Date: February 26, 2016
To: Joint Labor Management Benefits Committee
From: Staff
Subject: Health, Dental and Vision Services Procurements

RECOMMENDATION:
That the Joint Labor-Management Benefits Committee (JLMBC) (a) adopt the proposed final Request for Proposal for Vision Services; and (b) reaffirm the published due date for responses to the Request for Proposal for Health Services.

DISCUSSION:
At its meeting on September 3, 2015, the JLMBC approved moving forward with Requests for Proposal (RFPs) for health and dental service providers in 2015/2016 with a target implementation date for new service provider contracts to be in place by January 1, 2017. At its meeting on October 8, 2015, the JLMBC reviewed and had discussion relative to a presentation from staff and the Plan’s consultant with respect to design of the RFPs. This discussion focused on review of benefit service mission, major service categories, current medical/dental trends, and RFP design best practices.

At its meeting on November 12, 2015, the JLMBC adopted a member survey, the purpose of which was to obtain member feedback to assist in informing development of the Health/Dental RFPs and evaluation of responses. The survey window was open to Flex members November 30-December 21.

At its meeting on January 21, 2016, the JLMBC reviewed and discussed the survey results as well as an initial draft of the Health Services RFP, and provided direction to staff to develop a separate procurement for Vision Services. At its meeting on February 4, 2016, the JLMBC approved proposed final RFPs for Health and Dental services. Those RFPs were posted on February 12, 2015, with responses due on March 25, 2016.

This report will address a proposed RFP for Vision services and the due date for responses to the Request for Proposal for Health Services.
A. Proposed Vision Services RFP

As stated at the JLMBC’s October 8th meeting, the mission of the health and dental procurements is to identify the service providers who can best support the Flex population in its health and wellness efforts by providing a broad range of quality choices for members in the delivery model and benefit levels of how they receive care. Staff’s and the JLMBC’s objective has been to frame these procurements from a “member-based” perspective focused first and foremost on addressing the support services, quality of care, access to care, and communications efficacy that Flex members are most concerned with and which directly impact their health and wellbeing.

At the JLMBC’s January 21, 2016 meeting, the JLMBC discussed the merits of issuing a separate RFP for a stand-alone Vision services option. The JLMBC provided direction to develop this RFP for the purpose of assessing the potential value of unbundling the vision benefit from health plan provider services and offering it as a uniform, stand-alone benefit available to the entire Flex population. Benefits may include lower costs and a potential reduction in Affordable Care Act (ACA) excise tax liability. Issuing the RFP does not obligate the JLMBC to recommend selection of a stand-alone vision provider, but to review the relative merits of doing so within the context of reviewing responses to the Health services RFP.

As discussed at the JLMBC’s February 4, 2016 meeting, staff has been working with the JLMBC’s consultants at Keenan to develop the Vision services RFP. The response period allows the information to be evaluated alongside the Health services responses so that final decisions regarding the array of Flex Benefits services and providers can be made during the month of May, 2016.

As discussed at the JLMBC’s January 21, 2016 meeting, responses to the Health and Dental member survey indicated lower satisfaction levels regarding vision benefits relative to member assessments of other services/benefits. In connection with its development of the RFP for Vision Services, staff requested that Keenan review member feedback from the broad survey results as well as review the written comments submitted by respondents. Out of a total 1,655 written survey comments, 457 addressed in whole or in part the topic of vision benefits.

Keenan’s summary analysis of these comments is provided as Attachment A and will be reviewed in detail by Keenan at the JLMBC meeting. In summary, the findings indicated member concerns regarding benefits levels, and a lack of transparency and communications efficacy from the healthcare providers as to how to obtain and understand the vision services offered under the plans.
The proposed RFP for Vision Services (Attachment B) is soliciting responses from stand-alone Vision service providers. The RFP allows vendors to propose a range of pricing and benefit models which will allow the JLMBC to evaluate the costs of the vision benefit program relative to pricing requested from the Health RFP respondents both including as well as excluding a vision benefit. The RFP also incorporates a geographic access component to identify where members could access services through the service providers and how that compares to service access through the healthcare providers. Staff recommends that the JLMBC adopt the proposed Vision services RFP.

**B. Health RFP Response Due Date**

On February 11, 2016, Kaiser Permanente submitted a request via email to extend the submission of premium rates pursuant to the Health services RFP response deadline. Kaiser's specific proposal was to extend the due date from March 25 to April 8, 2016 (Attachment C). Kaiser indicated that its basis for making this request was that “the March 25th deadline does not allow the City to get the benefit of the most recent possible claims data that informs the rates that we would offer.” Kaiser indicated there were two reasons for this: "First, the December 2015 claims data will not be available until April 1, 2016 so any quotes arrived at before that would be based on less recent claims experience. Second, the rating model that we use at Kaiser Permanente to be consistent across customers isn't available until the first week of April."

Kaiser further indicated that if the City did not extend the due date for the premium rates, it would “provide a rate for 2017 by March 25th that would be based on less recent claims data and an estimated trend factor which may have a level of conservatism built in that may not exist if we were allowed the additional two weeks to get more recent data and use the most up to date rating model.” Kaiser added that the “earlier deadline would require that we use data from the period December 2014 through November 2015” as opposed to including the additional month of December 2015. Kaiser finally indicated that “consistent with our practice with all early rate releases, the rates will not be recalculated with any updated information following release.”

Staff reviewed Kaiser’s request with the City Attorney and the JLMBC’s consultants at Keenan and Segal. The City Attorney’s finding is that the RFP provides the City with the discretion to extend the RFP due date if a finding is reached that doing so would be in the best interests of the City. Keenan and Segal indicated that Kaiser’s stated inability to provide its premium/rate information inclusive of December data by the RFP response deadline of March 25, 2016 is self-imposed, and that in any event a response lacking an additional month of data could either be in the City’s favor or not in the City’s favor.

Staff has previously provided the evaluation schedule with a timeline for executing the development, issuance, review and decision-making related to the health/dental procurements. Staff noted that the deliverables and timelines reflected several important and challenging deadlines, including the evaluation period, JLMBC consideration of the responses, and submission of the report to City Council for adoption/approval of the Flex Plan for Plan Year 2017. Specifically, staff indicated that the evaluation would involve a one-month evaluation period during the month of April. Extending the response due date, even if
only for the submission of premium rates, could delay the evaluation period and thus push back the schedule for the JLMBC’s review and jeopardize the ability to submit the Flex Program to City Council for adoption prior to June 30, 2016.

Staff is not persuaded that there is a justification for extending the due date. Kaiser’s positions that it will not include December data in its response, nor recalculate premiums with updated data in the event it is selected as a provider, are self-imposed and not inherent limitations. As previously indicated, a price proposal lacking an additional month of data could either be in the City’s favor or not in the City’s favor. Nevertheless, if the JLMBC determines that extending the response date in its entirety or for premium rates alone would be in the best interests of the Flex Program, staff will adjust the due date accordingly, with the understanding that by doing so the decision-making and reporting to City Council may not meet the previously reported deadlines. An update of the previously reported schedule/timeline is provided as follows:

<table>
<thead>
<tr>
<th>Month(s)</th>
<th>Action</th>
<th>Status</th>
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<tbody>
<tr>
<td>Sep-15</td>
<td>Approve staff proposals related to moving forward with the health/dental procurement development</td>
<td>Completed</td>
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</table>
| Oct-15   | (1) Staff/consultant review/discussion of medical and dental plan RFP development | (1) Completed 10/8/15
          | (2) Conduct focus groups of Flex Plan participants                      | (2) Completed October 2015                  |
| Nov-15   | (1) Discussion of focus group results and proposed evaluation methods/criteria | (1) Completed 11/12/15
          | (2) Finalize membership survey                                          | (2) Completed 11/12/15
          | (3) Issue membership survey                                            | (3) Completed: 11/30/15                     |
| Dec-15   | (1) Close membership survey                                            | (1) Targeted 12/14/15, extended to 12/21/15 |
| Jan-16   | (1) Review first draft medical RFPs                                    | (1) Completed 01/14/16
          | (2) Review survey results                                               | (2) Completed 01/14/16                      |
| Feb-16   | (1) Finalize Medical/Dental RFPs                                       | (1) Completed 02/04/16
          | (2) Release RFPs                                                        | (2) Completed 02/12/16                      |
| Mar-16   | Response Due Date                                                      | 03/25/16                                    |
| Apr-16   | Response Evaluation                                                    | 03/26/16 : 04-30/16                         |
| May-16   | JLMBC Meeting: Review of Findings                                      | 05/12/16                                    |
| May-16   | JLMBC Meeting: Interviews                                              | 05/19/16                                    |
| May-16   | JLMBC Meetings: Final Action                                            | 05/26/16                                    |
| Jun-16   | Submit Recommendation to Council for Adoption of Flex Plan 2017         | 06/01/16                                    |
| Jun-16   | Council Adoption of 2017 Flex Plan                                      | No later than 06/30/16                      |
| Dec-16   | Execute contracts                                                      | No later than 12/31/16                      |

Submitted by: ________________________________

Steven Montagna
City of Los Angeles
Employee Benefit
Survey Vision Comment Analysis

March 3, 2016
Executive Summary
Executive Summary

After reviewing all employee Vision survey comments, there are 3 main categories in which employees strongly voiced their opinions. The main categories are Benefit Level/Coverage, Lack of Information and Cost. Out of 457 comments, the category that received the most response was the Benefit Level/Coverage.

The Benefit Level/Coverage category received 215 responses. Overall, employees were not satisfied with the benefit schedule or the allowances provided by Blue Shield or Kaiser. Employees stated that the cost of glasses far exceeded the allowance which was provided. Most employees requested a richer benefit with an annual option for glasses. Also commonly stated was the fact that most City employees work in front of computers causing their vision needs to change more frequently. Employees also requested that their vision coverage be with a separate vision carrier.

It is clear from the employee’s responses that there is a Lack of Information regarding vision benefits available to them. It is unclear and difficult to get help from the carriers. Combining vision with medical created much of the confusion since only medical cards were issued. The employees noted that they were not provided information on how to seek vision services as there is no information on the medical cards. The employee’s could not conveniently find who the vision carrier was with Blue Shield. Several employees stated that they have given up and paid for their vision expenses out of pocket.

Employees also responded with a lack of trust and consistency in Kaiser’s Optometrists. Employees stated that the eye examination was short and unprofessional.

The total number of employees that commented on the Lack of Information was 98 employees. Participants in the BlueShield Medical Plan were 35 and Participants in the Kaiser plan were 19. The additional 44 respondents did not list their medical plan and 2 employees stated they opted out of coverage.
Employees commented on the overall Cost of the vision plan. Specifically, on the amount spent out of pocket to cover glasses or contact lenses. The consensus is that Kaiser’s frames and glasses are overpriced. Some employees have opted to use a vision centers plan rather than what has been provided. Others have gone directly through Costco because the cost is much lower. Employees stated that vision benefits do not offer enough coverage therefore causing employees to pay more money out of pocket. Comments on Blue Shield’s plan were also related to the amount employees spend out of pocket for glasses or contacts. Out of 85 comments 19 pertained to Blue Shield, 28 Kaiser and the additional 29 respondents did not name a plan.

There were few comments in the areas of Service and Provider Selection. There were 14 comments related to Service issues with Kaiser. Employee stated inconsistency with Kaiser’s customer service, Optometrist and quality of eyewear. 1 employee commented that it was difficult to make an appointment with Blue Shield. 6 respondents offered comments regarding overall provider selection.

Based on comment analysis less than 1% of the respondents are satisfied with the plans provided. The same percentage applies to the total number of employees dissatisfied with the vision plan.

Overall employees are requesting richer vision benefits that will relieve out of pocket expenses.
Vision Benefit Survey Analysis

Total Vision Comments: 457

- **47.04%** = Benefit Level
- **21.44%** = Lack of Information
- **18.5%** = Cost
- Less than 1% = Service Issues
- Less than 1% = Provider Selection
- Less than 1% = Satisfied
- Less than 1% = Completely Dissatisfied
- Less than 1% = Misc Comments

Employee Survey Comments
Results by Category
Benefit Level / Coverage
**BENEFIT LEVEL / COVERAGE**

### Blue Shield Full Network HMO

There should be no co-pay for a more expensive HMO plan, especially when an HMO is more expensive than a PPO plan. Furthermore, the co-pay for any plan should not be charged if the maximum out of pocket expense has already been reached. I continue to have spend $15 out of pocket when I had already reached the $500 limit months ago. The vision coverage for glass is a joke. With most many vision plans providing full cost coverage of glasses (or more than $75), it only makes sense that cost of one pair of glasses per year should be fully covered instead of offering $75 toward the cost.

