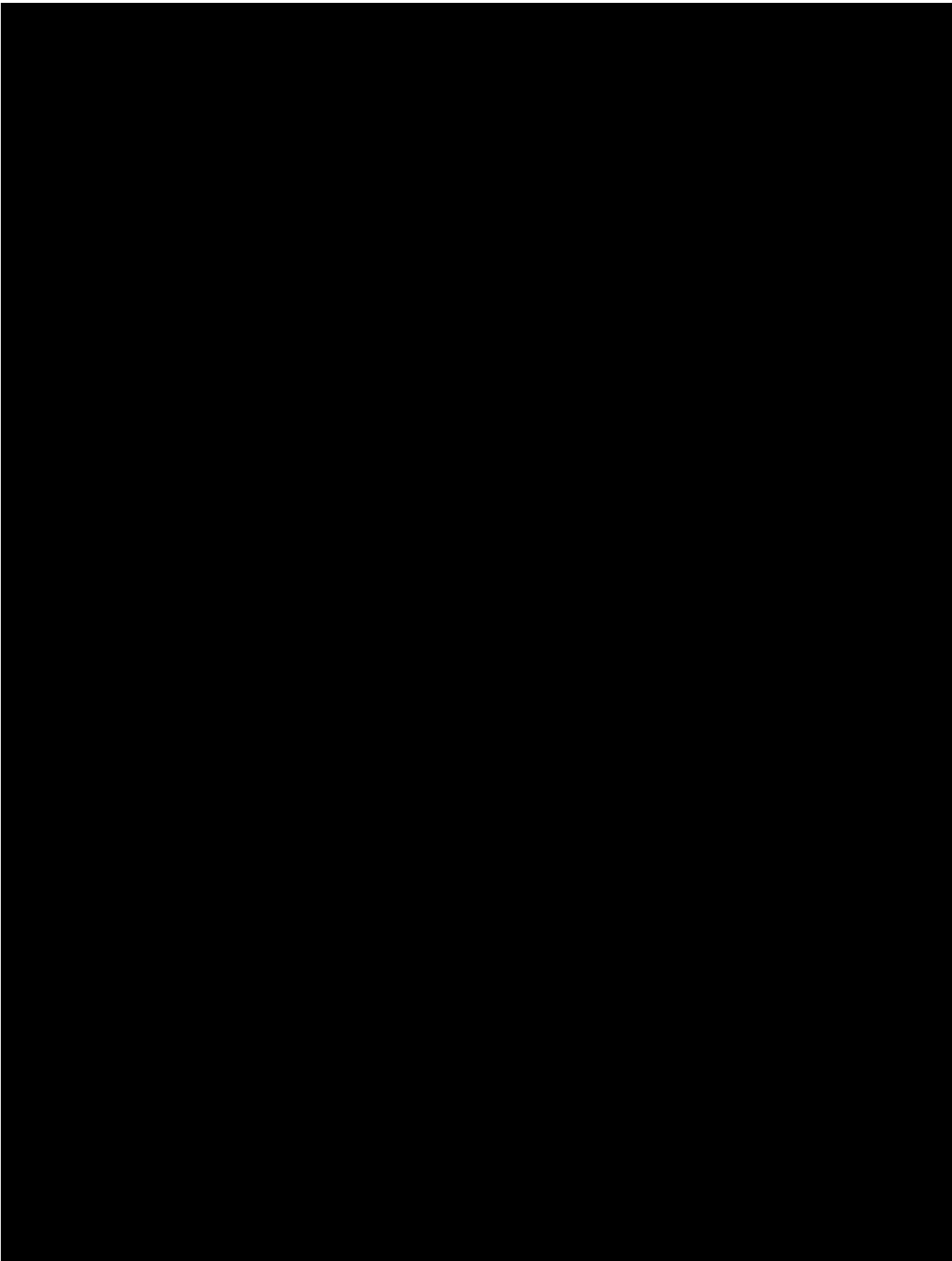


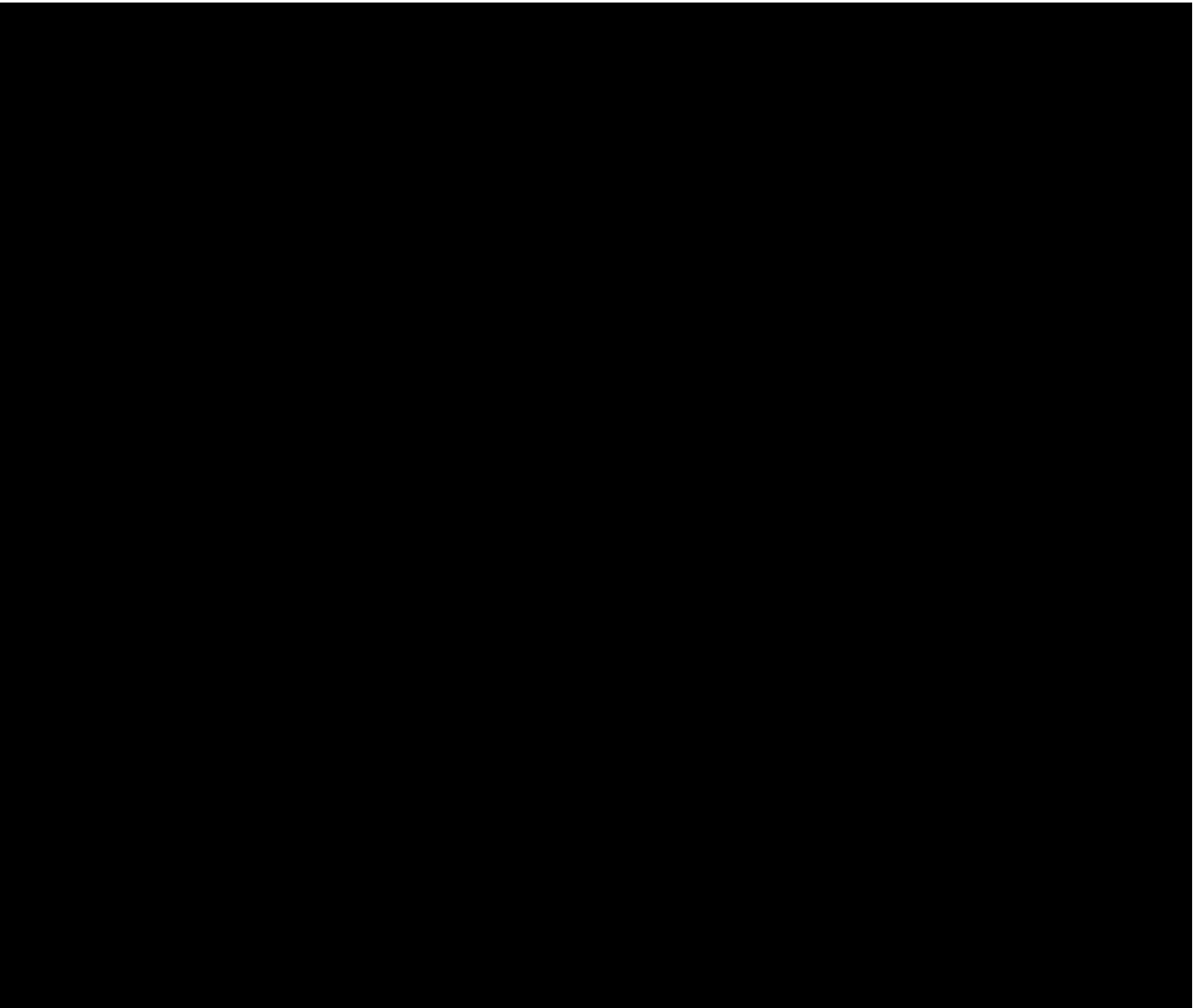


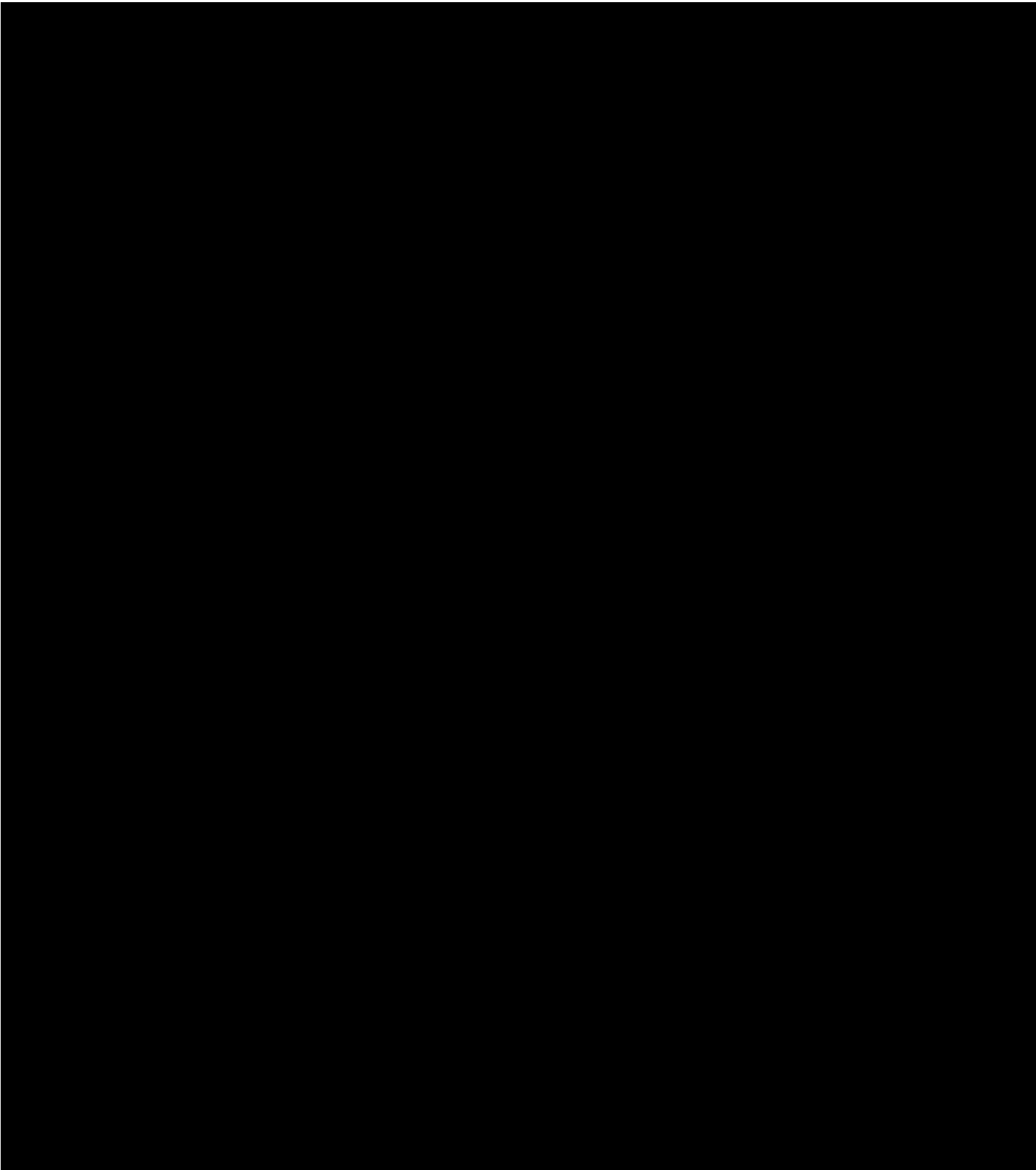


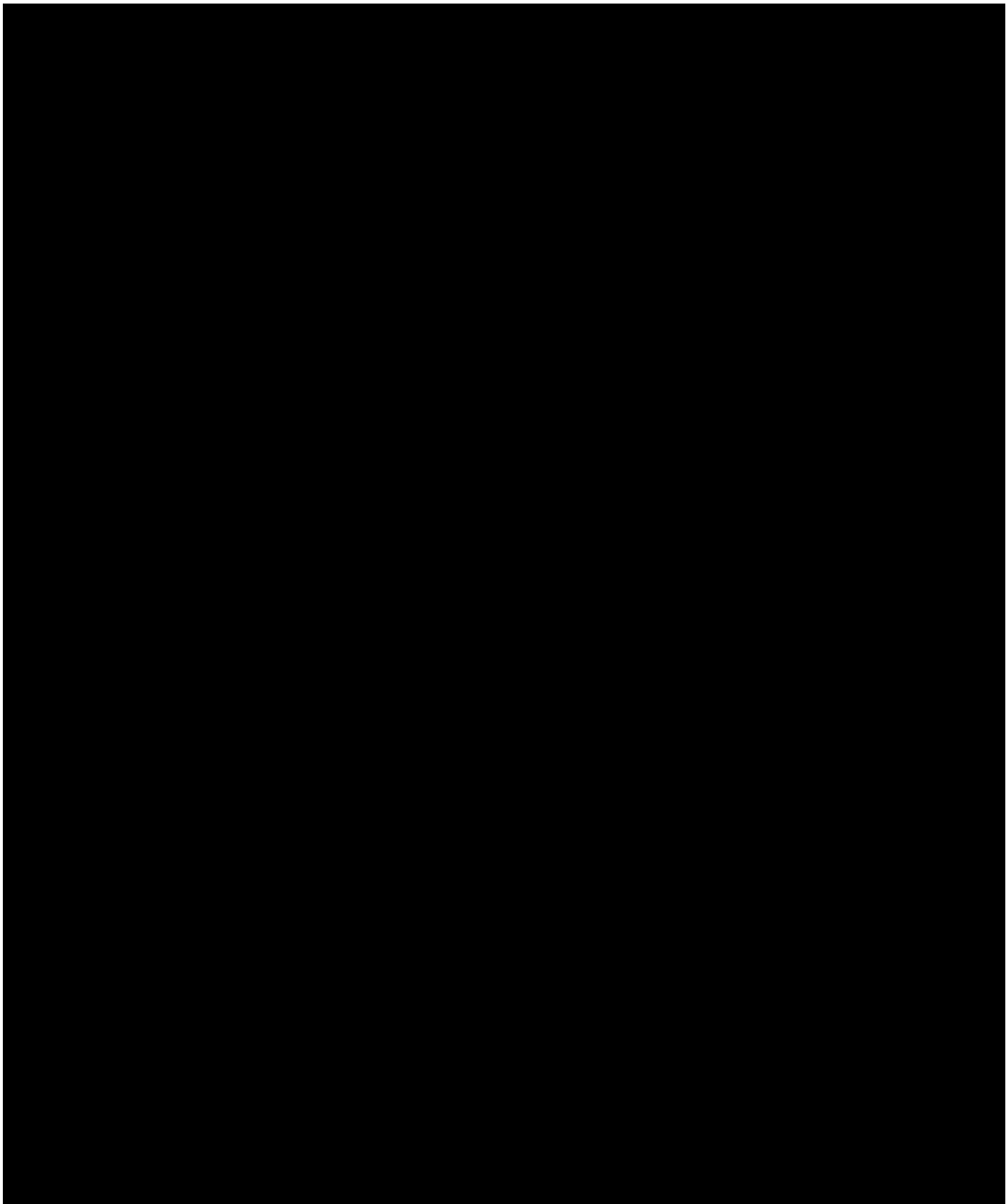


