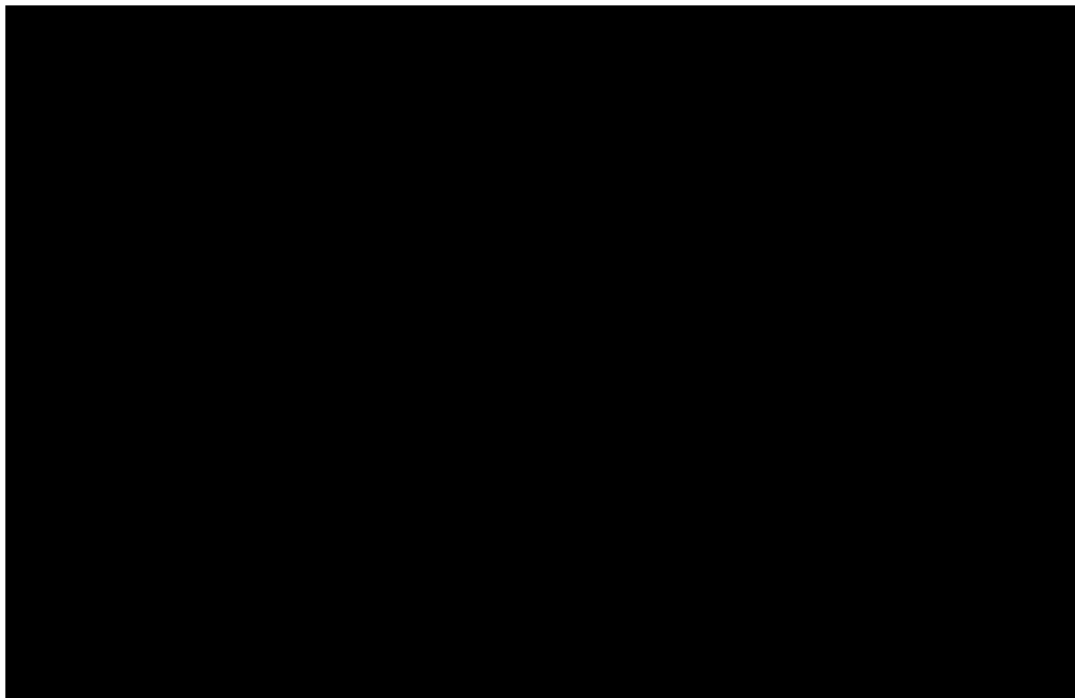
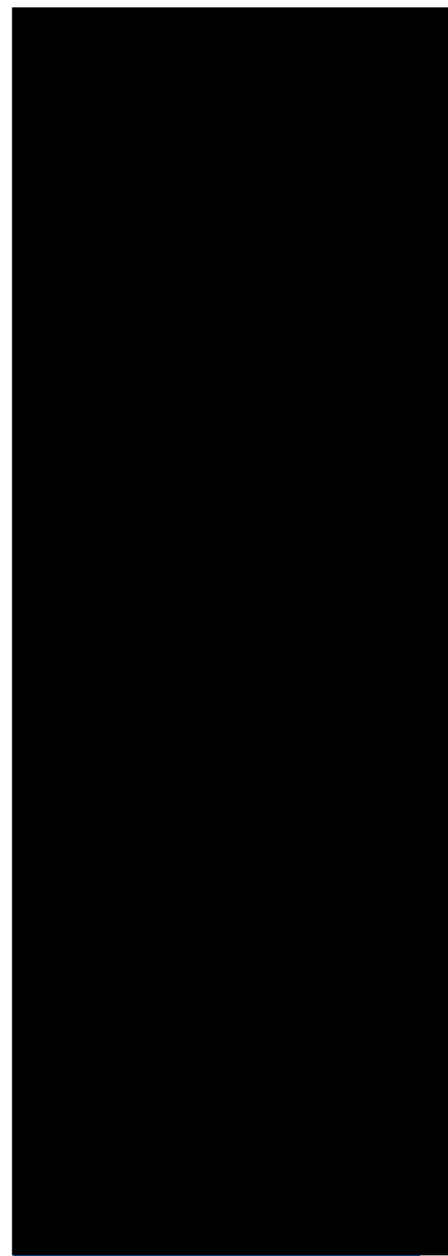