Previously under vision provisions, you get $100 applied towards the purchase of sunglasses (without prescription). This was very beneficial as I, and most people, suffer from intense sunlight glare. I would you this benefit to purchase sunglasses every so often. Purpose is to prevent potential vision damage over time limiting sunlight exposure. This has a direct correlation with saving money over the long term: preventive measures to avoid costly (in this case prescriptions sunglasses) health care. Please consider bringing this back.

We need a vision plan that includes option of online glasses.

Benefits for vision plan should be available every year.

Vision coverage used to provide one pair of prescription glasses yearly, it was dropped to one every 2 years.

You only get 1 pair of glasses every two years. and looking at the price of glasses today they only cover for a very minimum even at Costco

Vision coverage is somewhat limited. Must cover Rx contact lenses and Rx glasses.

**Total: 7**

### Blue Shield Narrow Network HMO

It seems like vision is covered like an elective procedure. Many people, such as my self, need corrective lenses to see properly. I would like to see more coverage on the lens portion of the plan. Wearing glasses all the time, as I do, requires some of the extras, such as UV protection, etc. It would be beneficial if that coverage could be increased.

The frames are not the real expense, its the lenses.

Low quality vision plans, have to wait two years to get new frames... children eyes change every year.

Would like to see more options for coverage, broader coverage.

My eyesight has changed each year for the past few years - enough to have a new prescription written - but the plan only covers new lenses every 2 years - which has put me out of pocket for the years that I don't have the benefit. I feel if a prescription is changed that we should have the benefit of having the new/needed prescription lenses covered and not just every 2 years.

I think they need to give us back the VSP (not sure if that is correct) option. I understand saving money but we work hard to serve the City of Los Angeles and I think we earned to have a little better vision package, as we had before.

Sometimes you don't short cut when it comes to employees health.

I find I only have basic cataract coverage. That means I cannot get the corrective lens needed without paying thousands of dollars over what you give towards cataract surgery. I think the full amount of the full benefit should be covered.

My vision plan only covers glasses every two years, however, sometimes, a new prescription is needed every year especially with children. I would prefer to have a plan that covers its every year even if I have to pay a portion.

We need more benefits for vision.

More coverage

Good vision coverage

The vision plan is bare bones. It barely pays for anything. At my age I have to get a new pair of glasses every year and my eye doctor has to show that my vision has significantly changed in order for the lenses to be covered under the plan. I wish we had a supplemental vision plan like AFSCME Local 3090. Unfortunately my local (2626) does not want to pursue this option for us even though I know that many, many, many librarians are in the same boat.
Would like to see Vision insurance pay more towards glasses and or contacts, and also towards vision correction surgeries. If more people could have vision correction surgery, then insurance may pay less for annual or bi-annual glasses or contacts.

Vision plan is okay. I wish lenses and frames were covered on an annual basis, and more funds (of course) provided by the plan.

I wish that we had more benefits so that we could get glasses or contacts annually instead of every 2 years.

It would be nice to have coverage for glasses every year and not every two years.

I would like the ability to get glassed more than once every two years. Damage, fit, etc. changes within that time period that might required more than one pair of glasses per two years.

I wish there is an annual coverage rather than every two years.

not enough coverage

Would prefer a larger allowance for glasses and contacts.

Definitely needs more reimbursement for frames and glasses especially for out of network provider.

I think the vision benefits on all medical plans are weak if not out of date. They really don't cover the more advanced options for glasses and contacts available nowadays.

THE REPLACEMENT OF EYE GLASSES AND CONTACT LENSES SHOULD BE EVERY YEAR FOR ALL CITY EMPLOYEES TO PROTECT THEIR VISIONS. A SPECIAL BENEFIT FOR SUNGLASSES WITH PRESCRIPTION SHOULD BE ADDED FOR EMPLOYEES WHO NEED THEM FOR FIELD WORK.

I'm not sure why I don't have vision coverage. I thought I signed up for it. I wear glasses but they don't seem to be covered - not even a small portion of them. I need to do more research on this and I wish I had done more due-diligence before I renewed for this next year. My lenses are very difficult to make and I pay a huge amount for them and wish they were covered.

I think that you should be able to purchase discount glasses/vision wear every year and not once every two years with my current plan.

Total: 24

Blue Shield PPO

Would like to see better benefits for the vision plan. The previous one from Blue cross was not bad. The oopay for preventative care is reasonable.

The vision plan under the Blue Shield PPO is not very good. The benefits offered are minimal and they do not cover specialized glasses (progressive lenses, etc.). I received better benefits through VSP when I was in MOU 3. I would encourage the City to consider replacing the vision plan with one from VSP.

Need better vision benefits. Contacts or Glasses are necessary to see, so more coverage should be provided. Once every 2 years is inadequate for contacts, as prescriptions are only good for one year. Makes no sense. Glasses and contacts are expensive and should have better coverage.

I wish the City can offer better vision plan since for those who need to wear glasses or contact lens do need to order new pairs of glasses or contact lens when the prescription changes. Especially our vision seems to get worse when we need to use computer for long hours and on daily basis.

I have a chronic condition in my left eye that requires periodic injections of a fancy, expensive drug (Ozurdex). The insurance company requires pre-approval for this treatment, and the pre-approval must be renewed each January. That means each January if I see my retina specialist, and he determines I need the treatment, even if I need the treatment urgently to protect the remaining vision in that eye, I can't get the treatment I need. I must wait for two weeks while the insurance company investigates and renews its pre-approval for the treatment. I have Blue Cross PPO.

I'm happy that we have vision coverage, but for people with strong prescriptions, it really doesn't cover a lot. And working in front of a computer, I find I need new lenses AND frames every year, not every other. More coverage on different types of lenses would be nice.

The vision plan is completely inadequate for persons who have specialized vision problems and require service beyond the very basic lenses. I need to see a specialist and require a change is prescription a couple time a year. My out of pocket expenses for this far outweigh the benefits. I would classify my situation as not having a vision plan.
The vision plan used to allow a new pair of glasses for children every 12 months. Now the plan requires 24 months. Vision is so important for children and if the prescription changes annually, the vision coverage is severely lacking. In addition, children are tough on the glasses (sports, etc . . . ) - the 24 month waiting requirement was not chosen to support City employees with children who need to wear glasses. This should be changed back to the prior 12 month requirement.

My previous employer (also a governmental agency) had a much better vision care plan. Since joining the city, I've had to go backwards as far as the technology and services that my eye doctor can use that will be covered by insurance. It's disappointing.

OFFERED A MORE GENEROUS VISION PLAN. EXAMPLE: A PAIR OF GLASSES OR CONTACTS EVERY 12 MONTHS.

MES is also terrible, because it doesn't cover enough of the cost of my vision care, glasses and contacts. MES's portion of my bills is less than 10% of the cost of the total bill. It's ridiculous. And it gets worse every year. VSP was slightly better. I have been seeing my out-of-network optometrist annually for regular checkups for 22 years; and have no interest in changing. Also, it's difficult to find out what, exactly, MES covers; their website does not have a good interface. I had more generous coverage from other vision plans in previous jobs. Eye doctors do not like MES because it's so stingy. The City needs to do a better job of negotiating with vision insurance.

The vision coverage MES is not as adequate as VSP the benefit amount should be $200 every other year for lenses and glasses instead of $125 every other year.

Need better coverage for glasses. We can get new glasses every two years and it is hard when your vision changes often. Out of pocket cost is too high.

Coverage is not sufficient. Every 24 months is also too long of an interval.

Cost of glasses always far exceed the coverage and should be covered every year instead of every two years.

Prescription glass coverage should be $150 per two years.

The vision plan is not nearly as good as VSP, so why don't we have VSP???? Each time I use my vision care plan, the nurses and doctors say how bad our current plan is!

Total: 17

Kaiser HMO

Overall I am very satisfied with the Kaiser care I have received, but there are definitely weakness with their customer service when you submit a complaint, also a weak vision benefit program, and the pharmacies are very inconsistent with their policies, it differs from pharmacy to pharmacy even in the same building. Also not much after hour care available and emergency's automatic large co payment should not be charged when urgent care is not available. Kaiser also needs better chiropractic options, I think it would save them in the long run.

Vision benefits associated with the purchase of glasses is very low.

I am using Kaiser HMO which also includes a Vision Plan. It would be great if the bi-annual eye glasses allowance to be increased more than current $200. It is getting very expenses as I need to purchase 3 pairs of glasses every time my vision prescription changes (a pair for normal usage, one pair for back up, and another pair for sun glasses).

Thank you

The vision benefits for glasses are not adequate for technical/professional employees.

I have multiple people in my family that need eye glasses. The benefit is one a year so my family has to wait each year for their glasses or pay out of pocket.

I believe that the cost for frames and lenses are very expensive, especially when employees have to purchase either multiple glasses for personal or work use or glasses for multiple family members. The costs are way too high and at times are unaffordable.

I wish we would have a better vision coverage. It seems very limited to me.

For a corrective contacts user, the vision allowance is not enough to cover the expense of contact lenses. Additionally, the contact lens fitting exam is counted against your allowance, even in cases where you want to continue using your existing contact lenses.

More cost effective plan for damaged glass replacement

Vision should include basic frames and lenses included in cost. It seems to cost $200 for each pair of glasses for each person every year.
<table>
<thead>
<tr>
<th>Vision benefits ($200 every two years) should be based on the calendar year and not on the last time you used it.</th>
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<tbody>
<tr>
<td>I would like more choices for my vision plan</td>
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<tr>
<td>Increased subsidy for frames and lenses would be good. Thank you for the survey</td>
</tr>
<tr>
<td>I wish the vision coverage was more comprehensive and better. It is difficult to get glasses and contacts in the same year since the cost of glasses is high, coverage amount is low.</td>
</tr>
<tr>
<td>Benefit is limited to the provider (i.e. Kaiser), while outside sources gives more value for the money.</td>
</tr>
<tr>
<td>Older employees eyes change faster that the two years we have to wait between getting new prescriptions/glasses. Vision changes should be allowed EVERY year. You need to increase the vision benefit. You only provide a $200 benefit for new glasses every other year. New glasses (frames and lens) ALWAYS cost so much more than that.</td>
</tr>
<tr>
<td>My health insurance only covers 1 pair of glasses every two years. Not enough now that I need prescription sun glasses and now distance and reading glasses and/or bifocals. Also, it's hard to keep track of when I am eligible for a new pair of glasses without digging through records. I wish the Kaiser website would notify me when I'm eligible for a new pair of glasses.</td>
</tr>
<tr>
<td>The $200.00 benefit (Kaiser optometry/vision care) is inadequate in the amount allotted to the member or the frequency (once every 24 months).</td>
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<tr>
<td>Vision allowance is not aligned with the cost of vision care. The cost of eyeglasses/contacts is pushed up so that you will have to pay a significant amount of money out of pocket on top of your vision allowance. Will be looking around for a better vision benefit. Additionally, reminders or alerts should be sent to notify you when you are eligible for a vision check up.</td>
</tr>
<tr>
<td>I know it's pretty standard for vision services to only provide some contact lens coverage once every 2 years. It would be better if contact lens are covered annually because contact lens wearers need a new vision test and new supply on an annual basis.</td>
</tr>
<tr>
<td>Vision: Need to have better Coverage. The time we spend on the Computers at work puts a lot of strain on the eyes. and with the coverage we get from the insurance is not enough to pay for 2 set of eye glasses, because now the eye Doctors recommend that you get eye glasses special if you spend a lot hours on the computer.</td>
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<tr>
<td>Eyeglass benefits for employee only should include progressive lenses, tints, transition lenses, scratch resistant coating and anti-glare coating without additional cost to employee.</td>
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<tr>
<td>I think more vision options should be provided like computer and progressive lenses for a reasonable price.</td>
</tr>
<tr>
<td>Vision services are almost non-existent. $200 every (2) years is a joke. Especially, when I am required to wear disposable contacts that need to be replaced on a regular basis.</td>
</tr>
<tr>
<td>Kaiser's vision benefit is enough to cover a partial of one year's worth of exams, contacts, glasses. In the second year, I have no benefit basically. It would be nice to have some additional percentage discount in the second year. One reason I switched to Blue Cross for a short period of time since they have percentage discounts on vision.</td>
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<tr>
<td>Please provide a better coverage for vision.</td>
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<tr>
<td>Vision allowance should be annually from Kaiser. Eye vision changes every year.</td>
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<tr>
<td>Checkup and glasses once per year. More coverage financially.</td>
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<tr>
<td>$200 every two years through Kaiser isn't enough. $300 would be great.</td>
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<tr>
<td>I would like to have more subsidy toward contact lenses purchase, specifically every year instead of every 2 years.</td>
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<tr>
<td>I have Kaiser as healthcare provider so my vision plan is also with Kaiser. Kaiser has vision allowance for every two years but I don't know when my next allowance is available. I don't remember seeing anything regarding my vision plan or allowance on Kaiser website. It would be good to have that available on Kaiser website when I login so I know and can schedule for the appointment around that time.</td>
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<tr>
<td>I have Kaiser and I feel the vision plans we have are not great especially as a large group. I am surprised that the glasses are high, I tend to get examination there but get my glasses at Costco, so I think that could be remedied.</td>
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</table>
My vision is covered by Kaiser. My benefit is approx $200. The problem is that the frames Kaiser carries cost a lot more. So my benefit covers the lens, but Kaiser or their sales people try to get you to buy their very expensive frames or a specific type of lenses (the glass). Twice already I have brought in my own frame in order to get my prescribed lenses.

