

April 24, 2018

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Lesley Houghton, RFI Coordinator Washington State Health Care Authority

RE: RFI 2641, Washington State Health Care Authority

Dear Lesley,

Thank you for the opportunity to respond to Washington State Health Care Authority's RFI for Group Vision Insurance Plans. Unum is delighted to partner with Washington State HCA in this initial step towards procurement of a standalone vision benefit plan for the School Employee Benefits Board (SEBB) Program.

Ancillary benefits such as vision coverage are increasingly valued by job candidates and employees as a differentiator among employers. Vision benefits are an important component of employee benefit packages that attract and retain top talent. Washington State HCA, seeking to provide this critical benefit to State school employees and their dependents, will be seeking to identify established, experienced vendors offering competitive rates, effective and efficient account management, and stellar customer service when it conducts its procurement in the coming months.

In 2016 Unum acquired Starmount Life Insurance Company, one of America's most innovative and fastest-growing insurance companies and a leading provider of dental and vision insurance coverage for individuals and group employee benefits. The acquisition enabled Unum to become a single-source provider of employee benefits packages that include vision coverage to support and sustain health, well-being and retirement.

Unum's National Client Group, with approximately 300 professionals who are exclusively focused on helping employers with more than 2,000 employees to enhance the effectiveness of their benefit programs, is committed to understanding and meeting SEBB's unique employee benefits needs for vision coverage as detailed in this RFI. Unum's offering is powered by our National Client Manager, an employer's go-to resource for all Unum benefits. We provide complete, integrated implementation and enrollment support for a seamless experience, including detailed documentation and comprehensive communication. Our single-source benefits administration operation handles all critical aspects of employers' vision benefits including new group setup, renewals, billing, eye care network management, customer service, and claims processing.

Experience and expertise in vision benefits

Unum's vision center of excellence has provided industry-leading vision benefit plans to employers for 18 years. Our long experience and rigorous dedication to innovation enable us to offer thoroughly tested vision benefits administration processes that attract clients by maximizing cost efficiencies and making life simpler for their benefit plan administrators and members. Key features include:

- A professionally staffed Customer Service Call Center, located in-house and open 6 days a week, with a 95% first-call resolution.
- Significant investment in the further development of our already-thriving network, currently offering 40,000 access points to members nationwide.
- A personalized member website and mobile app for managing benefits, in addition to a separate portal for benefit plan administrators.
- The freedom to use separate providers for exams and materials if desired.

A fast-growing array of solutions

Unum currently offers a portfolio of long-established and precisely designed fully-insured Group Vision plans. To achieve our growth objectives, our near-term business strategy calls for expansion of our vision product offerings with the addition of self-insured plans. Those products are currently under development, and we anticipate introducing them to the marketplace in 2019, further enabling us to meet the SEBB's specific needs.

We are excited about the prospect of participating in Washington State HCA's upcoming procurement. As one of Forbes 100 most trustworthy companies that serve 44% of the Fortune 100, we are confident that our business model provides the foundation that Washington HCA needs to build its portfolio of employee benefit solutions.

We look forward to discussing our response in greater detail after you've had the opportunity to review it.

Best Regards,

David Sherman

Senior Account Executive

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Unum

A. Plan Type

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



B. Plan Design

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

Unum offers fully-insured vision plans underwritten by Starmount Life Insurance Company, a member of the Unum Group family of licensed insurers. Starmount has underwritten and administered vision benefit plans since 2000.

When covered by Unum Vision plans, members may choose to receive vision services and purchase materials from any provider; however, Unum has negotiated discounts with thousands of providers in our nationwide vision network. Our vision benefit plans cover eye exams, medically necessary contact lenses, and most types of lenses when members use network providers (members are responsible for co-pays); members receive allowances toward the cost of any selection of retail frames, elective contact lenses and fitting fees (again, with network providers). When using out-of-network providers, members receive allowances toward all services and materials and are responsible for any charges that exceed those allowances.

Our vision plans are available at a wide range of allowances, co-pay amounts and rates based on case specifics.

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

Unum is able to offer plan customization and multiple options, including higher-cost options providing enhanced benefits if requested by the group. Rates, allowances, benefits, and copays depend on case specifics.

