



# CITY OF SUFFOLK

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## ADDENDUM NO. 2

City of Suffolk  
RFP #15089-JS  
April 14, 2015

Purchasing Division  
442 Market Street, Room 1086  
Suffolk, VA 23434-5237  
Phone: (757) 514-7520 / Fax: (757) 514-7524  
<http://www.suffolkva.us/purchasing>

The Request for Proposal (RFP) for Employee Benefits has been amended as follows:

### Section 6.0, Page 18:

DELETE the following:

- F. (Tab 6) Medical, Dental, and Vision Provider Checklists (Attachments D & E)
- G. (Tab 7) Sample contracts for each service provided. These may be incorporated into City of Suffolk Contract Documents.
- H. (Tab 9) Pages 30-34 as stated above.

REPLACE with:

- F. (Tab 5) Medical, Dental, and Vision Provider Checklists (Attachments D & E)
- G. (Tab 6) Sample contracts for each service provided. These may be incorporated into City of Suffolk Contract Documents.
- H. (Tab 7) Pages 31-35 as stated above.

### Section 8.0, Page 19:

DELETE the following:

1. **Use of Form:** All proposals should be submitted in electronic (.pdf) format in accordance with this form. The offeror may attach/scan other information as required to the electronic document that will be made a part of the proposal. Electronic submittals on CD, DVD, memory sticks, or other electronic media will be accepted if delivered prior to the closing time. The preferred method is by an

attachment to an email addressed to: [proposals@suffolkva.us](mailto:proposals@suffolkva.us). The City's published Conditions and Instructions shall supersede any additional writings submitted with the proposal. Such writings shall be clearly marked and noted as an exception.

2. **Submittals:** Except as noted above, all proposals shall be sent as an attachment to email to: [proposals@suffolkva.us](mailto:proposals@suffolkva.us) The subject line must show the proposal number and name. **Zip files cannot be accepted.** This form shall be included as part of your submittal; else, your response may be considered 'non-responsive.'
3. **Late Proposals:** Proposals and thereto, if received by Purchasing after the date and time specified, will not be considered. It will be the responsibility of the offeror to see that their proposal is received by Purchasing as specified. There will be no exceptions. Electronic proposals show the date and time sent. This must be prior to the closing date published on the front cover.
4. **City Hall Closure:** Should the City's electronic networks connectivity prevent receipt of proposals at the time of the scheduled proposal closing, the proposals will be accepted and opened on the next business day of the City, at the original scheduled hour, or as soon as connectivity is restored during normal business hours.

REPLACE with:

1. **Use of Form:** All proposals shall be submitted on and in accordance with this form. The City's published specifications shall supersede any additional writings submitted with the proposal. Such writings shall be clearly marked and noted as an exception. Telephone, facsimile, electronic and verbal proposals will not be accepted.
2. **Submittals:** All proposals shall be submitted sealed, plainly marked showing the proposal number, date and time. The entire solicitation document is to be returned when submitting a proposal unless otherwise directed by the RFP. Failure to return required pages may result in a determination that the submittal is non-responsive.
3. **Late Proposals:** Proposals and amendments thereto, if received by Purchasing after the date and time specified for bid opening, will not be considered. It will be the responsibility of the bidder to see that their proposal is received by Purchasing as specified. There will be no exceptions. Date of postmark will not be considered.
4. **City Hall Closure:** If City Hall is closed for business at the time scheduled for the proposal opening, for whatever reasons, proposals will be accepted and opened on the next business day of the City, at the original scheduled hour.

ADD

## Attachment F – Pharmacy Tier Comparison

This is a spreadsheet with four sheets:

HMO-PPO Top 25 by script  
HMO-PPO Top 25 by amount paid  
HSA – Top 25 by script  
HSA – Top 25 by amount paid

The following questions and answers are incorporated in the RFP:

Q1: How many employees are eligible for benefits?

A1: The City currently has 1401 employees who are eligible for benefits.

Q2: Confirm if your group offers a high/low or base/enhanced plan. I see rates and enrollment for both but only a contract for the enhanced plan. If you offer two plans we will need the contract for the low or base plan.

A2: To the best the City can determine, there is only one contract for voluntary dental, however there are two riders for the 2 plan options offered; one for basic and one for enhanced.

Q3: The Eye Med plan is an exam only plan. Is the City interested in a more comprehensive plan?