I would like to see new eyewear/lenses covered on an annual basis.

Kaiser HMO vision is sub-par compared to the other option we have. Only one visit every two years, vs. every one year with the other option. I must preferred visiting Lens crafters. Would be great if we could have a vision plan separate and apart from our health plan.

More coverage will be better, since glasses are way to expensive

When it comes to the glasses I believe the lenses and standard frames nothing fancy should be covered you only get the 200 and they try and use that for the lenses and you always have to add to that for even basic frames.

Vision coverage: glasses and contact lenses should be more than what is offered.

I wish our vision plan is more competitive to other govt' plans such as the City of Santa Monica. For example, I cannot go to Costco or Wal-Mart optical. We should have a bi-annual allowance, say $350, to spend on exams/contact lens/new prescription glasses (lens, frames) including bifocal or anti-glare features because buying a new pair or spare pair of prescription glasses is VERY expensive.

Kaiser vision coverage for glasses is not enough. If you need more than one pair of glasses (e.g. computer glasses or sunglasses) it doesn't cover them.

The vision benefits from Kaiser could be a little better.

I have health issues that have changed my prescription for eyeglasses in less than the two years provided by my plan. It would be helpful if my plan allowed for new lenses based on my condition.

Kaiser should cover new eyeglasses or contact lenses every 12 months, not 24 months. That's too long to wait.

hope there will be benefit for every year instead of every other year.

The coverage of $250.00 every other year is not enough to cover yearly change on my lenses/frame.

Vision - benefits is not enough to cover overall cost of a new pair of glasses. Kaiser overcharge for frames and lenses compare to others.

The annual benefit amount is not enough to cover maintenance or problems that may arise. And the glasses are cheap and break easily. There are companies that sell better products.

It would cost me more to purchase a pair of glasses through Kaiser than going to Costco (with no insurance).

I would like to see better vision coverage. The current coverage is excellent only if you do not need glasses or contacts and are only going for routine check ups. The cost of contacts or glasses far outweighs the two year value allocated towards obtaining them.

My vision coverage covers only 50% of my needs.

Prescription glasses and contacts should be combined for the scheduled exam without paying for the other.

Increase in coverage

It would be preferable that the option to get new glasses came each year rather that every two years. Please provide new glasses each year. Two (2) years is too long for a person struggling with good vision.

Hope the co-pay will also be removed. Just a suggestion.

Our stipend is for every 2 years.

Vision choices are good but help with prescriptions every 2 years is very minimal.

New glasses should be available every year

I sit in front of a computer terminal for most of my working hours which puts a strain on my eyes. I'd advocate for vision benefits that cover frames and lenses annually instead of biannually.

The vision plan offered by the union is a better plan than is offered through the City health care plans. I feel strongly that this should not be the case. The coverage for Vision is okay not the best.
<table>
<thead>
<tr>
<th>No Carrier Listed</th>
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<tbody>
<tr>
<td>It would be nice to be able to get new glasses more often than once every 2 years.</td>
</tr>
<tr>
<td>The plan should allow for 2 pair of glasses a year. Should not have the restriction that one of the glasses needs to be computer glasses. We should be able to choose any type of glasses we need. For example: 1 pair of regular prescription glasses, and 1 pair of prescription sun glasses.</td>
</tr>
<tr>
<td>Vision has reduced benefits. We should be able to change glasses and frames annually. See above comments re vision insurance it should be yearly instead of every 2 years exam Vision benefits associated with the purchase of glasses is very low.</td>
</tr>
<tr>
<td>There should be more choices on the selection of Medical, Dental, and Vision plans. There should be no co-pay for a more expensive HMO plan, especially when an HMO is more expensive than a PPO plan. Furthermore, the co-pay for any plan should not be charged if the maximum out of pocket expense has already been reached. I continue to have spend $15 out of pocket when I had already reached the $500 limit months ago. The vision coverage for glass is a joke. With most many vision plans providing full cost coverage of glasses (or more than $75), it only makes sense that cost of one pair of glasses per year should be fully covered instead of offering $75 toward the cost.</td>
</tr>
<tr>
<td>The vision benefits for glasses are not adequate for technical/professional employees. I have multiple people in my family that need eye glasses. The benefit is once a year only my family has to wait each year for their glasses or pay out of pocket.</td>
</tr>
<tr>
<td>I am disappointed with my vision benefits. For those of us who really need glasses and contacts, the benefits don't allow for both nor do they even tap the surface of overall cost of glasses and/or contacts on an annual basis. I would like to see improvements in vision benefits. (1) should offer more selection of providers, such as VSP; (2) coverage for lenses and frame should change to every 12 months; (3) there should be more options and better coverage for the lenses We should be able to share the benefit within the family. For example, my kid should be able to use my benefit (exam or frame) if I don't use it. Although vision benefits are good to have, it is very difficult to find information on the available vision benefits &amp; how to use them. Also, the benefits don't cover enough of actual costs &amp; are limited, i.e. can only chose regular glasses or sunglasses every 2 years.</td>
</tr>
<tr>
<td>I wish we would have a better vision coverage. It seems very limited to me. Would like to see better benefits for the vision plan. The previous one from Blue cross was not bad. The oopay for preventative care is reasonable. It seems like vision is covered like an elective procedure. Many people, such as my self, need corrective lenses to see properly. I would like to see more coverage on the lens portion of the plan. Wearing glasses all the time, as I do, requires some of the extras, such as UV protection, etc. It would be beneficial if that coverage could be increased. The frames are not the real expense, its the lenses. For a corrective contacts user, the vision allowance is not enough to cover the expense of contact lenses. Additionally, the contact lens fitting exam is counted against your allowance, even in cases where you want to continue using your existing contact lenses. More cost effective plan for damaged glass replacement Vision should include basic frames and lenses included in cost. It seems to cost $200 for each pair of glasses for each person every year.</td>
</tr>
<tr>
<td>Vision benefits ($200 every two years) should be based on the calendar year and not on the last time you used it. I would like more choices for my vision plan. The service of eye examination in Kaiser is good. However, the $200 discount in ordering eye glasses is meaningless, because the prices of frame &amp; lenses are too expensive comparing with other places such as COSTCO, Walmart or most eye-glasses stores. Furthermore, it takes too long to get the order ready for pick-up.</td>
</tr>
</tbody>
</table>
| low quality vision plans. have to wait two years to get new frames... children eyes change every year. Maybe a better vision plan to cover the high cost of prescription glasses We need a vision plan that includes option of online glasses. It would be nice to be able to get new glasses more often than once every 2 years. Increased subsidy for frames and lens would be good. Thank you for the survey.
I like in the future my vision plan can cover my family to, before we have, went they going to check their vision, cost a lot money. If can covered at least 20,30, or 40 per % is help. Thank you

Vision care should cover yearly eye exams, and coverage for corrective glasses/lenses (as they did under Blue Cross PPO in previous years).

I wish the vision coverage was more comprehensive and better. It is difficult to get glasses and contacts in the same year since the cost of glasses is high, coverage amount is low.

Need better vision benefits. Contacts or Glasses are necessary to see, so more coverage should be provided. Once every 2 years is inadequate for contacts, as prescriptions are only good for one year. Makes no sense. Glasses and contacts are expensive and should have better coverage.

I find I only have basic cataract coverage. That means I cannot get the corrective lens needed without paying thousands of dollars over what you give towards cataract surgery. I think the full amount of the full benefit should be covered.

My eyesight has changed each year for the past few years - enough to have a new prescription written - but the plan only covers new lenses every 2 years - which has put me out of pocket for the years that I don't have the benefit. I feel if a prescription is changed that we should have the benefit of having the new/needed prescription lenses covered and not just every 2 years.

I wish the City can offer better vision plan since for those who need to wear glasses or contact lens do need to order new pairs of glasses or contact lens when the prescription changes. Especially our vision seems to get worse when we need to use computer for long hours and on daily basis.

Older employees eyes change faster that the two years we have to wait between getting new prescriptions/glasses. Vision changes should be allowed EVERY year. You need to increase the vision benefit. You only provide a $200 benefit for new glasses every other year. New glasses (frames and lens) ALWAYS cost so much more than that.

The plan should allow for 2 pair of glasses a year. Should not have the restriction that one of the glasses needs to be computer glasses. We should be able to choose any type of glasses we need. For example: 1 pair of regular prescription glasses, and 1 pair of prescription sun glasses.

The $200.00 benefit (Kaiser optometry/vision care) is inadequate in the amount allotted to the member or the frequency (once every 24 months).

Benefits for vision plan should be available every year.

Vision allowance is not aligned with the cost of vision care. The cost of eyeglasses/contacts is pushed up so that you will have to pay a significant amount of money out of pocket on top of your vision allowance. Will be looking around for a better vision benefit. Additionally, reminders or alerts should be sent to notify you when you are eligible for a vision checkup.

I know it's pretty standard for vision services to only provide some contact lens coverage once every 2 years. It would be better if contact lens are covered annually because contact lens wearers need a new vision test and new supply on an annual basis.

My vision plan only covers glasses every two years, however, sometimes, a new prescription is needed every year especially with children. I would prefer to have a plan that covers its every year even if I have to pay a portion.

Vision: Need to have better Coverage. The time we spend on the Computers at work puts a lot of strain on the eyes, and with the coverage we get from the insurance is not enough to pay for 2 set of eye glasses, because now the eye Doctors recommend that you get eye glasses special if you spend a lot hours on the computer.

Eyeglass benefits for employee only should include progressive lenses, tints, transition lenses, scratch resistant coating and anti-glare coating without additional cost to employee.

Vision services are almost non-existent. $200 every (2) years is a joke. Especially, when I am required to wear disposable contacts that need to be replaced on a regular basis.

I used to work for the State of California, and had a separate vision plan through them, in addition to my health and dental plan. Now that I am with the City of LA, vision care is provided through my HMO. I am not satisfied with the fact that I have to pay a fitting fee for contact lenses, on top of the cost of the lenses. Also, I am not happy that the benefit is only available every other year. The benefit should be annually available.

Please provide a better coverage for vision.
The vision plan used to allow a new pair of glasses for children every 12 months. Now the plan requires 24 months. Vision is so important for children and if the prescription changes annually, the vision coverage is severely lacking. In addition, children are tough on the glasses (sports, etc...) - the 24 month waiting requirement was not chosen to support City employees with children who need to wear glasses. This should be changed back to the prior 12 month requirement.

Previously under vision provisions, you get $100 applied towards the purchase of sunglasses (without prescription). This was very beneficial as I, and most people, suffer from intense sunlight glare. I would you this benefit to purchase sunglasses every so often. Purpose is to prevent potential vision damage over time limiting sunlight exposure. This has a direct correlation with saving money over the long term: preventive measures to avoid costly (in this case prescriptions sunglasses) health care. Please consider bringing this back.

Vision has reduced benefits. We should be able to change glasses and frames annually. Checkup and glasses once per year. More coverage financially.

We need more benefits for vision.

I think the co-pays should be a little less for prescription glasses and a larger amount allowed for frames.

I would like to see new eyewear/lenses covered on an annual basis.

I think that you should be able to purchase discount glasses/vision wear every year and not once every two years with my current plan.

When it comes to the glasses I believe the lenses and standard frames nothing fancy should be covered you only get the 200 and they try and use that for the lenses and you always have to add to that for even basic frames.