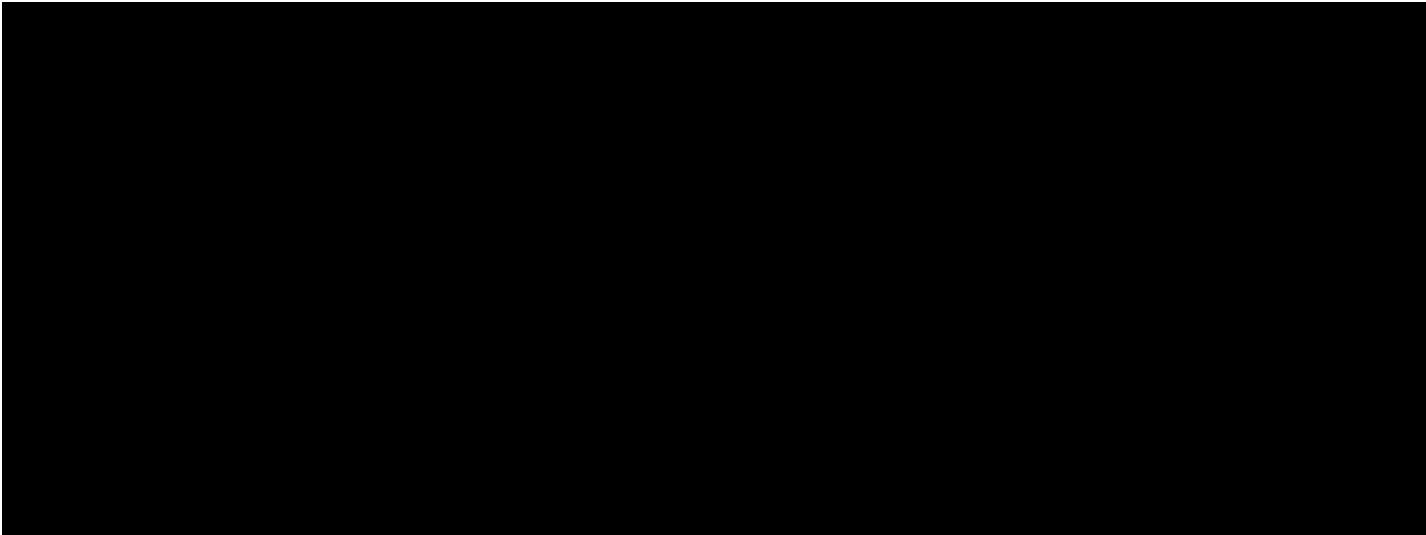


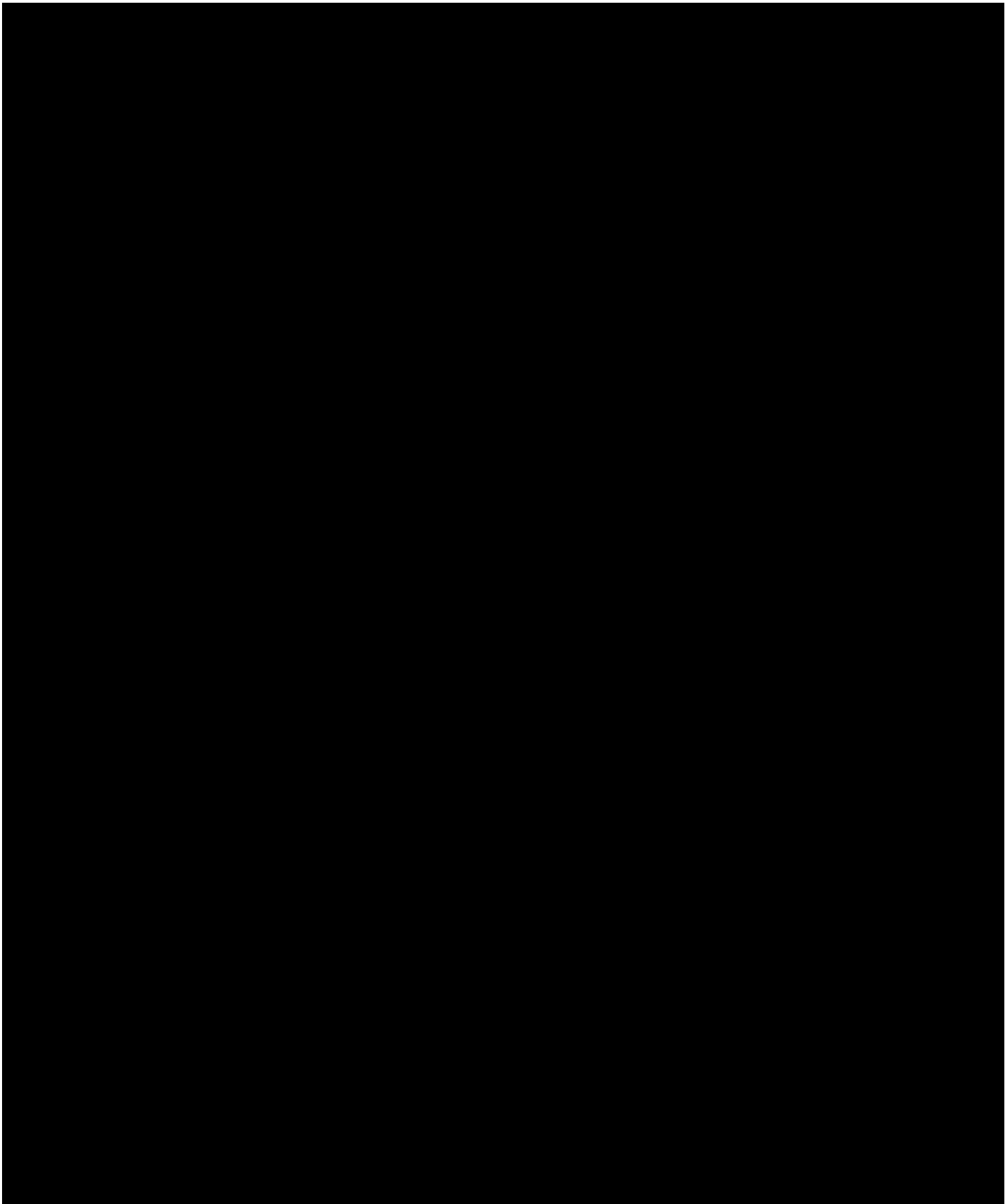












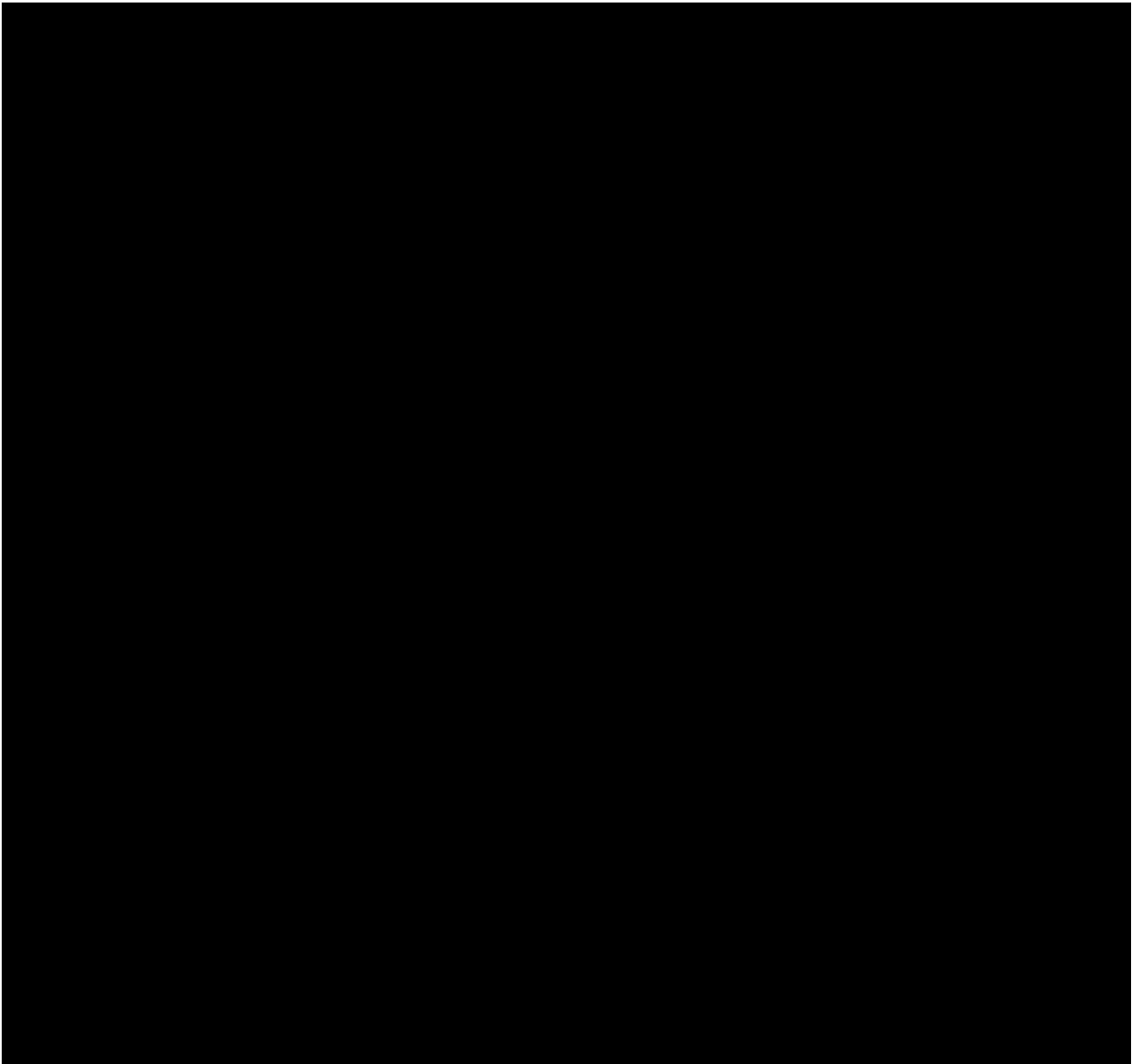


Exhibit 1 - County Coverage: Number of Contracted