

VENDOR INQUIRY RESPONSES: VISION v2.0

Note: Version 2.0 includes responses to questions received by Covered California by or before 3/18/2013.

California Health Benefit Exchange

Solicitation HBEX 15- Supplemental Dental and Pediatric Dental Essential Health Benefit Solicitation

#	Inquiry Category	Bidder Inquiry	Exchange Response to Inquiry
V006	Benefits & Plan Design	Can the standard vision plan design include modifications to the costs sharing which benefits the consumer? (i.e. greater level of discounts)?	Please see the updated Attachment 14 - Vision Standard Plan.
V007	Benefits & Plan Design	Is the proposed vision plan intended for both adult and child coverage? May alternate plan designs be provided in addition to the mandatory design?	Vision carriers can provide rates that include dependent coverage. Please see Attachment 9 - Premiums SHOP.
V008	Benefits & Plan Design	Contact lens fit and follow-up – (a member out of pocket item). Calling out a 15% discount with a max member OOP. Again, please refer to #2, allowing the bidder to differentiate with their own version product offering.	Please see the updated Attachment 14 - Vision Standard Plan.
V009	Benefits & Plan Design	For the non-funded items, why does the RFP call out exact co-pay amounts for progressives, scratch, etc.? Each of the vision carriers has contracts with their providers, and the dollar amounts for these items are pre-contracted. Currently the RFP provides the exact dollars for these items. We recommend offering standard funded items, allowing each bidder differentiate themselves on all other items – which will be +/- what are currently called out. We request this to apply to both in-network and out of network as well.	Please see the updated Attachment 14 - Vision Standard Plan.
V010	Benefits & Plan Design	The standard plan is calling out a 12/12/24 frequency but members/contract will only be locked in for 12 months. It makes more practical sense that the benefit be 12/12/12. Either way, the bidders will be ok and can adjust premium. Also, with a 12/12/12 frequency the restriction of “either glasses or contacts allowed per frequency” will be in line since the original 12/12/24 frequency would allow lenses every 12 months and frames every 24 months, which would limit the member to this exclusion every 2 years.	Please see the updated Attachment 14 - Vision Standard Plan.
V011	Benefits & Plan Design	Can we translate the standardized cost sharing in the plan designs from coinsurance to a comparable copay amount? This would provide more transparency for members.	Please see the updated Attachment 14 - Vision Standard Plan.
V015	Benefits & Plan Design	For the Vision Standard Plan (Supp Benefits), are the elective contact lens allowances in lieu of frame and lenses or in addition to frame and lens?	Contact lens allowances are in lieu of eyeglass lens where specified in Attachment 14 - Vision Standard Plan.
V017	Benefits & Plan Design	Does the progressive lens option refer to standard progressives only at \$55? And, does anti-reflective coating at \$43 copay refer to standard anti-reflective coating only as well?	Please see the updated Attachment 14 - Vision Standard Plan.
V019	Benefits & Plan Design	Is the frame and contact lens allowance based on a retail or wholesale allowance?	Please see the updated Attachment 14 - Vision Standard Plan.

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V020	Benefits & Plan Design	We understand that alternate plan designs are not to be included. However, can we offer “enhancements” to the standard plan design offering? For example, lenses discounts, LASIK discount offerings, etc.? Is that acceptable?	Carriers are permitted to provide bids that include additional benefits on top of the standard benefits listed in Attachment 14 - Vision Standard Plan.
V021	Benefits & Plan Design	If responding vision plans can better serve Exchange members by negotiating lower provider fees on covered services, such as covered exams, will there be flexibility in adjusting the identified Out of Network (OON) schedule to reflect a lower level of reimbursement that still corresponds to the in-network coverage? Additionally, can you please confirm that for the OON reimbursement related to such items as that of lens options at \$50, that participating plans will not be responsible for tracking any unused allowances and that members would be required to use the OON amount in a single service experience? Industry standard is for the OON amount to only be applicable in that single service experience with no carry forward of unused balances.	Please see the updated Attachment 14 - Vision Standard Plan.
V022	Benefits & Plan Design	Please confirm if four tier pricing would be an acceptable pricing option for SHOP Exchange and Individual Exchange members. 4-tier pricing is the current standard within the vision industry and additional tiers may add unnecessary complexity to the vision offering. 4 tier pricing is defined as: Member Only Member + Spouse Member + Child(ren) Member + Family	Please see Attachment 9 - Premiums SHOP as tiered pricing can be listed here. Rating structure is subject to change to comply with State or Federal regulations.
V025	Employer	In regards to the supplemental vision exchange, are there any loss ratio requirements, whether planned or actual?	Unless otherwise specified, planned and actual loss ratios are not required.
V027	Employer	For premium collections, will the state provide gross premiums back to the vendor or will there be an additional admin process to collect from the federal government?	The premiums collection process for SHOP is different than the process for Individual. The Exchange will provide additional premium collection information and requirements at a future date.
V028	Employer	Please clarify if “child” is defined as “up to age 26” or something else as indicated in Attachment 8 & 9, Premium Tables?	Dependent age is not equal to the pediatric age limit. The Exchange defines dependent children up to age 26.
V030	Exchange Admin	What member level claim reporting requirements (PHI), if any, does the state anticipate will be requested aside from general utilization or other book of business trends?	The Exchange will provide claim reporting requirements at a future date.
V039	Benefits & Plan Design	From the winner bidders’ perspective, for both the SHOP and Individual offerings, what are the expected administration requirements for federally funding, rebates, and subsidies?	The federal government has provided guidance on sub-setting the premium subsidies for stand-alone dental coverage for EHB benefits, which the Exchange will follow. No subsidies are available for supplemental benefits.

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V054	Employer	Attachment 13, Additional Questions And/Or Requirements: Agent Relations, Fees, and Commissions Section Please define the role of agents and brokers within the exchange environment and which entities will hold relationships with the broker community and pay applicable broker/agent fees or commissions?	The Exchange will utilize agents for the both the Individual and SHOP markets. Bidders should assume market-competitive commissions in bid responses. General Agents are also expected to participate in SHOP with override commissions equal to or lower than current market rate.