Vision coverage; glasses and contact lenses should be more than what is offered.

I wish our vision plan is more competitive to other govt plans such as the City of Santa Monica. For example, I cannot go to Costco or WalMart optical. We should have a bi-annual allowance, say $350, to spend on exams/contact lens/new prescription glasses (lens, frames) including bifocal or anti-glare features because buying a new pair or spare pair of prescription glasses is VERY expensive.

Kaiser vision coverage for glasses is not enough. If you need more than one pair of glasses (e.g. computer glasses or sunglasses) it doesn't cover them.

I have health issues that have changed my prescription for eyeglasses in less than the two years provided by my plan. It would be helpful if my plan allowed for new lenses based on my condition.

Hope there will be benefit for every year instead of every other year.

Need better coverage for glasses. We can get new glasses every two years and it is hard when your vision changes often. Out of pocket cost is too high.

The vision plan is bare bones. It barely pays for anything. At my age I have to get a new pair of glasses every year and my eye doctor has to show that my vision has significantly changed in order for the lenses to be covered under the plan. I wish we had a supplemental vision plan like AFSCME Local 3090. Unfortunately my local (2626) does not want to pursue this option for us even though I know that many, many, many librarians are in the same boat.

What we are paying more into our portion of insurance should be enough to cover any procedure, especially additional benefits, including low cost Lasik's.

Would like to see Vision insurance pay more towards glasses and or contacts, and also towards vision correction surgeries. If more people could have vision correction surgery, then insurance may pay less for annual or bi annual glasses or contacts.

The coverage for the frame is too small compared to the cost of frames nowadays in the market.

The coverage of $250.00 every other year is not enough to cover yearly change on my lenses/frame.

Vision plan is okay. I wish lenses and frames were covered on an annual basis, and more funds (of course) provided by the plan.

I wish that we had more benefits so that we could get glasses or contacts annually instead of every 2 years.

Vision coverage used to provide one pair of prescription glasses yearly, it was dropped to one every 2 years.

It would be nice to have coverage for glasses every year and not every two years.

I hope they indicate the date when the last order of my prescription glasses were made.

The annual benefit amount is not enough to cover maintenance or problems that may arise. And the glasses are cheap and break easily. There are companies that sell better products.

My vision coverage covers only 50% of my needs.
Prescription glasses and contacts should be combined for the scheduled exam without paying for the other.

I would like the ability to get glasses more than once every two years. Damage, fit, etc. changes within that time period that might require more than one pair of glasses per two years.

I would like more coverage on our vision plan through Kaiser. They only give you a $100.00 credit and glasses can run way over $800.00 when you put the frame, lenses, bi-focal, distance, computer protection, glare tint and transition lenses. All of these add on cost a lot of money and will be very difficult for a retired employee to afford.

I would like to see better vision coverage. The current coverage is excellent only if you do not need glasses or contacts and are only going for routine check ups. The cost of contacts or glasses far outweighs the two year value allocated towards obtaining them.

Increase in coverage

Frames are expensive! I wish there was a higher dollar amount for frames. Also, some coverage for progressive lenses.

Hope the co-pay will also be removed. Just a suggestion.

Vision coverage is somewhat limited. Must cover Rx contact lenses and Rx glasses.

Our stipend is for every 2 years.

Vision choices are good but help with prescriptions every 2 years is very minimal.

I wish there is an annual coverage rather than every two years.

If you try to cut down the co-pay would be great!

Wish that our allowance was a bit higher through our Vision plan with Kaiser

New glasses should be available every year

The only problem with the vision is that for my frame and lens I have covered for $200 every two years. Most good frames cost at least $500.

It would be preferable that the option to get new glasses came each year rather that every two years.

Please provide new glasses each year. Two (2) years is too long for a person struggling with good vision.

I sit in front of a computer terminal for most of my working hours which puts a strain on my eyes. I'd advocate for vision benefits that cover frames and lenses annually instead of biannually.

Coverage is not sufficient. Every 24 months is also too long of an interval.

Would prefer a larger allowance for glasses and contacts.

Definitely needs more reimbursement for frames and glasses especially for out of network provider.

I think the vision benefits on all medical plans are weak if not out of date. They really don't cover the more advanced options for glasses and contacts available nowadays.

THE REPLACEMENT OF EYE GLASSES AND CONTACT LENSES SHOULD BE EVERY YEAR FOR ALL CITY EMPLOYEES TO PROTECT THEIR VISIONS. A SPECIAL BENEFIT FOR SUNGLASSES WITH PRESCRIPTION SHOULD BE ADDED FOR EMPLOYEES WHO NEED THEM FOR FIELD WORK.

not enough coverage

Prescription glass coverage should be $150 per two years.

it should be yearly instead of every 2 years exam

The vision coverage is not enough. The coverage of $130 for frames and another amount for the lenses simply aren't enough. I'm still paying a lot more when I get my glasses.

Need a lower co-pay on glasses

OFFERED A MORE GENEROUS VISION PLAN. EXAMPLE: A PAIR OF GLASSES OR CONTACTS EVERY 12 MONTHS.

I'm happy that we have vision coverage, but for people with strong prescriptions, it really doesn't cover a lot. And working in front of a computer, I find I need new lenses AND frames every year, not every other. More coverage on different types of lenses would be nice.

I think more vision options should be provided like computer and progressive lenses for a reasonable price.

I would like to have more subsidy toward contact lenses purchase, specifically every year instead of every 2 years.

More coverage

Total: 106

Grand Total: 215
Lack of Information
Lack of Information
<table>
<thead>
<tr>
<th>LACK OF INFORMATION</th>
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<td>I think more information needs to be provided that clearly explains the vision plan, including exam and corrective lenses coverage. Its very difficult to find details about what is covered, as it is not included in the packet mailed and the name is different than the actual medical insurance.</td>
<td></td>
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<td>Don't understand vision care plan at all and it is not clearly stated anywhere.</td>
<td></td>
</tr>
<tr>
<td>Vision coverage is kind of vague. Please provide me with all necessary information if you could pls email me at: <a href="mailto:rudy.bavan@lacity.org">rudy.bavan@lacity.org</a></td>
<td></td>
</tr>
<tr>
<td>The vision information was very unclear and took investigation for me to determine what I was eligible for. Outside of Kaiser, it was troublesome and not such a good deal! Once I found something convenient (A Lenscrafters location), both the exam and the glasses were expensive.</td>
<td></td>
</tr>
<tr>
<td>Where do I go for vision coverage? Again, when I ask for assistance I am left in the dark.</td>
<td></td>
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<td>The subject of Vision services has been a foggy subject to this day. I guess you can say I'm blind to what my options are. I am requiring reading glasses now and am not sure where to begin the process.</td>
<td></td>
</tr>
<tr>
<td>The enrollment packet should include the name of the Vision Company and the coverages.</td>
<td></td>
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<td>More information about vision benefits should be offered.</td>
<td></td>
</tr>
</tbody>
</table>

**Total: 8**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Getting to the information for the mental health benefits via Magellan and the vision benefits via (who?) is too clumsy. Magellan's workers can't see Blue Shield's records, and Blue Shield's workers can't see Magellan's records.</td>
</tr>
<tr>
<td>Better information is needed as to what our vision benefits are.</td>
</tr>
<tr>
<td>There is very limited information and choices about vision benefits. For instance, Blue Shield provides very limited or no information about vision benefits and coverage are not that extensive. Add vision plans with more choices of providers and good coverage.</td>
</tr>
<tr>
<td>It is not clear what type of coverage / vision we are getting.</td>
</tr>
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<td>It would be nice to have some kind of information in regards to our vision health plan, I was not aware that we even had that until last year.</td>
</tr>
<tr>
<td>I had issues accessing my vision benefits earlier in the year. The optometrist that I went to the year prior could not locate my insurance in the system. I had to place several calls and then was told it was another kind of insurance for vision. It was very confusing and I didn't have that issue a year before that. But there was no separate insurance card or phone numbers for customer service.</td>
</tr>
<tr>
<td>It was very difficult to locate real information. MES is also a very confusing operation, when I ordered contact lens for my daughter, they could not connect the benefits with the actual ordering. This required 5-6 telephone calls between the two operations. Neither knowing why I had to call them.</td>
</tr>
<tr>
<td>The vision plan was not clearly stated in the health plan &amp;/or Flex benefits. I have to find out how it works from my coworker who have same plan as me.</td>
</tr>
<tr>
<td>Extreme lack of information. No provider info on med card No pamphlets on vision plan No info on providers If this info exists...no marketing of useful exchange.</td>
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<td>The City should highlight that our insurance includes Vision - a very important supplement to our health. Perhaps and email annually regarding check-ups for your eyes. I believe after a certain age, an adult needs to visit a vision specialist to make sure they are wearing the proper eye wear and lens. Just saying....</td>
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<tr>
<td>I always have difficulty with insurance place. There is nothing written on the medical card. No name or 800# so that optometrist office can call and verify coverage.</td>
</tr>
<tr>
<td>Provide better info. Plan and benefits</td>
</tr>
<tr>
<td>I do not understand my costs and benefits</td>
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<tr>
<td>The information and ease of use of the Vision benefits are too difficult. The process seems to change every year with the goal being hide the benefits.</td>
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<tr>
<td>Our vision plan is much to be desired, its very difficult to figure out what your benefits are, and where you can obtain service.</td>
</tr>
<tr>
<td>wish this was better defined</td>
</tr>
<tr>
<td>Better vision cards</td>
</tr>
</tbody>
</table>

**Total: 17**
Blue Shield PPO

I've been unable to access information about Vision Care - maybe its not provided to me per my MOU? Previous attempts to secure information have failed.

I am often confused as to how my vision benefits work with my PPO. I feel there should be more information in regards to vision and what providers are available without having to hunt for a needle in a haystack. Because of this confusion, I have been paying out of pocket for my vision needs.

Vision care should cover yearly eye exams, and coverage for corrective glasses/lenses (as they did under Blue Cross PPO in previous years).

It was very hard for me to get my vision checked as I had no idea of my provider. It would be very nice to receive a vision card that I could keep in my wallet with the group number, contact numbers and other vision info.

The benefits available for the vision plan are not clearly explained. I called the Plan and obtained information regarding coverage; however, when I filled a prescription for glasses, the covered amount was significantly less.

I do not understand what the vision program pays. I have went in for eye exams, etc., and tried to use this plan and been told that it was not accepted by more than one optometrist.

Vision not clearly understood. Providers limited. Coverage limited.

I don't know what kind of vision plan I have, which is my fault because I am covered for vision under a separate vision plan my Union has gotten us, so I don't check into the vision plan with my medical.

I would like specific information on how dual coverage works my family and I are covered by both my husband and myself, yet it is always a hassle to coordinate coverage.

Trying to get to the page to find the printout of the company that actually handles your vision care is a headache. You have to take that printout to your optometrist to get the full benefits. I was lucky enough to find the link to get to that printout. No one else in my office could find it and I had to send the links to them. The vision care is fine....if you can find the right links to get to the needed documents.

Total: 10

Kaiser HMO

I would like to see more information on other vision plans available. There seems to be confusion between what the city provides and what's provided from the unions.

Need more information.

Provide more info as to number of times I can go for a visit, ask for referrals, changes prescription glasses

With Kaiser, is vision part of the health packet or is it something completely different?

Haven't been able yet to determine the amount and timing of vision benefits online. Don't know what's what until I actually get to Kaiser Vision Care.

Not too much information is received about the vision service members can receive.

Your primary doctor at Kaiser should inquiry if the patient would like information on vision coverage.

Never any info on vision.

Can my family go to any optometrist?

I was unaware of visual examinations. Where can we get these done?

I hope they indicate the date when the last order of my prescription glasses were made.

I never knew that I had a vision benefit except what is offered through our Union.

This program is also not explained extremely well in the Flex Benefits booklet.

I am not sure what is cover for my vision in the case of surgery emergency situation.

I do not get enough information about the vision care plan. Typically, I have to do the research myself.

Confusing: frames, exams, lenses, argh.

Not enough explanation of vision benefits. Should be allowed to access Costco Vision Center for best prices.

Health plans don't explain much about vision care or at least I have not seen much about it

need more information for vision plan, not much is mention on website or anything. almost like we don't have any.

Total: 19
It is very hard to find the coverage we have for vision online.

Need more information.

I think more information needs to be provided that clearly explains the vision plan, including exam and corrective lenses coverage. It is very difficult to find details about what is covered, as it is not included in the packet mailed and the name is different from the actual medical insurance.