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

Laser Vision Correction Network—Through partnerships with TLC Vision and QualSight, Unum offers plan members discounts on laser vision services and other procedures when the member uses one of the listed participating providers. Our website can identify

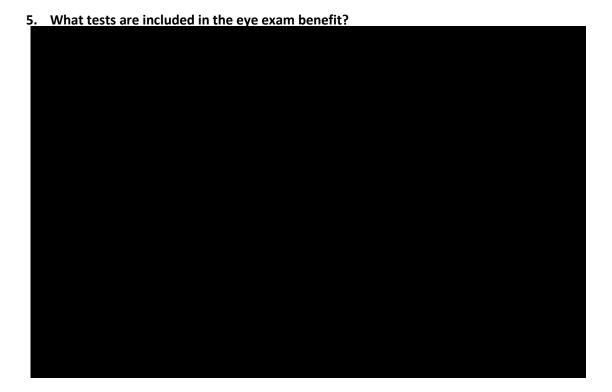
participating specialists in closest proximity to the member. (This is not an insured benefit. Transactions are handled directly between members and providers. Providers may not be available in all metropolitan areas.)

Special Discounts on Optical Materials—Unum plan members will have access to special discounts with participating optical locations for extra purchases of lenses and coatings, frames, contact lenses and other products. These discounts may be used in conjunction with your insurance transaction for non-covered services, as well as with additional purchases. Providers identified as "Value Added (VA)" or "Service Plus (SP)" in the provider directory offer these additional values. (VA and SP discounts do not apply at Walmart, Sam's Club and Costco locations, where members receive the fully insured plan allowances minus any copays towards everyday retail prices.)

Unum's Hearing Savings Plan provides financial support toward the costs of hearing instruments and accessories that are typically not covered by most medical plans. This benefit is available to all Unum dental plan members, at no additional cost. The Hearing Savings Plan includes:

- 30-60% discounts off major name brand hearing instruments and accessories
- 0% savings on hearing aid batteries shipped directly to members' homes
- On-call support for member questions, managed by professional hearing counselors.
- 4. Is your eye exam covered annually or biennially? Describe any member cost shares for this service.

Eye exams are covered annually. Members using in-network providers are responsible for co-pays only. Members using out-of-network providers receive an allowance toward the cost of the exam, and are responsible for any charges that exceed the allowance.



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

Pediatric benefits are included in Unum Vision plans; however, our plans do not meet the requirement for an ACA pediatric vision plan.

7. Describe your organization's range of deductibles.

Unum is willing to quote custom co-pays (not deductibles) as requested by the group.

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?

Our claims are paid based on a per-service fee schedule. Currently Unum offers only fully-insured plans; we are in the process of developing self-insured plans for availability as an option in 2019.

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.

Our network negotiates lower fees with, and contracts with, vision care providers who are interested in participating in our network and who are accepting new patients.

To be included in our network, providers are credentialed according to NCQA credentialing standards and other national industry standards applicable to vision providers. Our network uses a Credentialing Verification Organization (CVO) for primary source verification and the administration management of the credentialing and re-credentialing process. The network's CVO is certified and accredited by the National Committee for Quality Assurance (NCQA) and the Utilization Review Accreditation Commission (URAC). The CVO utilizes electronic databases, such as the Council for Affordable Quality Healthcare (CAQH) and the National Practitioner Data Bank (NPDB), and conducts primary source verification, and continuous sanctions monitoring. This includes, but is not limited to, the collection and verification of a provider's relevant attestations, demographic information, education, professional work experience, licensure, certifications, liability and malpractice coverage, malpractice history and adverse actions against the provider. (If a provider is not registered

with CAQH, he/she will complete a provider application that is very similar to the CAQH application.)

Members can identify participating network providers by using the Provider Locator tool on our website, www.AlwaysAssist.com. In addition, we provide vision plan ID cards that include a list of up to eight providers located closest to the member's home address.

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

Our network contracts with national retail giants, regional vision centers and franchises, and independent optometrists and ophthalmologists.

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

Not applicable.

- 4. **Is the network the same for both fully insured and self-insured plans?** Not applicable.
- 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?
 For services covered under a medical plan, we would return the claim to the provider, or process the claim with an Explanation of Benefits to the member that the service is not covered on our plan.
- 6. Describe all the ways your organization allows members to submit claims for reimbursement.

Claims for services provided by in-network providers are filed by the provider on the member's behalf.

Out-of-network vision claims only have to include a detailed receipt. Approximately 97 percent of the time, out-of-network vision care providers submit claims, in which case the claim payment is made to the provider. If an out-of-network provider asks the member to pay for services at the time they are provided and does not file the claim, plan members may access claim forms online from our website, www.AlwaysAssist.com, or just submit a detailed receipt to our Claims Department. In this case, the claim is paid to the member who files the claim.

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

Yes. Claims for materials purchased from out-of-network providers are paid according to out-of-network allowances set forth in the plan design. Members are responsible for the difference when purchasing materials exceeding the plan design's allowance.

- 8. Describe how your organization pays out-of-network providers when:
 - a. The provider submits the claim

When the provider submits the claim on the member's behalf, payment is made directly to the provider via Vpay®, a virtual card solution designed specifically for claim payments.