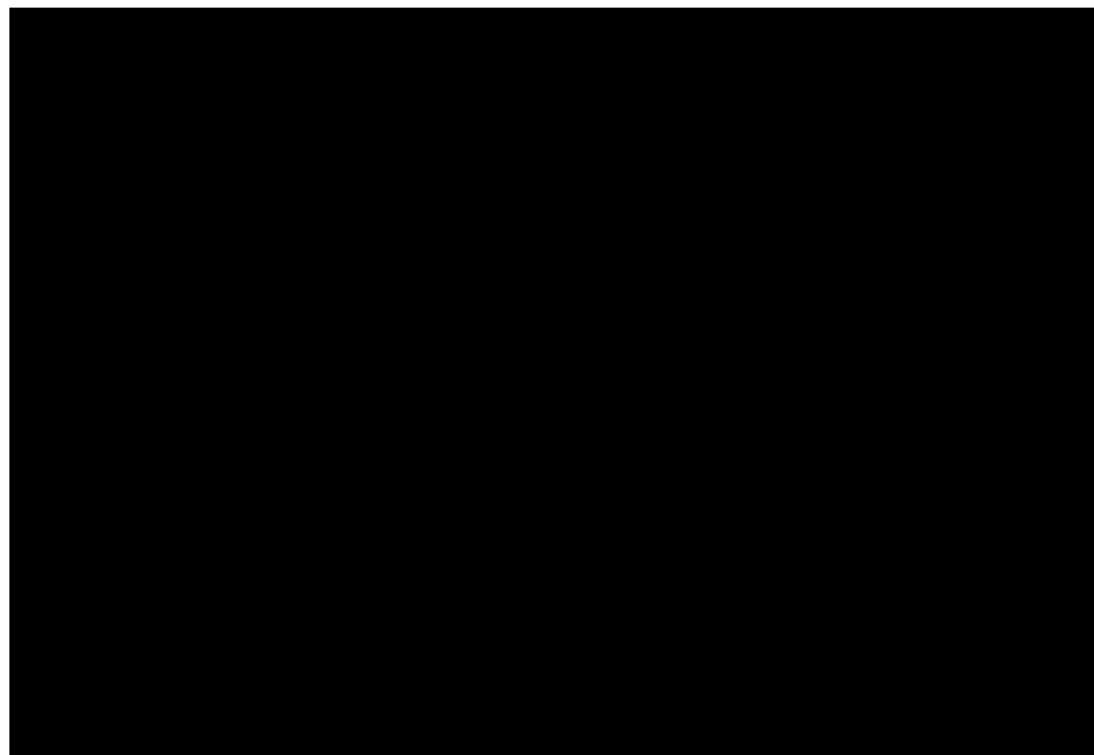