Better information is needed as to what our vision benefits are.

it is not clear what type of coverage / vision we are getting.

It would be nice to have some kind of information in regards to our vision health plan, I was not aware that we even had that until last year.

The vision plan was not clearly stated in the health plan &/or Flex benefits. I have to find out how it works from my co-worker who has same plan as me.

I would like to see more options for coverage, broader coverage

I've been unable to access information about Vision Care - maybe its not provided to me per my MOU? Previous attempts to secure information have failed.

I am often confused as to how my vision benefits work with my PPO. I feel there should be more information in regards to vision and what providers are available without having to hunt for a needle in a haystack. Because of this confusion, I have been paying out of pocket for my vision needs.

It was very hard for me to get my vision checked as I had no idea of my provider. It would be very nice to receive a vision card that I could keep in my wallet with the group number, contact numbers and other vision info.

I would like to see more information on other vision plans available. There seems to be confusion between what the city provides and what's provided from the unions.

Provide more info as to number of times I can go for a visit, ask for referrals, changes prescription glasses

Extreme lack of information. No provider info on med card No pamphlets on vision plan No info on providers If this info exists...no marketing of useful exchange.

Health plans don't explain much about vision care or at least I have not seen much about it.

The benefits available for the vision plan are not clearly explained. I called the Plan and obtained information regarding coverage; however, when I filled a prescription for glasses, the covered amount was significantly less.

Don't understand vision care plan at all and it is not clearly stated anywhere.

Not too much information is received about the vision service members can receive.

I have a hard time finding a vision specialist that is covered under my plan.

The City should highlight that our insurance includes Vision - a very important supplement to our health. Perhaps and email annually regarding check-ups for your eyes. I believe after a certain age, an adult needs to visit a vision specialist to make sure they are wearing the proper eye wear and lens. Just saying....

Vision coverage is kind of vague. Please provide me with all necessary information if you could pls email me at: rudy.bayan@laicity.org

I do not understand what the vision program pays. I have went in for eye exams, etc., and tried to use this plan and been told that it was not accepted by more than one optometrist.

Where do I go for vision coverage? Again, when I ask for assistance I am left in the dark.

I always have difficulty with insurance place. There is nothing written on the medical card. No name or 800# so that optometrist office can call and verify coverage.

The subject of Vision services has been a foggy subject to this day. I guess you can say I'm blind to what my options are.

I am requiring reading glasses now and am not sure where to begin the process.

It is very hard to find the coverage we have for vision online.

Never any info on vision.

Can my family go to any optometrist?

Provide better info. Plan and benefits

I was unaware of visual examinations. Where can we get these done?

I do not understand my costs and benefits

Vision not clearly understood. Providers limited. Coverage limited.

The enrollment packet should include the name of the Vision Company and the coverages.

The information and ease of use of the Vision benefits are too difficult. The process seems to change every year with the goal being hide the benefits.
I do not get enough information about the vision care plan. Typically, I have to do the research myself. I wish this was better defined.

Need more information on vision plan, not much is mention on website or anything. Almost like we don't have any.

Our vision plan is much to be desired, it's very difficult to figure out what your benefits are, and where you can obtain service.

This program is also not explained extremely well in the Flex Benefits booklet.

I am not sure what is cover for my vision in the case of surgery emergency situation.

More information about vision benefits should be offered.

I would like specific information on how dual coverage works my family and I are covered by both my husband and myself, yet it is always a hassle to coordinate coverage.

Not enough explanation of vision benefits. Should be allowed to access Costco Vision Center for best prices.

Trying to get to the page to find the printout of the company that actually handles your vision care is a headache. You have to take that printout to your optometrist to get the full benefits. I was lucky enough to find the link to get to that printout. No one else in my office could find it and I had to send the links to them. The vision care is fine...if you can find the right links to get to the needed documents.

Better vision cards

Total: 44

Grand Total: 98
Cost
COST
Blue Shield Full Network HMO
I like in the future my vision plan can covered my family to, before we have, went they going to check their vision, cost a lot money. If can covered at least 20, 30, or 40 per % is help. Thank you
Current vision plan is too expensive. I prefer the old one.
The vision benefits are very poor. I ended up paying nearly $1000 out of pocket for my annual visit -- contact exam, contact, and a back up pair of glasses. Vision barely cover $200. It's really not worth it. I'd love to the City go with a true vision plan like VSP.
I had to go with the vision center's plan instead of using my insurance. If I had used my insurance, I would have paid more.
Frames are expensive! I wish there was a higher dollar amount for frames. Also, some coverage for progressive lenses.
The coverage for the frame is too small compared to the cost of frames nowadays in the market.
The vision coverage is not enough. The coverage of $130 for frames and another amount for the lenses simply aren't enough. I'm still paying a lot more when I get my glasses.
Total: 7

Blue Shield Narrow Network HMO
My insurance covered very little when I saw the eye doctor for prescription reading glasses. Even with insurance, I ended up paying over $300 for a pair of glasses.
My out-of-pocket expenses for frames, lenses and contacts for a family of three is expensive. Eyewear for sports is not covered. We go annually for vision checks and always need to buy new eyeglasses. I do try to re-use frames—but this is not always possible.
Maybe a better vision plan to cover the high cost of prescription glasses.
The vision benefits may cover screenings, but the prescription eyeglass/contact lens services are not worth it. It is more expensive for me to purchase eyeglasses through health insurance than it is to purchase them at a store (I've been using SEE eyewear). In addition, I feel like our vision insurance should cover the cost of glare reduction screens at work.
I think the co-pays should be a little less for prescription glasses and a larger amount allowed for frames.
I finally paid out of pocket to have PRK (Lasik without cutting a flap) because eye glasses became more expensive and confusing to obtain.
Total: 6

Blue Shield Narrow Network HMO
The dental and vision benefits do not cover nearly enough! It's stupid not to cover the cost of refraction or whatever it's called in order to provide me with a prescription for glasses! It's stupid not to pay more for the glasses themselves: I pay nearly $500 for a single pair of glasses out of pocket even if I go to a provider that accepts my insurance for glasses. It's stupid not to pay more for routine dental x-rays and such and for occasional major procedures. Why can't you offer a crown every five years or so at no out of pocket cost to us?
Although vision benefits are good to have, it is very difficult to find information on the available vision benefits & how to use them. Also, the benefits don't cover enough of actual costs & are limited, i.e. can only chose regular glasses or sunglasses every 2 years.
I would prefer if the vision plan is with VSP over the current provider, which only covers the cost of contacts on a biannual basis.
The cost to my family for prescription glasses has gone up about 4 times over the last 3 years or so. Also, there are not very many places that are providers for glasses. I am very dissatisfied with this situation.
What vision benefit? I got progressive glasses for the first time this past year. Even with the vision benefits I think I had out of pocket costs in excess of $400.
out of pocket cost is too expensive for the eyewear.
Total: 6
<table>
<thead>
<tr>
<th>Kaiser HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due to the overwhelming cost I think that the yearly allotment should be increased by at least 50.00</td>
</tr>
<tr>
<td>I think our vision plan is still expensive and as we get older should be able to order new glasses every year and not every two years.</td>
</tr>
<tr>
<td>The $200 once every two years allowance for prescription glasses has not been raised in 15 years while price of everything has gone up. Kaiser keeps jacking up the price of all products in the optometry department. They even ended the kids' glasses combo promotion in 2013. That little allowance can barely cover the frame itself, but definitely not enough to cover a pair of glasses. Each of my family member has to pay at least $50-100 extra for glasses.</td>
</tr>
<tr>
<td>The service of eye examination in Kaiser is good. However, the $200 discount in ordering eye glasses is meaningless, because the prices of frame &amp; lenses are too expensive comparing with other places such as COSTCO, Wal-Mart or most eye-glasses stores. Furthermore, it takes too long to get the order ready for pick-up.</td>
</tr>
<tr>
<td>The vision plan that they have with Kaiser is very costly. I usually end up getting an eye exam from Kaiser, but then get my glasses from Costco, because even with the subsidy, it costs more than Costco's regular price.</td>
</tr>
<tr>
<td>Kaiser eye glass frames are too expensive also the persons who help you with the eye prescription give different prices and $200.00 is what a frame cost so out of pocket you can spend up to $200.00 and above eye vision needs improvement.</td>
</tr>
<tr>
<td>Getting the glasses I need is very expensive. I understand the special features in a pair of glasses increase the value of a pair of glasses. But most of those features should be part of the base cost or amount.</td>
</tr>
<tr>
<td>I used to work for the State of California, and had a separate vision plan through them, in addition to my health and dental plan. Now that I am with the City of LA, vision care is provided through my HMO. I am not satisfied with the fact that I have to pay a fitting fee for contact lenses, on top of the cost of the lenses. Also, I am not happy that the benefit is only available every other year. The benefit should be annually available.</td>
</tr>
<tr>
<td>Price of Kaiser frames should be lower.... Appreciate it ALL --&gt; Thank you</td>
</tr>
<tr>
<td>Cost too much for eyes glasses. A pair of glasses cost more than an I paid. This is ridiculous.</td>
</tr>
<tr>
<td>Kaiser eyeglasses are very expensive. Wish some improvement could be made in this area.</td>
</tr>
<tr>
<td>What we are paying more into our portion of insurance should be enough to cover any procedure, especially additional benefits, including low cost Lasik's.</td>
</tr>
<tr>
<td>Replacing glasses and frame may cost more even after applying benefit compared to outside store without benefit.</td>
</tr>
<tr>
<td>Vision Essentials charges too high and the opticians did not provide very good service. Frames bought ended not being used because it could not be returned.</td>
</tr>
<tr>
<td>I feel that my health care provider's prices for lenses and frames is excessive. It seems the allowance never covers the cost of this. The allowance needs to be higher to meet the higher costs. Additionally, LASIK should be covered as well.</td>
</tr>
<tr>
<td>I would like more coverage on our vision plan through Kaiser. They only give you a $100.00 credit and glasses can run way over $800.00 when you put the frame, lenses, bi-focal, distance, computer protection, glare tint and transition lenses. All of these add on cost a lot of money and will be very difficult for a retired employee to afford.</td>
</tr>
<tr>
<td>With the advent of laser to correct eyesight, prices for glasses have come down, but not that much....the frames cost more that the lens in some cases.</td>
</tr>
<tr>
<td>Sucks because vision coverage has not kept up with the cost of eyeglasses lenses and frames. It costs over $500 in co-pay each time I choose to change eyeglasses. I have had three-and-four-year periods elapse because I could get the eye exam but not afford the $500 co-pay for frames and lenses.</td>
</tr>
<tr>
<td>The $200 amount provided by Kaiser to cover glasses is not enough! After frames, lenses, AR coating and or lighter weight lenses or bifocals...it feels like you didn't provide anything at all.</td>
</tr>
<tr>
<td>I wish we got more money for glasses. I wear mine every day and I have progressives and they're expensive. It's great that Kaiser covers $200 every two years, but if it were a little more, that would help.</td>
</tr>
<tr>
<td>Glasses sure seem expensive, even with the vision benefit.</td>
</tr>
<tr>
<td>The only problem with the vision is that for my frame and lens I have covered for $200 every two years. Most good frames cost at least $500.</td>
</tr>
<tr>
<td>If you try to cut down the co-pay would be great!</td>
</tr>
<tr>
<td>I want higher benefits. I still have to pay $300-$400 for my eyeglasses.</td>
</tr>
</tbody>
</table>
The vision plan does not cover very much. I have to pay a lot of money out of pocket because this vision plan does not pay much.

Even though we get a credit for new glasses (Kaiser), I always end up paying hundreds of $ for new glasses. I need a lower co-pay on glasses. Kaiser's Vision products are overpriced.

| Total: 28 |

No Carrier Listed

I am disappointed with my vision benefits. For those of us who really need glasses and contacts, the benefits don't allow for both nor do they even tap the surface of overall cost of glasses and/or contacts on an annual basis. I would like to see improvements in vision benefits.

My current dentist is good, but closed on Fridays. Many are that are good dentist. Need more choices. Also need more choice on fillings, etc. Fees are too high. Insurance pay nothing. Almost better to just work a deal with dental office.

Same for eye care and vision plan. Costco and Wal-Mart are cheaper.

The dental and vision benefits do not cover nearly enough! It's stupid not to cover the cost of refraction or whatever it's called in order to provide me with a prescription for glasses! It's stupid not to pay more for the glasses themselves: I pay nearly $500 for a single pair of glasses out of pocket even if I go to a provider that accepts my insurance for glasses. It's stupid not to pay more for routine dental x-rays and such and for occasional major procedures. Why can't you offer a crown every five years or so at no out of pocket cost to us?