- b. The member submits the claim
 - Members who pay for services and file claims themselves will receive their benefit reimbursement via hard copy check mailed to their home address.
- 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 examination with a network provider.

- 10. Complete Exhibit 1, County Coverage: Number of Contracted Providers by Provider Type. Please see completed Exhibit 1, attached.
- 11. Provide a list of the States where your organization has contracted providers. We currently have contracted providers in every state.
- **12.** Does your organization provide international coverage? If yes, please describe. Not applicable.

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?



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

With more than \$2.3 billion of inforce national accounts premium serving over 1000 national account customers, Unum has a dedicated organization of some 300 experts who are exclusively focused on helping employers enhance the effectiveness of their benefits programs. In fact, more than 90% of the large employers who do business with Unum choose to stay with us. Large contracted clients are serviced by dedicated national client managers with limited customer assignments who consultatively partner with their customers to develop custom benefit solutions. Client manager performance is measured by their customers' satisfaction ratings. We also provide services that blend local and centralized expertise to best meet employer needs, from implementation to enrollment to ongoing administration.

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

At our dental and vision customer service center, separate staffs are dedicated to member support and provider support.

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?

Unum's customer service center for vision members is a part of our dental and vision center of excellence, located at 8485 Goodwood Blvd., Baton Rouge, LA 70806.

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

Customer service representatives are available six days a week, Monday through Friday from 7:00 a.m. to 7:00 p.m. CST, and Saturday from 9:00 a.m. to 3:00 p.m. CST.

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

Every two years, we survey our dental and vision members for overall satisfaction with our customer service and with their dental and/or vision benefits, as well as with their dental and/or vision providers. We randomly select 8,000 active dental and/or vision plan members who have filed a claim within the last six to nine months, and send them a survey to complete within a one-month period.

Our most recent Customer Satisfaction Survey was conducted in 2017 in relation to dental and vision plans underwritten and administered by Starmount Life Insurance Company (Starmount). Starmount is part of the Unum Group family of licensed insurers, and serves as Unum's Dental and Vision Center of Excellence.

According to survey results, 95% of our dental and vision members indicated that they were satisfied with their overall service.

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?

For services covered under a medical plan, we would return the claim to the provider, or process the claim with an Explanation of Benefits to the member that the service is not covered on our plan.

E. Administration

1. How do members order vision hardware through your organization's online portal? Members can order contacts and apply their contact benefit online through our website, www.AlwaysAssist.com. Contact lenses are delivered directly to the member's home address. Contact lenses are usually shipped within 24 to 48 hours and typically delivered within 5 to 7 days. Members are responsible for shipping cost, and may elect to rush a delivery for an additional delivery charge.

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

Members may download claim forms, request for medically necessary contacts, and the authorization to release health information, among other documents. Documents may be faxed to our claims office or submitted by mail.

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

Unum is unable to provide direct billing to employees for group vision coverage; we cannot collect premiums directly from members.

- 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)?

The average setup time for data transmissions vary depending on the partner, but typically take around 8-12 weeks to establish. Unum's standard turnaround time to send the initial 834 companion guide and feedback on test files is 3-5 business days.

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?

For a group this size we would request at least 90 days to set the case up, but this can be done concurrently with the EDI feed set up.

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

Unum standard turnaround time to send feedback on test files is 3-5 business days.

F. Miscellaneous

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

Based on Unum's long experience working with vision providers and providing group vision benefits, we recommend the following items for consideration as HCA prepares its procurement:

- Bring employee considerations into evaluation of networks so as to identify those best suited for the employee base (i.e. retail vs. private practice providers); balanced networks provide more choice for employees.
- Place high value on carriers that provide a robust client experience via free, easy-to-access member ID cards, website, mobile app, customer service phone support.
- Identify carriers with networks that allow providers to use a formulary of their choice; avoid restricting providers to carrier-owned dispensaries.
- Identify carriers with plans that include second pair/materials benefits, and have the ability to include additional lens options (tinting, anti-reflective coating, scratch-

- resistant coating, UV coating, polycarbonate lenses, etc.) under the materials copay.
- Identify carriers that have the ability to split exam and materials claims, enabling employees the freedom to choose different providers if they wish.
- Identify carriers that provide a fully insured progressive lens allowance.
- Identify carriers that are able to include the contact lens fitting fee under plan provisions if desired.
- Seek to establish rates for the long-term; very low initial rates have the potential to jeopardize stability if rates must be increased significantly at renewal.

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

For follow up questions or more information, please contact: Heather Phipps, Regional Sales Manager HPhipps@unum.com

225-201-7117

David Sherman, Senior Account Executive DSherman@unum.com
503-221-2256

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

a. State	b. County Name	c. Number of Ophthalmologists	d. Number of Optometrists	e. Number of	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