HERE'S LOOKING AT YOU! WASHINGTON STATE HEALTH CARE AUTHORITY



SEE THE SUPERIOR DIFFERENCE



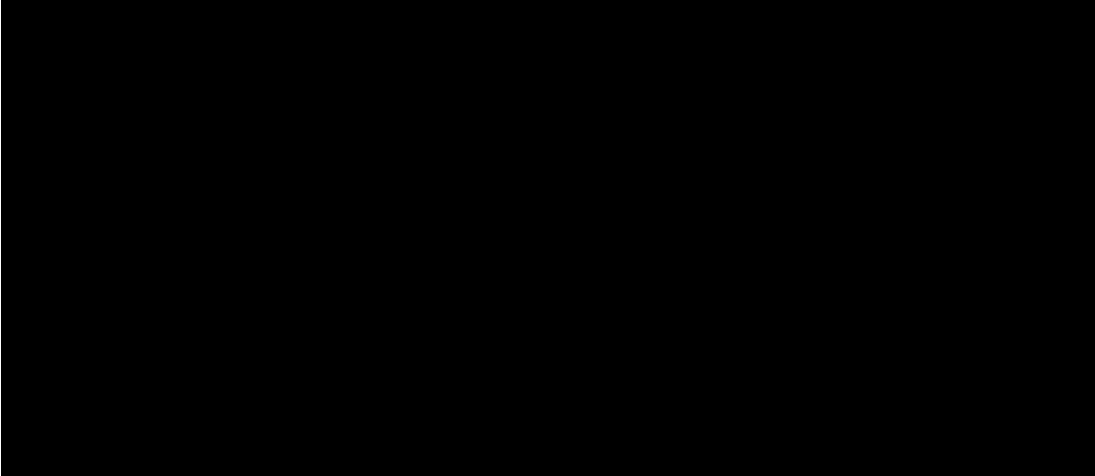
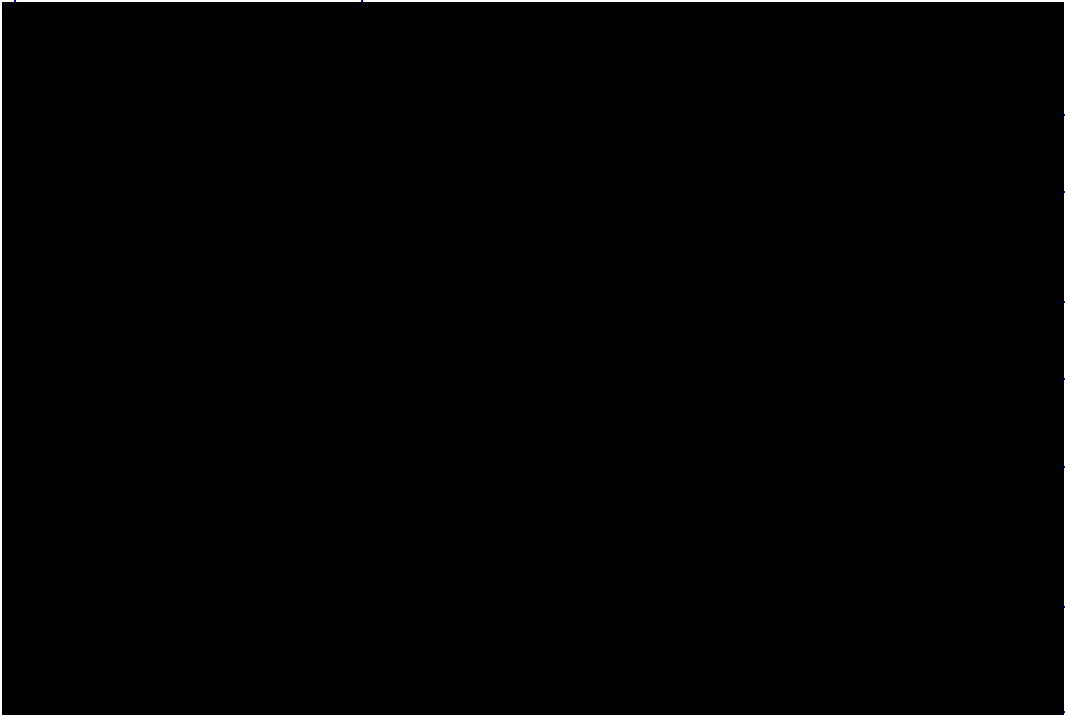
11090 White Rock Road | Rancho Cordova, CA 95670

939 Elkrige Landing Road, Suite 200 | Linthicum, MD 21090

SUPERIOR VISION 
See yourself healthy.



Superior Vision



59%

Of Consumers
CHOOSE Retail
Chains for Their
Eyewear*

* Jobson Research

ALLOW US TO OPEN
YOUR EYES



11090 White Rock Road | Rancho Cordova, CA 95670

939 ElkrIDGE Landing Road, Suite 200 | Linthicum, MD 21090

SUPERIOR VISION 
See yourself healthy.