A3: The Eye Med plan is a comprehensive vision plan to include coverage for eyeglasses and contacts. It is the Anthem medical plan that only offers a routine eye exam annually.

Q4: The Enhanced Plan amendment indicates the Maximum Benefit changed eff. 1/1/15. Can you confirm that the prior annual max for the Enhanced Plan was \$1,000 and it to \$1,500 on 1/1/15?

A4: That is correct.

Q5: Have there been any other dental plan changes since 1/1/11?

A5: Yes, the basic dental plan premiums decreased 2% effective 1/1/15.

Q6: Please confirm whether posterior composites (white fillings on rear teeth) are covered or are they an alternated benefit?

A6: Alternate benefit, employee pays the difference between the cost of a composite and the cost of an amalgam for white fillings on rear teeth.

Q7: Page 6 of the RFP says that Retirees are eligible for Medical coverage only, but there are nine Pre-65 Retirees with Dental coverage on the Retiree/Cobra Are they a grandfathered class? Will there be more retirees eligible for Dental on 1/16 and beyond?

- A7: Retirees are only eligible for medical as a lifetime benefits. They are also eligible for Dental and Vision through COBRA for 18 months. There are also a small class of individuals who are a special class of individuals that are line of duty retirements. There are currently 7 that have kept dental beyond the 18 months. This class will remain small as one has to qualify with the state to become eligible for line of duty benefits.
- Q8: We need clarification of the Dental tiers needed for Child versus Child(ren). The census shows EE/Child tier for Dental; the Rate History indicates the tier is EE/Child(ren); the Price Quotation exhibit requests EE/Child. Please let us know whether you want EE/Child or EE/Children.
- A8: Dental has always had an employee and child(ren) tier. The City has requested an EE/Children Tier Rate.
- Q9: Dental participation appears to be very high for a true voluntary plan. Is this a cafeteria plan? Is there City contribution?
- A9: There is no city contribution for this plan, 100% employee paid.
- Q10: For the post 65 retirees, there is a fully insured Part D pharmacy plan. Who pays for the Part D pharmacy plan?
- A10: The retiree pays for the plan, the city provides a small monthly supplement towards the cost.
- Q11: What is the medical plan for the post 65 retirees?
- A11: Anthem Medicare Supplement Plan F and an Anthem Part D Drug Plan.
- Q12: The Attachment C pricing exhibit appears to bundle cobra administration and billing with retiree billing. We note that these are both being handled now by the same third party. Is there any interest in separating *Retiree billing for 84 pre-65 and 64 post-65 retiree medical* from the Cobra administration and billing?
- A12: These services are not necessarily bundled, but they are offered by the same vendor currently. They are two separate services, Cobra Administration and Retiree Billing. They could possibly be offered by two different vendors.
- Q13: Is it possible to receive a copy of the Eye Med plan?
- A13: Vision Plan Summary is attached.

**Contract Officer:** \_\_\_\_\_

Jay Smigielski, Purchasing Agent.

If you have any questions regarding this Addendum, please contact Jay Smigielski, Purchasing Agent, at [jsmigielski@suffolkva.us](mailto:jsmigielski@suffolkva.us). It is the Offeror's responsibility to ensure they have read all addendums and incorporated them in their proposal.



## City of Suffolk

More,  
for less...

**40% OFF**

Complete pair  
of prescription  
eyeglasses

**20% OFF**

Non-prescription  
sunglasses

**20% OFF**

Remaining balance  
beyond plan coverage

These discounts are for  
in-network providers only

Hello,  
Neighbor

- You're on the ACCESS Network
- For a complete list of providers near you, use our Provider Locator on [www.eyemed.com](http://www.eyemed.com) and choose the ACCESS network or call 1-866-723-0596.
- For Lasik providers, call 1-877-5LASER6 or visit [eyemedlasik.com](http://eyemedlasik.com).