I think our vision plan is still expensive and as we get older should be able to order new glasses every year and not every two years.

I believe that the cost for frames and lenses are very expensive, especially when employees have to purchase either multiple glasses for personal or work use or glasses for multiple family members. The costs are way too high and at times are unaffordable.

My insurance covered very little when I saw the eye doctor for prescription reading glasses. Even with insurance, I ended up paying over $300 for a pair of glasses.

My out-of-pocket expenses for frames, lenses, and contacts for a family of three is expensive. Eyewear for sport is not covered. We go annually for vision checks and always need to buy new eyeglasses. I do try to re-use frames—but this is not always possible.

Getting the glasses I need is very expensive. I understand the special features in a pair of glasses increase the value of a pair of glasses. But most of those features should be part of the base cost or amount.

The vision benefits are very poor. I ended up paying nearly $1,000 out of pocket for my annual visit — contact exam, contact, and a back up pair of glasses. Vision barely cover $200. It's really not worth it. I'd love to the City go with a true vision plan like VSP.

Current vision plan is too expensive. I prefer the old one.

The vision benefits may cover screenings, but the prescription eyeglass/contact lens services are not worth it. It is more expensive for me to purchase eyeglasses through health insurance than it is to purchase them at a store (I've been using SEE eyewear). In addition, I feel like our vision insurance should cover the cost of glare reduction screens at work.

The vision plan is completely inadequate for persons who have specialized vision problems and require service beyond the very basic lenses. I need to see a specialist and require a change is prescription a couple time a year. My out of pocket expenses for this far outweigh the benefits. I would classify my situation as not having a vision plan at all.

The cost to my family for prescription glasses has gone up about 4 times over the last 3 years or so. Also, there are not very many places that are providers for glasses. I am very dissatisfied with this situation.

Due to the overwhelming cost I think that the yearly allotment should be increased by at least 50.00

Cost too much for eyes glasses. A pair of glasses cost more than an I paid. This is ridiculous.

What vision benefit? I got progressive glasses for the first time this past year. Even with the vision benefits I think I had out of pocket costs in excess of $400.

More coverage will be better, since glasses are way to expensive.

Replacing glasses and frame may cost more even after applying benefit compared to outside store without benefit.
Vision Essentials charges too high and the opticians did not provide very good service. Frames bought ended not being used because it could not be returned.

I had to go with the vision center’s plan instead of using my insurance. If I had used my insurance, I would have paid more.

I feel that my health care provider’s prices for lenses and frames is excessive. It seems the allowance never covers the cost of this. The allowance needs to be higher to meet the higher costs. Additionally, LASIK should be covered as well.

Sucks because vision coverage has not kept up with the cost of eyeglasses lenses and frames. It costs over $500 in co-pay each time I choose to change eyeglasses. I have had three-and-four-year periods elapse because I could get the eye exam but not afford the $500 co-pay for frames and lenses.

I finally paid out of pocket to have PRK (Lasik without cutting a flap) because eye glasses became more expensive and confusing to obtain.

With the advent of laser to correct eyesight, prices for glasses have come down, but not that much....the frames cost more than the lens in some cases.

Out of pocket cost is too expensive for the eyewear.

Glasses sure seem expensive, even with the vision benefit.

I want higher benefits. I still have to pay $300-$400 for my eyeglasses.

The vision plan does not cover very much. I have to pay a lot of money out of pocket because this vision plan does not pay much.

Cost of glasses always far exceed the coverage and should be covered every year instead of every two years.

I'm not sure why I don't have vision coverage. I thought I signed up for it. I wear glasses but they don't seem to be covered - not even a small portion of them. I need to do more research on this and I wish I had done more due-diligence before I renewed for this next year. My lenses are very difficult to make and I pay a huge amount for them and wish they were covered.
Service
**Kaiser HMO**

I am dissatisfied with the craftsman of Kaiser's eye glass makers. Why should I have to turn my head in the direction of the object I'd like to view or risk getting an distorted image. I should be able to move my head 30 to 45 degrees and not get distortion in viewing the object. Either the lens makers are uneducated in performing the skills necessary for an eyeglass wearer to see with his glasses in more than the straight ahead vision. It's not that it takes a lot of sophistication to make proper lenses, it's only common sense and expectation of every eyeglass wearer. What's the reason for taking extensive eye tests if the lens maker cannot make the lens to accommodate the vision of the wearer.

It usually takes too long for glasses to be done. Have taken prescription to Costco for a quicker turn-around. Also cheaper.

I go outside of Kaiser for vision care, to a private optometrist, as I don't trust the optometry dept at Kaiser. I needed bifocals, seriously needed them, and the vision care person said I didn't! I couldn't read a thing yet he tested me and said I should continue wearing the glasses I had for 5 years! that's why I don't use the vision care at Kaiser and would appreciate a separate category for vision care, as we have with dental care.

Taking too long to meet with eye doctors at K.P.

I think the vision care is token benefit really. I have been with the city for about 14 years. I have used the vision care only twice, same with wife. I have gone to my wife's former employer, an optometrist, for eye glasses. The last visit with the Vision care office (part of City health care/Kaiser) in Pasadena on Colorado Bl, I wanted to get some better reading glasses with the built in bifocals and tinted. My experience: I got a very brief eye exam, read this, read next line, never examined interior of my eye with a light, and (no glaucoma test), and sent over to the frames section. The nicer frames are very expensive, the cheaper, black frames are reasonable but ugly. More money in the frames than the exams. Useless benefit for my wife and I so far. Again willing to pay a little more per month to receive better examinations, and affordable, stylish frames. The examiner seemed eager to go on break. Very little interaction with customer.

The vision care has improved in options over the years, but it is still tricky to get an appointment, because they are so busy.

I wish Kaiser would remind me of my vision allowance every two years, as well as their sales (i.e. $149 off of xxx brand of eyeglasses). This would be an incentive for me to get new eyeglasses when my prescription changes.

**Total: 7**

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**No Carrier Listed**

I had issues accessing my vision benefits earlier in the year. The optometrist that I went to the year prior could not locate my insurance in the system. I had to place several calls and then was told it was another kind of insurance for vision. It was very confusing and I didn't have that issue a year before that. But there was no separate insurance card or phone numbers for customer service.

It usually takes too long for glasses to be done. Have taken prescription to Costco for a quicker turn-around. Also cheaper.

Medical – 3 statements repeating charges. Dental – statements only a few. Vision – No statements. Prescriptions drugs – excellent coverage. Overall healthcare cost – can’t compare.

I go outside of Kaiser for vision care, to a private optometrist, as I don't trust the optometry dept at Kaiser. I needed bifocals, seriously needed them, and the vision care person said I didn't! I couldn't read a thing yet he tested me and said I should continue wearing the glasses I had for 5 years! that's why I don't use the vision care at Kaiser and would appreciate a separate category for vision care, as we have with dental care.
The vision plan/services provided under the previous medical coverage provided through Blue Cross was much better than what is provided through Blue Shield. The medical plans themselves seem to be very similar but the vision provider, information, customer service, accessibility for eye care providers such as Lenscrafters, is terrible! When last used, Lenscrafters had to actual call to get benefits/coverage information over the phone (which wound up being incorrect) because the systems was not electronically accessible. The coverage and service provided through Blue Cross (Blue View) is much preferred over what we currently have.

The Vision care has improved in options over the years, but it is still tricky to get an appointment, because they are so busy.

Total: 6

Grand Total: 14
Provider Selection
### PROVIDER SELECTION

**Blue Shield Narrow Network HMO**

I have a hard time finding a vision specialist that is covered with my plan.

| Total: 1 |

---

**Blue Shield PPO**

The vision care changed this year which required me to change doctors. I preferred my prior provider.

1. should offer more selection of providers, such as VSP;
2. coverage for lenses and frame should change to every 12 months;
3. there should be more options and better coverage for the lenses

| Total: 2 |

---

**No Carrier Listed**

I have had trouble sticking with a single vision provider due to my vision plan being dropped by the provider. I wish the vision plan was better so as to be accepted anywhere by any provider.

Overall the benefits plan is not bad. My main complaint would be mostly with the medical system we have. Physicians don't really care for their patients, information about tests performed and our records should be provided or be readily available. Physicians don't spend enough time or answer questions important to their patients either because their too busy or just don't want to maybe because they think is not important. My unhappiness is with the medical system or being able to find a good provider in all areas dental, vision but mainly regular doctors or specialists. Medications and hospital stays are very expensive.

The vision care changed this year which required me to change doctors. I preferred my prior provider.

| Total: 3 |

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**Grand Total: 6**
Satisfied
<table>
<thead>
<tr>
<th>SATISFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blue Shield Narrow Network</strong></td>
</tr>
<tr>
<td>So far, I'm satisfied with the services provided.</td>
</tr>
<tr>
<td>Satisfied.</td>
</tr>
<tr>
<td>I only used it once. This 2015 but I am not satisfied with the Progressive Glasses from Lenscrafters.</td>
</tr>
<tr>
<td><strong>Total: 3</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Blue Shield PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall happy.</td>
</tr>
<tr>
<td>Kaiser vision is a fabulous improvement over the old vision benefits. I need expensive special glasses and the cost at Kaiser is 1/2 of what I used to pay. The choice of frames may be less, but I am saving a lot of money and trust them much more.</td>
</tr>
<tr>
<td><strong>Total: 2</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kaiser HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfied with the Vision Care program. Meets our needs.</td>
</tr>
<tr>
<td>Kaiser vision is a fabulous improvement over the old vision benefits. I need expensive special glasses and the cost at Kaiser is 1/2 of what I used to pay. The choice of frames may be less, but I am saving a lot of money and trust them much more.</td>
</tr>
<tr>
<td>I love Kaisers vision plans, their glasses are very affordable and always willing to address any problems I may have.</td>
</tr>
<tr>
<td>Appointments are easy to get and wait time is minimal.</td>
</tr>
<tr>
<td>I am glad we have another vision plan. The cost can be zero unless you want something extra. Kaiser glasses are expensive. I really liked when my eye care provider wanted to send some information to Kaiser. It went very smoothly.</td>
</tr>
<tr>
<td>Kaiser contacted me right away to come in and have an extensive exam.</td>
</tr>
<tr>
<td>Used Kaiser's vision plan for the first time in 2014. Satisfied with it.</td>
</tr>
<tr>
<td><strong>Total: 5</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No Carrier Listed</th>
</tr>
</thead>
<tbody>
<tr>
<td>The doctors are very professional and gave me good service. Thank you. The only thing is I can't walk in and ask for an appointment, I need to call I don't like that.</td>
</tr>
<tr>
<td>Satisfied.</td>
</tr>
<tr>
<td>Good vision coverage</td>
</tr>
<tr>
<td>Satisfied with the Vision Care program. Meets our needs.</td>
</tr>
<tr>
<td>So far, I'm satisfied with the services provided.</td>
</tr>
<tr>
<td>Overall happy.</td>
</tr>
<tr>
<td><strong>Total: 6</strong></td>
</tr>
</tbody>
</table>

| Grand Total: 16 |
Dissatisfied
DISSATISFIED
Blue Shield Narrow Network HMO

The vision plan/services provided under the previous medical coverage provided through Blue Cross was much better than what is provided through Blue Shield. The medical plans themselves seem to be very similar but the vision provider, information, customer service, accessibility for eye care providers such as Lenscrafters, is terrible! When last used, Lenscrafters had to actual call to get benefits/coverage information over the phone (which wound up being incorrect) because the systems was not electronically accessible. The coverage and service provided through Blue Cross (Blue View) is much preferred over what we currently have.

Dissatisfied. The Vision plan tells me that my son's prosthetic contact lens should be covered by medical. Medical says they do not cover the refraction and I have to pay for this necessary task entirely out of pocket.

Total: 2

Blue Shield PPO

The vision plan offered with Blue Shield PPO is EXTREMELY inadequate. Many of the City employees need vision correction and need to wear glasses and/or contacts. The current coverage offered very limited and my out-of-pocket expenses every year are extremely high because my provider is not a part of the Blue Vision Network.

Please offer Vision Service Plan (VSP) for employees as an option.

Benefits inadequate
Better Vision care
It would be helpful if we were on VSP

Total: 4

Kaiser HMO

Kaiser vision benefits are low and customer service is extremely slow. Optometry visits are hard to schedule and have long wait times (over 1 hour for the visit and over 1 hour to fit glasses). From appointment time to the time my children leave with glasses, it takes an average of 3-4 hours. I've used an optometrist under Vision Service Plan and it takes approx 1 hour. The City should offer Vision Service Plan as an option.