Section 4: Content of Responses

This section outlines the elements requested in response to this RFI. After reviewing the responses, HCA may contact some or all vendors with follow up questions or with a request to make a presentation at HCA headquarters. HCA values a vendors' time, and does not want it spent on preparing an extensive response beyond what is necessary for the purposes of this process. HCA would prefer vendors submit a brief response to the questions rather than no response at all. For the purposes of this RFI, "Not applicable" or "No response" qualifies as a brief response.

Please respond to the questions below, specific to your organization's group vision insurance plan(s).

A. Plan Type

- 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			

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

Yes. Our self-insured vision plans can be designed with varying co-payments, benefit frequencies and benefit allowances.

- 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.

Our flexible plans consist of a comprehensive eye exam, frames and lenses, contact lenses, a Contact Lens Fitting exam and value-extending discounts. We provide in- and out-of-network coverage, retail allowance structures for ease of understanding, and discounts on non-covered items with out-of-pocket maximums on some of the more common material options. We are also able to offer a Materials Only plan, which can be offered alone or as a side-by-side offering with a plan, including an exam if portions of the employee population do not have access to an exam through their existing medical plans.

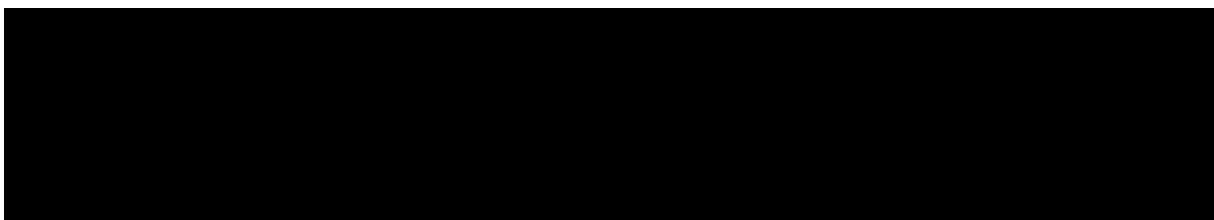
The flexibility of our plans allow our clients to choose the type of plan that best meets the needs of their employee population. We will employ the same flexibility and ingenuity when working with you in order to design the best vision portfolio for your members.

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

We can accommodate a plan design that offers both a base plan and a buy-up plan, if such an option is desired by a client.

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

Yes. We have extensive discount features as part of our vision plan. Depending on the plan, members may be eligible for discounts off the retail charges for a variety of lens upgrades and add-ons (including maximum member out-of-pocket on a number of standard lens add-ons), overages on frame allowances, contact lenses and unlimited additional frame and lens purchases. Services must be obtained from a provider indicated in our provider directory as accepting our discount features.



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

The benefit frequency for the comprehensive eye exam is once a year. Members are usually required to pay a co-payment for the exam, which will be based upon the plan design chosen by the client.

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

Superior Vision emphasizes the importance of a comprehensive eye exam not only to optimize visual health, but to effectively diagnose the member's general health. Components of a comprehensive eye exam include but are not limited to: case history, internal exam with or without dilation, external examination, pupillary reflexes and motility evaluation, biomicroscopy, gross visual fields, tonometry and binocular function. In addition, refractions are included in what our providers are contracted to provide during a comprehensive eye exam.

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.

Children are covered in an enrolled member's plan and will have the benefits as determined by the plan design selected by each client.

7. Describe your organization's range of deductibles.

Our vision plans do not incorporate deductibles or coinsurance. We offer a flexible range of co-payments, materials (lenses and frames) and contact lens allowances.

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?

We contract with providers on a fee for service basis. The covered services and materials have set reimbursement amounts which participating providers have contractually agreed to accept as payment in full for each covered item. The applicable copayment is collected by the participating provider from the member at the time of service, and we pay the participating provider the agreed upon reimbursement amount, less the applicable copayment paid by the member.