| Vision Care Services   | In-Network Member Cost                                      | Out-of-Network Reimbursement |
|--|---|------------------------------|
| <b>Exam With Dilation as Necessary</b>   | \$0 Copay   | Up to \$35                   |
| <b>Contact Lens Fit and Follow-Up</b> (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed) |   |                              |
| Standard Contact Lens Fit & Follow-Up  | Up to \$55  | N/A                          |
| Premium Contact Lens Fit & Follow-Up   | 10% off retail  | N/A                          |
| <b>Frames</b>  | \$0 Copay; \$150 allowance; 80% of charge over \$150        | Up to \$75                   |
| <b>Standard Plastic Lenses</b>   |   |                              |
| Single Vision  | \$0 Copay   | Up to \$25                   |
| Bifocal  | \$0 Copay   | Up to \$40                   |
| Trifocal   | \$0 Copay   | Up to \$55                   |
| Standard Progressive Lens  | \$65  | Up to \$40                   |
| Premium Progressive Lens   | \$65, 80% of charge less \$120 Allowance                    | Up to \$40                   |
| Lenticular   | \$0 Copay   | Up to \$55                   |
| <b>Lens Options</b> (paid by the member and added to the base price of the lens)   |   |                              |
| UV Treatment   | \$15  | N/A                          |
| Tint (Solid and Gradient)  | \$15  | N/A                          |
| Standard Plastic Scratch Coating   | \$0   | Up to \$5                    |
| Standard Polycarbonate   | \$40  | N/A                          |
| Standard Polycarbonate - Kids under 19   | \$0   | Up to \$5                    |
| Standard Anti-Reflective Coating   | \$45  | N/A                          |
| Polarized  | 20% off retail price  | N/A                          |
| Other Add-Ons and Services   | 20% off retail price  | N/A                          |
| <b>Contact Lenses</b>  |   |                              |
| Conventional   | \$0 Copay; \$150 allowance; 15% off retail price over \$150 | Up to \$120                  |
| Disposable   | \$0 Copay; \$150 allowance; plus balance over \$150         | Up to \$120                  |
| Medically Necessary  | \$0 Copay, Paid in Full                                     | Up to \$200                  |
| <b>Laser Vision Correction</b>   |   |                              |
| Lasik or PRK from U.S. Laser Network   | 15% off the retail price or 5% off the promotional price    | N/A                          |
| <b>Frequency</b>   |   |                              |
| Examination  | Once every 12 months  |                              |
| Lenses or Contact Lenses   | Once every 12 months  |                              |
| Frame  | Once every 24 months  |                              |



## What's in it for me?

Options. It's simple really. We love our members—that's why we are dedicated to helping you see clearly and we've built a network that gives you lots of choices and flexibility. You can choose from independent doctors and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy to use and to save you money. Welcome to EyeMed.



eyemed.com

| Benefits Snapshot   | With Us  | Out-of-Network Reimbursement |
|---|--|------------------------------|
| <b>Exam with dilation as necessary</b> (Once every 12 months) | \$0 Copay  | Up to \$35                   |
| <b>Frames</b> (Once every 24 months)                          | \$0 Copay; \$150 allowance; 80% of charge over \$150 | Up to \$75                   |
| <b>Single Vision Lenses</b> (Once every 12 months)            | \$0 Copay  | Up to \$25                   |
| Or  |  |                              |
| <b>Contacts</b> (Once every 12 months)                        | \$0 Copay; \$150 allowance; plus balance over \$150  | Up to \$120                  |

## And now it's time for the breakdown . . .

Here's an example of what you might pay for a pair of glasses vs. what you'd pay without vision coverage. So, let's say you get an eye exam and choose a frame that costs \$163 with single vision lenses that have UV and scratch protection. Now let's see the difference . . .

**94%  
SAVINGS  
with us**

| With Us      |  | Without Insurance** |   |
|--------------|--|---------------------|---|
| Exam         | \$0 Copay  | Exam                | \$106   |
| Frame        | \$163<br>-\$150 allowance<br>\$13<br>-\$2.60 (20% discount off balance)<br>\$10.40 | Frame               | \$163   |
| Lens         | \$0 Copay<br>\$15 UV treatment add-on<br>+\$0 Scratch coating add-on<br>\$15       | Lens                | \$78<br>\$23 UV treatment add-on<br>+\$25 Scratch coating add-on<br>\$126 |
| <b>Total</b> | <b>\$25.40</b>   | <b>Total</b>        | <b>\$395</b>  |

Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care; 9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered-fund as a Bifocal lens. Standard Progressive lens covered-fund Premium Progressive as a Standard. Underwritten by Combined Insurance Company of America, 5050 Broadway, Chicago, IL 60640, except in New York. CICA Form # VN P63007 0801. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Benefit allowance provides no remaining balance for future use within the same benefit year.



LENSCRAFTERS