Providers by Provider

a. State	b. County Name	c. Number of Ophthalmologists	d. Number of Optometrists
WA	Adams		
WA	Asotin		
WA	Benton		
WA	Chelan		
WA	Clallam		
WA	Clark		
WA	Columbia		
WA	Cowlitz		
WA	Douglas		
WA	Ferry		
WA	Franklin		
WA	Garfield		
WA	Grant		
WA	Grays Harbor		
WA	Island		
WA	Jefferson		
WA	King		
WA	Kitsap		
WA	Kittitas		
WA	Klickitat		
WA	Lewis		
WA	Lincoln		
WA	Mason		
WA	Okanogan		
WA	Pacific		
WA	Pend Oreille		
WA	Pierce		
WA	San Juan		
WA	Skagit		
WA	Skamania		
WA	Snohomish		
WA	Spokane		
WA	Stevens		
WA	Thurston		
WA	Wahkiakum		
WA	Walla Walla		
WA	Whatcom		
WA	Whitman		
WA	Yakima		

OR	Clackamas	
OR	Clatsop	
OR	Columbia	
OR	Gilliam	
OR	Hood River	
OR	Morrow	
OR	Multnomah	
OR	Sherman	
OR	Umatilla	
OR	Union	
OR	Wallowa	
OR	Wasco	
OR	Washington	
ID	Adams	
ID	Benewah	
ID	Bonner	
ID	Boundary	
ID	Idaho	
ID	Kootenai	
ID	Latah	
ID	Lewis	
ID	Nez Perce	