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

Not Applicable.

C. Provider Network

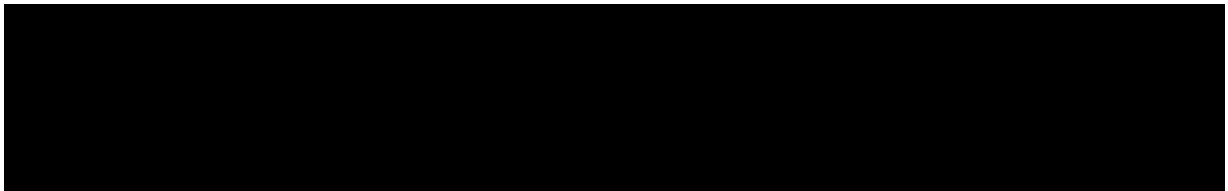
1. Describe how your organization determines who is in-network.

Providers are selected for participation in our network based on an ongoing analysis of the current “provider to member” geographic coverage. Our Provider Relations staff utilize a variety of internal reporting tools in completing this assessment to ensure satisfied members with respect to selection of providers. Ongoing review of our “network to membership” profile for rural, suburban, and urban coverage is conducted and proactive provider recruitment is initiated where needed.

In addition, clients, members, and prospective members are encouraged to nominate providers to the network. We do not limit the number or types of providers allowed within a particular area and all providers are welcome to apply. We will also work with clients to identify specific providers who are important to their employee base, and immediately begin the recruitment process. We have proven examples of instances in which we have utilized the group’s name and an aggressive recruitment process to grow the network as needed in a short period of time.

Providers must successfully pass our stringent credentialing process to be allowed to participate in our program. We utilize the standards outlined by NCQA. Participating providers are required to comply with our quality standards and we have a process for monitoring compliance and addressing non-compliance. Participating providers are also required to comply with State and Federal requirements relating to the vision benefit coverage, including State and Federal privacy requirements.

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



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

No. A significant advantage of our plan is that we offer a consistent benefit throughout our network and members receive the same benefits whether performed by an independent optometrist, ophthalmologist or a retail chain location.

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

Yes. The Superior National 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?

Vision benefits are limited to a comprehensive eye exam and hardware (eyeglasses or contact lenses). In situations where a provider delivers services that are covered under a medical plan, claims submission and payment would be handled directly between the provider and the medical carrier, based upon their established processes and without the involvement of Superior Vision.

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

For in-network services, the member is not responsible for submitting a claim to us. The claim submission process is coordinated entirely between the provider and Superior Vision. Providers may submit claims via mail or electronically through our website. Reimbursement is made to the provider via check or through Electronic Funds Transfer.

For out-of-network services, the member should receive an itemized receipt or invoice from the provider and then submit it, along with a completed Claim Form, to our Customer Service Center for reimbursement in accordance with the plan's out-of-network reimbursement schedule, less any applicable co-payment. Members will receive an Explanation of Benefits with their reimbursement.

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

Yes. If an out-of-network provider is chosen, the member pays the provider in full up front for materials and sends the itemized receipt or invoice from the along with an out-of-network claim form to Customer Service. Superior Vision will adjudicate the claim and reimburse the member according to the out-of-network schedule of allowances, less any applicable co-payment.

It is important to note that the out-of-network provider is under no contractual obligation with Superior Vision. It is truly more advantageous for the member to utilize an in-network provider to receive the most from their vision benefit plan.

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

a. The provider submits the claim

Out-of-network providers are not able to submit claims for reimbursement. Members are required to pay the out-of-network provider in full at the time of service.

b. The member submits the claim

For out-of-network claims, we do not reimburse the provider directly. We will adjudicate the claim submitted by the member and provide reimbursement directly to the member according to the out-of-network schedule of allowances, less any applicable co-payment.

-
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?