Terrible coverage.
I wish we had different vision coverage than Kaiser.
I would like vision coverage for my son under Union coverage plan, it's better than Kaiser Vision.

Total: 4

No Carrier Listed

I think they need to give us back the VSP (not sure if that is correct) option. I understand saving money but we work hard to serve the City of Los Angeles and I think we earned to have a little better vision package, as we had before. Sometimes you don't short cut when it comes to employees health.

My previous employer (also a governmental agency) had a much better vision care plan. Since joining the city, I've had to go backwards as far as the technology and services that my eye doctor can use that will be covered by insurance. It's disappointing.

Dissatisfied. The Vision plan tells me that my son's prosthetic contact lens should be covered by medical. Medical says they do not cover the refraction and I have to pay for this necessary task entirely out of pocket.

Terrible coverage.
The vision plan offered by the union is a better plan than is offered through the City health care plans. I feel strongly that this should not be the case.
Confusing: frames, exams, lenses, argh.
The vision plan is not nearly as good as VSP, so why don't we have VSP??! Each time I use my vision care plan, the nurses and doctors say how bad our current plan is!

I wish we had different vision coverage than Kaiser.
| I would prefer if the vision plan is with VSP over the current provider, which only covers the cost of contacts on a biannual basis. |
| benefits inadequate |
| Better Vision care |
| It would be helpful if we were on VSP |
| I only used it once. This 2015 but I am not satisfied with the Progressive Glasses from Lenscrafters. |

**Total: 13**

**Grand Total: 23**
REQUEST FOR PROPOSAL
FLEX BENEFITS VISION PLANS
City of Los Angeles Flex Benefits Program
Personnel Department - Employee Benefits Division
Joint Labor-Management Benefits Committee

Date Issued: March 11, 2016

TITLE: FLEX BENEFITS PROGRAM VISION PLANS

CONTRACT TERM: A period of three years with a City option for up to two additional years from the contract effective date as provided for by the final contract.

PRE-PROPOSAL CONFERENCE:

MARCH 24 2016
1:00 p.m. – 2:00 p.m.
Personnel Department Training and Testing Center
520 E. Temple Street
Los Angeles, CA 90012
Training Room A/B

PROPOSAL DELIVERY ADDRESSES:
City of Los Angeles
Attention: Maria Koo
City Hall
200 North Spring Street, Room 867
Los Angeles, CA 90012

DEADLINE FOR SUBMITTING PROPOSAL: APRIL 14, 2016 at 3:00 p.m.

DEADLINE FOR OUTREACH TO SUBCONTRACTORS (pursuant to the City’s Business Inclusion Program outreach requirements): ________ 2016 at 5:00 p.m.

RFP ADMINISTRATOR:

Maria Koo, Senior Personnel Analyst
Phone (213) 978-1597
Email: maria.koo@lacity.org
PART A

TABLE OF CONTENTS

Section 1: Introduction/Background ........................................... 3
Section 2: Plan Profile & Scope of Services .......................... 8
Section 3: Proposal Questionnaire ........................................... 19
Section 4: Submission Requirements ......................................... 34
Section 5: Evaluation of Proposals ........................................ 43
Section 6: General Terms and Conditions ............................. 46

PART B

City of Los Angeles General Contracting Requirements
1.0 INTRODUCTION

The City of Los Angeles Personnel Department and Joint Labor-Management Benefits Committee (JLMBC) are seeking proposals for fully insured vision plan benefits for the Civilian Flex Benefits Program (Flex Benefits Program). The mission of this procurement is to identify the service provider(s) who can best support the Flex population in its health and wellness program by:

- Providing a broad range of quality vision-care services for Flex Benefits Program members;
- Providing access to services and care across the Los Angeles region and surrounding communities;
- Communicating and assisting members in navigating benefit and service complexity; and
- Providing effective member self-service tools.

It is the City’s intent to approach this procurement from a “member-based” perspective focused first and foremost on addressing the support services, quality of care, access to care, and communications efficacy that Flex members are most concerned with and which directly impact their health and wellbeing.

The City currently contracts with service providers who provide Flex members with broad geographic access to vision care services across the Los Angeles region and surrounding communities, as well as with an option that provides national access to providers. Currently, the vision plan is bundled with the Flex Program’s healthcare providers. The current providers are Kaiser Permanente, which offers a Staff Model HMO plan; and Blue Shield, which offers a Network Model HMO (Narrow/Full Network) as well as a PPO plan. The City is in the midst of procuring for healthcare providers for service contracts to be effective 01/01/17. The City is simultaneously assessing, pursuant to this RFP, the relative benefits of unbundling vision benefits from its healthcare providers and providing a stand-alone vision plan for Flex Benefits Program members. The City is requesting proposals for vision plans closely matching the current City vision benefits as described in the Plan Profile and Scope of Service.

1.1 DEFINITIONS OF TERMS

The following terms used in the RFP documents shall be defined as follows:

- “Agreement” or “Contract” will mean the contract to be entered between the City and proposer(s).
- “Bidder” or “Proposer” will mean the entity that responds to the Request for Proposal.
- “City” will mean the City of Los Angeles.
- “Contract” or “Agreement” will mean the contract to be entered into between the City and selected proposer(s).
• “Contractor” will mean the individual, partnership, corporation or other entity to which a contract is awarded, and will be synonymous with the term “vendor”.
• “Department” will be considered synonymous with the City’s Personnel Department.
• “Flex Benefits Program” will mean the City’s benefits program for its Civilian and other eligible employees.
• “JLMBC” will mean the City of Los Angeles Joint Labor Management Benefits Committee.
• “MOU” will mean a Memorandum of Understanding, or collective bargaining agreement, to which an employee labor organization and the City of Los Angeles are both parties.
• “Non-Represented” will mean an employee who is not represented by a City of Los Angeles employee bargaining unit.
• “Represented” will mean an employee who is represented by a City of Los Angeles employee bargaining unit.
• “RFP” will mean this Request for Proposal for contracted services issued by the City of Los Angeles.

1.2 CONTRACT TERM
The term of any contract(s) awarded pursuant to this RFP shall be for a period of three years with a City option for renewal of up to two additional years from the contract effective date as provided for by the final contract. The service agreement resulting from this RFP will at maximum length cover the period January 1, 2017 through December 31, 2021.

1.3 RFP CONTENTS
The contents of this RFP are as follows:


PART B – General Contracting Requirements and Attachments, which includes the City of Los Angeles Standard Provisions for City Contracts (rev. 6/14) and other general contracting requirements that must be reviewed and completed by proposers as specified in order for a proposal to be deemed responsive.

1.4 RFP CONTACT INFORMATION
The Personnel Department and JLMBC are committed to ensuring that all Flex Benefits business transactions, including procurement processes, are based strictly on integrity, competence, merit and benefit to Flex members and their dependents. As a matter of policy, JLMBC members and staff will not communicate with current or prospective vendors or their representatives, or any other person or organization, for the purpose or intent of having a particular vendor secure or maintain a contract or business with the Flex Program, or otherwise realize financial gain from the Flex Program, whether during or outside of a procurement process.

In support of this, and to ensure the transparency and objectivity of this procurement process, all communications and questions regarding or related to the services included in this RFP should be directed as follows:
PART A Contact Information
All questions regarding this RFP PART A must be in writing and should be directed to the RFP Administrator as follows:

- **Personnel Department, Employee Benefits Division**  
  Maria Koo  
  maria.koo@lacity.org  
  (213) 978-1597

PART B Contact Information
All questions regarding this RFP PART B must be in writing. Questions may be directed to the Personnel Department’s Administrative Services Division staff as follows:

- **Personnel Department, Administrative Services Division**  
  Roberta (Bobbi) Jacobsen  
  bobbi.jacobsen@lacity.org  
  (213) 473-9148

Questions regarding certain General Contracting Requirements may also more appropriately be directed to the City department responsible for the particular requirement, as specified within the Part B materials.

1.5 PROPOSAL TIMELINE AND PRE-PROPOSAL CONFERENCE
The City intends to award a contract, in a form approved by the City Attorney, to the selected proposer. Written proposals submitted to the City constitute a legally binding contract offer and shall remain open for twelve (12) months. It is requested that proposals be prepared simply and economically, avoiding the use of unnecessary promotional material.

Proposal Timeline
The following is the current timeline for the RFP process. The City reserves the right to adjust this schedule. Changes to the timeline, if any, will be posted online as an RFP Addendum.

<table>
<thead>
<tr>
<th>Proposal Timeline Dates</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 11, 2016</td>
<td>Request for Proposal Released</td>
</tr>
<tr>
<td>March 18, 2016</td>
<td>Deadline for receiving written questions for the Pre-Proposal Conference is 4:00 p.m.</td>
</tr>
<tr>
<td>March 23, 2017</td>
<td>Deadline to register to participate in Pre-Proposal Conference by telephone is 4:00 p.m.</td>
</tr>
<tr>
<td>March 24, 2016</td>
<td>Pre-Proposal Conference at 1:00 p.m. Pacific Standard Time</td>
</tr>
<tr>
<td>March 31, 2016</td>
<td>General Contracting Requirements Preliminary Submission Deadline</td>
</tr>
<tr>
<td>April 7, 2016</td>
<td>City Review of General Contracting Document Due to Vendor by This Date</td>
</tr>
<tr>
<td></td>
<td>Deadline for vendors to issue written solicitations to subcontractors via <a href="http://www.labavn.org">www.labavn.org</a> website. <strong>This step</strong></td>
</tr>
</tbody>
</table>
should be completed by ______________ Pacific Standard Time to avoid risk of late submission.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>April 7, 2016</td>
<td>Deadline for receiving written questions regarding the RFP is 4:00 p.m.</td>
</tr>
<tr>
<td>April 14, 2016</td>
<td>RFP responses due by 3:00 p.m. Pacific Standard Time</td>
</tr>
<tr>
<td></td>
<td>BIP Summary Sheet Submission on LABAVN – 4:30 p.m. Pacific Standard Time</td>
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<tr>
<td>April 15-April 30, 2016</td>
<td>RFP evaluations</td>
</tr>
<tr>
<td>May-June, 2016</td>
<td>City makes selection and begins contract negotiation with successful proposer</td>
</tr>
<tr>
<td>December 31, 2016</td>
<td>Deadline for executing contract</td>
</tr>
<tr>
<td>January 1, 2017</td>
<td>Commencement of Services</td>
</tr>
</tbody>
</table>

**Pre-Proposal Conference**

A Pre-Proposal Conference will be held to provide information regarding the RFP requirements and answer questions from prospective proposers regarding this RFP. The Pre-Proposal Conference will also give proposers and potential subcontractors the opportunity to network. City staff will not provide assistance regarding a proposer’s individual RFP response.

The conference has been scheduled pursuant to the schedule noted in the Proposal Timeline. Potential proposers may participate by physically attending or by calling in to the conference. Participants will be asked to identify themselves by name and firm.

If you intend to participate by telephone, please pre-register by contacting the RFP Administrator by the deadline noted in the Proposal Timeline. The City will provide a call-in number at that time for those interested in participating by telephone.

It is to your benefit to bring your own copy of the RFP, particularly the City’s General Contracting requirements, to the conference. No copies will be provided at the conference.

**Questions Regarding the RFP**

To maximize the effectiveness of the conference, to the extent possible, proposers should provide questions in writing prior to the conference in accordance with the deadline noted in the Proposal Timeline. This will enable the City to prepare responses in advance.

Specific questions concerning the RFP should be submitted in writing via e-mail to the RFP Administrator. Please identify the RFP title on the subject line of your message. All questions should identify the RFP section and page number, or the relevant General Contracting provision, for each question submitted. Additional questions may be accepted and addressed at the conference. However, certain responses may be deferred and posted online as addenda to the RFP at a later date.

All questions regarding the RFP should be in writing and sent via e-mail to the RFP Administrator. The City will make every effort to respond to all written questions as soon as practical. All questions and responses to questions, or any other changes to or interpretation of the RFP, will be posted on
the Plan’s website at www.labavn.org. Any such changes or interpretations shall become a part of this RFP and may be incorporated into any Contract awarded pursuant thereto.

1.6 GENERAL CONTRACTING REQUIREMENTS PRE-SUBMISSION OPTION AND SUBMISSION DEADLINES

The City’s General Contracting Requirements are included in Part B, which is attached hereto. Part B contains the Standard Provisions for City Contracts and a variety of documents and forms with which prospective City vendors must demonstrate compliance in order to be awarded a City contract.

