

State of Delaware Office of Management & Budget Statewide Benefits Office

# STATE EMPLOYEE BENEFITS COMMITTEE

## **Request for Proposal for the State of Delaware's Vision Insurance Benefit Program**

Addendum #2

June 19, 2016

OMB15001 – VisionIns

500 W. Loockerman Street, Suite 320 • Dover, DE 19904 Phone (800) 489-8933 Fax (302) 739-8339 www.ben.omb.delaware.gov

#### **Directions:**

For the terms in Addendum #1 and Addendum #2, please make the changes to the Request for Proposal document by using a strikethrough font and insertions. If a term is deleted in its entirety without replacement language, please do not renumber the remaining items. A revised RFP document with the changes will not be issued so that there will be no confusion as to which version contains the correct terms. Thank you.

#### 1. Clarification to Addendum #1, Paragraph 1.B.i:

The second sentence to be deleted, "The monthly payroll deductions will be paid within thirty (30) days of the end of that month.", is in #20 on Page 25, not #25 on Page 27. This requirement is not being deleted in its entirety and is stated in Minimum Requirement #19.

#### 2. Clarification to Addendum #1, Paragraph 1.B.iv:

The reference to the State's self-invoicing process is to Minimum Requirement #19, not #25.

#### 3. Minimum Requirements

- a) **Page 28, #34 is deleted in its entirety.** Data ownership will be determined and therefore the layout of information on the State's Open Enrollment and vendor's websites is unknown.
- b) **Page 31, #59 is deleted in its entirety.** This term does not apply because this is an employee-pay-all benefit.

#### c) Page 32, Add as #73:

Please confirm your understanding that a contract must be executed no later than sixty (60) days before the effective date of the contract.

d) **Page 26, #24:** Please delete in its entirety and insert the following in the Questionnaire Section, on Page 38, and numbered as #44(A) as follows:

You may, at the direction of the State, be asked to provide, on a monthly basis and at no cost to the State, claims data to other parties and/or business partners of the State, including, but not limited to, the State's healthcare consultant, actuary, disease management vendor(s) and data mining vendor, as determined necessary for the administration of the State's Group Health Insurance Program. The release of claims data must be done in compliance with HIPAA Privacy rules and regulations.

#### e) Page 32, # 65:

Delete the phrase "fully insured product".

### 4. Performance Guarantees

Please replace "September" with "November" on Page #54 in the paragraph entitled *Terms* at the top of the page.

- 5. **Educational Sessions:** For the terms that require attendance at health fairs in May each year, please add the phrase "and educational sessions".
  - a) Minimum #9, Page 24
  - b) Minimum #38, Page 28
  - c) Appendix C, Rate Quote, #1
  - d) Performance Guarantees, Page 55, Open Enrollment Communications