There is no authorization required to schedule an appointment with a network provider. The average waiting time for an eye exam appointment throughout our network is approximately two days. The average wait time for an appointment with an ophthalmologist is approximately five business days.

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.

Please refer to Attachment 4 for the completed Exhibit 1, County Coverage: Number of Contracted Providers by Provider Type.

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

We have in-network providers in all 50 states and Puerto Rico.

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

Yes.



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?

No. Superior Vision's Operations Headquarters is located in Rancho Cordova, California and supports all of our Group Employer business.

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



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

Our Customer Service Specialists handle calls from both members and providers.

- 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?**

Yes. Our Customer Service Center is located in our Operations Headquarters in Rancho Cordova, California.

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

Superior Vision's Customer Service Specialists can be reached toll free from 5:00 a.m. to 6:00 p.m. Pacific Time, and Saturdays 8:00 a.m.-1:30 p.m. Pacific Time. Customer Service can also be accessed through emails, faxes, or a link from our website at SuperiorVision.com.

Callers reaching our Customer Service Center after hours can leave a message that will be answered the next business day. All messages are retrieved early the next business day for timely resolution.

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

Surveys are distributed to a sampling of members on a quarterly basis who recently received services (identified through paid claims submitted by providers). Completed surveys are returned to Superior Vision and results are compiled and reviewed for member satisfaction.

Superior Vision's goal is to achieve a minimum member satisfaction level of 80% as averaged between "Good", "Very Good", and "Excellent" total scores. Questions on the survey include:

- Appointment availability.
- Convenience of provider's office location.
- Length of time waiting at the office.
- Clean and orderly office.
- Friendly and helpful office staff.
- Familiarity of office staff with your benefit plan and relayed accurate information.
- Competence and thoroughness of examining doctor.

-
- Accuracy of new eyewear for vision correction.
 - Ability of office staff to answer inquiries.
 - Overall visit experience.

Survey results are analyzed for appropriateness of care, accessibility, availability, knowledge of vision plan, continuity of eye care services and overall visit experience. Member suggestions are monitored for trends. Areas which score “Fair” or “Poor” are monitored, and any continued trends are addressed by the Superior Vision department which manages the function. If we are able to identify the provider of the rendering services, the provider is sent a notice and a copy is kept in provider’s file.

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?

As part of the orientation process, providers are given access to our on-line Provider Manual that describes how to administer our vision benefits. However, in the event that a provider submits a claim for services not covered under the vision plan, the result would be a denial of the services that are not covered. This denial would be detailed on the Explanation of Payment sent to the provider, which the provider could then use, if necessary, in submitting the claim through the member’s medical carrier.

E. Administration

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

Vision hardware is not able to be ordered through our member website. For those members who prefer shopping for their contact lenses online, we offer in-network benefits for contact lenses at ContactsDirect.com. Members may use their in-network contact lens allowance towards the purchase any type or brand of contact lens that is available through the site. Most major brands are carried on the site, with significant discounts off retail prices. The lenses are guaranteed to be accurate to the prescription and will be delivered to the member’s home.

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

Members are not able to upload documents to our member website.

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

Typically, we bill clients on a monthly basis, approximately two weeks prior to the first of the month for which the coverage is effective. The list bill details all the enrolled members and their coverage type and premium. Any enrollments or changes received prior to the date of the billing will be reflected on the statement. Any adjustments relating to prior bills (for example, when enrollments or adjustments are received late) will be detailed and shown on the billing summary statement.

-
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?

Superior Vision’s EDI testing process includes setting up the group in a test environment and creating the needed EDI maps to process their test files based on the group structure provided. The complete process requires 30 – 60 days from submission of group structure and initial 834 test file to approval for production. Testing involves 3 cycles to approve structure coding, test change scenarios and verify full production readiness.

F. Miscellaneous


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

At Superior Vision, we pride ourselves on being more than just a group vision benefits company. Our mission to “See Yourself Healthy” extends well beyond benefits, driving us to promote the importance of eye health and overall wellness. Ensuring that our members understand the impact that proper eye care received through the vision benefit can have on their lives is at the very core of what we do.

