

Request for Information (RFI) Amendment

Group Vision Insurance

RFI No. 2641

Amendment No. 1

Date Issued: April 9, 2018

Purpose: Vendor questions and HCA answers

Amendment need not be submitted with Proposal. All other Terms, Conditions, and Specifications remain unchanged.

The following are the questions HCA has received for this RFI and the associated answers. The Non-Disclosure Agreement (NDA) discussed in question #2 has been included at the end of this amendment as Exhibit 1.

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#	Bidder Questions	HCA Answers
1	Does the 200,000-300,000 eligible employees include both the PEBB and SEBB populations? If not, can you provide the number of eligible PEBB employees?	This is an estimate for total SEBB Program population (eligible subscribers and dependents) only. HCA did not include PEBB data because this is an RFI for the school employee population. PEBB Program enrollment as of March 2018 was approximately 379,000. This PEBB Program enrollment number includes employees, retirees, and dependents.
2	In order to provide a more in depth analysis and plan recommendation, would you consider providing a census to include eligible employees zip code, date of birth, and gender?	Currently, HCA only has some of this data: DOB and gender. We do not have a file that includes zip codes. It is safe to assume that there will be members in every zip code in Washington State. HCA will have more data to share with the Request for Proposals (RFP) it anticipates releasing later this year. That being said, HCA will provide aggregated gender numbers by year of birth to vendors who return a signed Non-Disclosure Agreement (NDA) to the RFI Coordinator. This NDA has been included as Exhibit 1 to this amendment.
3	What is the current and proposed employer-paid contribution structure of the vision programs offered for SEBB schools and districts?	Current employer-paid contribution structure for vision plans varies by bargaining group (i.e. individual school districts, the Washington Education Association (WEA), etc.). It is unknown what the employer-paid contribution amount will be. This has to go through collective bargaining, which is set to begin July 1, 2018.
4	Of the total eligible employees of 134,000, what is the current participation in the vision plans offered within SEBB?	We believe nearly all of these employees are enrolled in either medical plans which include vision, or in group/stand-alone vision plan. At this time, we do not have data for an accurate figure and we do not have data that includes the number of enrolled dependents. To clarify another piece within the question, there are no vision plans yet offered within the SEBB Program. This is a brand new program and is effective for benefit coverage on January 1, 2020. HCA is in the process of collecting information that will help HCA develop an RFP, which may result in at least one group vision contractor, subject to SEB Board approval.



5	What percentage of districts and schools within SEBB currently offer a vision program?	All school districts, ESDs, and charter schools cover vision services; it is either a benefit embedded within their medical plan(s) or offered as a separate program. If the question is specifically asking about vision offered as a separate program (removed from the medical benefits), then we believe about three quarters (75%) of the school entities have group or stand-alone vision benefits.
6	Is it the HCA's intent to select one vision vendor-partner, regardless of the number of plans offered?	Because school employees are located in every county of Washington, and likely even reside in some Idaho and Oregon counties, HCA will need the number of partners it takes for SEBB members to access vision services statewide, and possibly even into parts of Idaho and Oregon. This may be one group vision vendor, or several, depending on their networks. There may also be a number of plans offered by each vendor. It will depend on the RFP responses HCA receives.

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EXHIBIT 1 - NON-DISCLOSURE AGREEMENT

Statement of Confidentiality

Between

WASHINGTON STATE HEALTH CARE AUTHORITY (HCA)

And

[Insert Vendor's Legal Name and remove brackets: EXAMPLE: ABC COMPANY]

Insert Company Legal Name AND remove brackets] will have access to a subset of the SEBB Progressign eligible employee demographics from the Washington State Health Care Authority (HCA), strictly for purposes of submitting a response to Request for Information (RFI) 2641, Group Vision Insurance. Information is confidential and private and Vendor is responsible for maintaining this confidentiality privacy. Before Vendor is allowed access to this information, Vendor is required to sign this statement of the confidentiality/Safeguarding Of Information The Vendor shall not use or disclose this information any purpose not directly connected with the response to RFI 2641, except with prior written consecuted, or as may be required by law. Privacy This information shall be used solely for the purposes of this RFI. Vendor agrees not to redivulge, publish, transfer, sell or otherwise make known to unauthorized persons this information with the response to the purpose of the purposes of this RFI.
For any purpose not directly connected with the response to RFI 2641, except with prior written consecuted, or as may be required by law. Privacy This information shall be used solely for the purposes of this RFI. Vendor agrees not to re-
the express written consent of the HCA or as provided by law. Vendor agrees to implement phyelectronic and managerial safeguards to prevent unauthorized access to this information.
The HCA reserves the right to monitor, to audit, or investigate the use of this information. The monitor auditing or investigating may include but is not limited to "salting" by the HCA. Salting is the act of planer record containing unique but false information in a database that can be used later to identify inappropriate of data contained in the database.
Any breach of this provision may result in actions to be determined by the HCA, and the demand for roof all information. The Vendor agrees to indemnify and hold harmless the HCA for any damages related the Vendor's unauthorized use of this information.
Signature of Employee/Subcontractor Date
Insert Legal Name of Company and remove brackets]