The following provides an overview of some key distinguishing features that we feel are important considerations for organizations that are exploring the implementation of standalone group vision insurance plans.

Superior Choice & Access

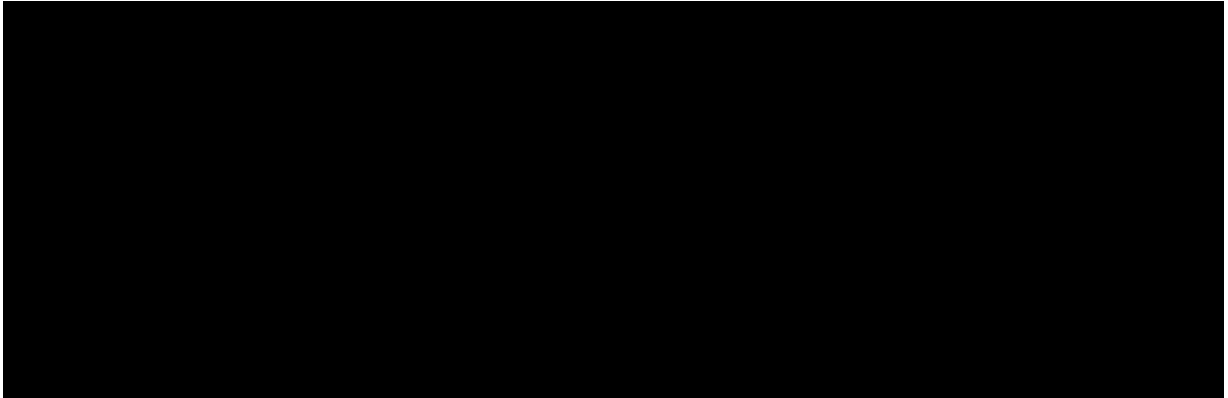
Superior Vision believes in offering members choice and flexibility—and we have built our business on these concepts. We deliver on this belief by providing the broadest and most diverse provider network in the industry.



In addition, Superior Vision delivers a best-in-class online contact lens offering as an in-network alternative to traditional brick and mortar vision centers.

Superior Vision's network gives members complete choice in where to receive their eye care, including using different network providers for their eye exam and their materials. Feedback from our clients and members alike consistently reinforces that this is a highly-valued feature of a vision program.

Superior Eyewear Selection



Superior Customer Service

Superior Vision strives to ensure that every member has a positive eye care encounter. To that end, we offer a variety of resources for assisting members in obtaining program information, identifying participating providers and addressing any questions or issues that might arise. This includes our call center staffed by friendly and knowledgeable service professionals, as well as our website and mobile app. Additionally, our program provides members with easy access to their vision coverage. Members simply contact the participating Superior Vision provider of their choice to schedule an appointment and, together with the provider, we do the rest!

In Closing

The experienced and dedicated team at Superior Vision works tirelessly to deliver the choice, value, customer service, and program support that our clients deserve. In doing so, we are able to provide robust vision programs that encourage and incite members to utilize their benefits – all with the goal of helping them to see themselves healthy.

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

The primary contact for HCA throughout this process is:

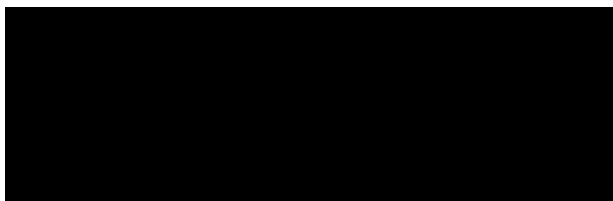


Exhibit 1 - County Coverage: Number of Contracted Providers by Provider Type

a. State	b. County Name	c. Number of Ophthalmologists	d. Number of Optometrists	e. Number of Ophthalmologist and Optometrist Offices that Sell Vision Hardware	f. Number of Retail Vision Hardware Stores
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	