Within Part B is a list of requirements that must be fully met, including forms to be completed and submitted and details regarding certain processes which must be followed by prospective vendors as part of their RFP response. Failure to meet any of these requirements to the satisfaction of the City by the RFP Proposal Submission Deadline will result in disqualification of the vendor’s proposal as being non-responsive.

The City will provide vendors an opportunity to demonstrate responsiveness to the City’s General Contracting Requirements at a date prior to the Proposal Submission Deadline. Vendors are not required to complete and submit their General Contracting Requirements forms/processes by the Preliminary Submission Deadline; however, it may be to their advantage to do so. If a vendor utilizes this option, City staff will identify whether the documents as submitted are or are not responsive to the City’s requirements. If deemed non-responsive, the vendor will have time to demonstrate responsiveness with its proposal at the RFP Proposal Submission Deadline. Following the Proposal Submission Deadline, there will be no further opportunity for demonstrating responsiveness to the City’s General Contracting Requirements. Failure to adequately demonstrate responsiveness to the City’s General Contracting Requirements, or a rejection by the vendor of those requirements or the Standard Provisions for City Contracts, will result in disqualification of the proposal. The relevant dates with respect to this process are included in the Proposal Timeline.

1.7 PROPOSAL SUBMISSION DEADLINE

Response to this RFP must be submitted on paper and electronic copy must be received by the RFP Administrator by the Proposal Submission Deadline noted in the Proposal Timeline. Electronic portions, as specified further in this RFP, must be received no later than this date/time as well. Late responses will not be considered. The City reserves the right to extend the Proposal Submission Deadline should this be in the interest of the City.

1.8 CONSULTANT RESPONSE INFORMATION

RFP responses must be submitted at the same time on paper and electronic copy to the consultants used by the City in the evaluation of responses to this RFP. Delivery should be provided to:

Segal Consultants
Attention: Stephen E. Murphy
Vice President, Benefits Consultant
330 N. Brand Blvd., Suite 1100
Glendale, CA 91203-2337
smurphy@segalco.com

Keenan Consultants
Attention: Laurie Lofranco
Vice President Municipalities
4204 Riverwalk Parkway, Suite 400
Riverside, CA 92505
llofranco@keenan.com
SECTION 2
FLEX PLAN PROFILE & VISION-CARE
SCOPE OF SERVICES

A. FLEX BENEFITS PLAN OVERVIEW

The City of Los Angeles Flex Benefits Program is offered to eligible full-time and half-time employees of the City of Los Angeles Civilian employee population. The City offers its Civilian Flex Benefits Program ("Flex Benefits") under Internal Revenue Code (IRC) Section 125. The Flex Benefits Program includes approximately 24,000 City employees and their 32,000 dependents. In 2016 the Flex Program will spend approximately $297 million in combined employer and employee contributions to health insurance premiums to its medical service providers, along with an additional $41 million on combined premiums for other Flex Benefits service providers (dental, life, disability, & AD&D).

B. FLEX PROGRAM GOVERNANCE & CONTRACTING AUTHORITY

The City’s Joint Labor-Management Benefits Committee (JLMBC) and the Personnel Department's Employee Benefits Division administer the Flex Benefits Program for active City civilian employees and their qualified dependents. The JLMBC is composed of five management and five labor representatives and makes recommendations to the General Manager Personnel Department for Flex Benefits service provider selections. The General Manager Personnel Department is the contracting authority for Flex Benefits service providers. The JLMBC will be reviewing the findings of a designated review panel for this RFP in generating its recommendations to the General Manager Personnel Department.

C. CORE MISSION

The core mission of the Flex Benefits Program is to promote employee health/wellness with competitive benefits at a reasonable level relative to the City's financial capacity. Promoting employee health/wellness involves delivering the support services, quality of care, access to care, and communications efficacy that directly impact the health and wellbeing of Flex members. The City of Los Angeles is interested in exploring alternate vision providers and plan designs to insure high quality vision benefits at affordable pricing.

D. FLEX BENEFITS PROGRAM DESIGN

The Flex Benefits Program presently offers employees a menu of medical, prescription drug, vision, dental, life, disability, employee assistance and tax-advantaged savings programs, detailed with incumbent service providers as follows:
E. SUMMARY VISION DATA

Indicative statistical data regarding the City’s health plans is provided in Attachment A, and includes the following:

- Access to census data
- Benefit Summary Data

F. ELIGIBILITY

Full-Time Employees - The eligible population includes all Civilian full-time employees who are contributing members of the City’s Los Angeles City Employees’ Retirement System (LACERS) and who are working a minimum of 40 hours per pay period\(^1\). In addition, eligible employees must also meet at least one of the following requirements:

- Eligible for membership within one of the employee representation units where the Flex Program has been negotiated through a Memorandum of Understanding (MOU).
- A “Non-Represented” Civilian employee.
- A Port Police Officer (MOU 27 or MOU 38) and a member of Tiers 5 or 6 of the Fire & Police Pension System.
- An elected official of the City of LA or a full-time member of the Board of Public Works.

Half-Time Employees – The eligible population includes all Civilian half-time employees who are contributing members of LACERS and who are working a minimum of 20 hours per pay period.

\(^1\) Or alternate number of hours specified in a Memorandum of Understanding
Employees in part-time, temporary or seasonal positions who are not LACERS members are not generally eligible for Flex Benefits unless pursuant to requirements of the Affordable Care Act (ACA) and any negotiated provisions for ACA-compliant health care as provided for in the applicable MOU.

Employee Family Member Eligibility – Flex members may also enroll eligible dependents including a spouse, domestic partner, biological or step child, child of a domestic partner, grandchildren for whom the member has legal custody, and grandchildren of children who are up to age 26, unmarried, and financially dependent on the member.

Flex members, through their health plans, may elect from one of the following four coverage tiers. These tiers should be used in constructing the pricing tiers for vision insurance:

- Employee
- Employee + Spouse/Domestic Partner
- Employee + Child(ren)
- Employee + Family

**G. PREMIUM COST-SHARING**

Premium Cost-Sharing Models - The Flex Benefits program has three primary cost-structure arrangements which are determined by applicable MOU provisions:

- **Flex Plan** - has no required percent of premium contribution from the member towards the member’s health/vision insurance, but a member will pay the difference between the negotiated maximum subsidy and the full premium.
- **Flex Pay 1** - has a required 5% percent of premium contribution from the member towards the member’s health/vision insurance, plus a member will pay the difference between the negotiated maximum subsidy and the full premium.
- **Flex Pay 2** - has a required 10% percent of premium contribution from the member towards the member’s health/vision insurance, plus a member will pay the difference between the negotiated maximum subsidy and the full premium.

In addition, beginning January 1, 2017, certain current “Flex Plan” employees in certain bargaining units representing approximately 65% of the Flex member population will pay 1.5% of their base salary towards the aggregate cost of health/vision care premiums for their members. These individuals will simultaneously receive a 1.5% salary bonus. On a per-member basis, the contributions of 1.5% of pay will not alter the fundamental structure of the “Flex Plan, Flex Pay 1, and Flex Pay 2” premium structure models. All premium cost-sharing provisions are subject to change in future MOUs.

In 2016 the City will pay approximately 96.2% and members will pay approximately 3.8% of total health/vision insurance premiums. 73% of members do not have a contribution towards their premiums, while 27% do have a contribution. Please refer to Attachment B (Census File) for details.

Maximum Subsidy – For full-time employees, the maximum subsidy provided by the City for the Flex Plan for all medical plan models (excluding the HMO Full Network) is 100% of the Kaiser full family premium. The maximum subsidy provided by the City for Flex Pay 1 for all medical plan models (excluding the HMO Full Network) is 95% of the Kaiser full family premium. The maximum subsidy provided by the City for Flex Pay 2 for all medical plan models (excluding the HMO Full Network) is
90% of the Kaiser full family premium.

Regular Half-Time Employees: The City’s maximum subsidy for those categorized as Regular Half-Time employees and hired after July 20, 1989 is the Kaiser single party premium less applicable cost sharing of 10% as provided for under Flex Pay 2. Regular Half-Time Employees hired prior to July 20, 1989, are eligible for 100% of the Kaiser full family premium.

H. THIRD-PARTY-ADMINISTRATION

The City presently contracts with Mercer Benefits Administration to provide third-party-administrator (TPA) services for the Flex Benefits Program. The TPA is responsible for administering eligibility and benefit elections.

ORGANIZATIONAL STRENGTH, RECORDKEEPING & PLAN SPONSOR SERVICES

I. ORGANIZATIONAL QUALIFICATIONS AND RELIABILITY

(1) Organizational Background, Financial Strength, Experience

The City will be evaluating each proposer’s organizational experience, stability, financial strength, experience in administering vision plans, staff qualifications and turnover, and other factors related to determining the degree to which an organization can be a long-term viable partner with the City in executing the Flex Program’s mission, goals and strategies.

(2) References

The City will be evaluating references provided by the proposer, including governmental plan sponsors who are currently utilizing the provider’s services as well as those who have terminated those services in the recent past.

(3) Regulatory and Compliance Services

The City relies on the vision provider’s regulatory and compliance services to ensure that administrative functions are conducted in accordance with Internal Revenue Code rules and guidelines. The City will be reviewing each proposer’s organizational resources for enforcing, monitoring and providing updates to plan sponsors regarding regulatory processes and changes.

a. Proposer must be experienced with and licensed to provide vision plan benefits in the State of California.
b. Proposer must notify the City of Los Angeles in writing and obtain approval of any changes to their services including, but not limited to, outsourcing of services outside the United States and its territories.
c. Proposer must inform the City of Los Angeles staff and the City’s Benefits Consultants of any pending legislation affecting the administration of the vision plans. If relevant legislation is enacted, the service provider shall provide the City of Los Angeles staff and its consultant with a cost analysis and an implementation plan to ensure that the vision plan and the City of Los Angeles comply with the new requirement.
(4) HIPAA Compliance

The City will be evaluating each proposer’s Health Insurance Portability and Accountability Act (HIPAA) compliance plans and member communication processes to ensure that the Flex Benefits program meets all requirements. The provider must maintain compliance with all applicable Health Insurance Portability and Accountability Act.

(5) Rating Agency Financial Ratings

The City will be evaluating each proposer’s rating agency financial ratings as a means of assessing organizational stability and reliability. The proposer must be a vision insurance provider, not a broker representative, and ranked by Standard and Poor’s, A.M. Best or Moody’s with a rating of “A” or greater to insure that the provider has the financial stability of maintaining a multi-year contract.

J. ADMINISTRATION SUPPORT & ACCOUNT MANAGEMENT

(1) Claims Processing

The City values service provider attention to organizational efficacy with respect to the claim administration process. The City will evaluate the resources devoted by your organization to promoting and providing the appropriate incentives around encouraging best practices, consistency, and accountability with respect to the timely and accurately processing of claims, and effectively communicating with members regarding their benefits and how to successfully navigate the claims process.

   a. Proposer must provide a dedicated Account Manager, Claims Issue, and Eligibility Contract and agree to change those contacts upon request by the City of Los Angeles,
   b. Proposer must provide day-to-day consultation on matters pertaining to claims status, discrepancies, disputes, and plan interpretation.
   c. Proposer must provide administrative services for the plan, claims processing, research and resolution of any issues, complaints, or problems.
   d. Proposer must investigate and resolve administrative and claims problems.

(2) Billing & Eligibility

The City wishes to ensure that each proposer can work with the City’s TPA and/or payroll system with respect to data file transfers, and will also evaluate each vendor’s billing and payment requirements. The selected service provider must accept eligibility on a monthly or more frequent basis with a twenty-four (24) hour upload turnaround time to assure timely eligibility capture.

(3) Imaging & Document Storage

The City will evaluate the provider’s resources for imaging and storing member records, documents, and forms related to the administration of member accounts.

(4) Security Protocols, Disaster Recovery & Guarantees

The service provider is responsible for maintaining the confidentiality and security of participant records relative to its administration of the Plan. “Confidential Information” includes participant data, records and personal information such as social security numbers, dates of birth, marital status, home
addresses, contribution and account balance information, investment information, transaction histories, and other information related to participation in the Plan. The provider will need to execute, as part of its contract, a Confidentiality Agreement providing that all confidential information provided to the provider by or on behalf of City and/or City Personnel, or accessed or reviewed by the provider during the performance of the Contract, is and will remain the confidential property of the City. The provider will be required to further agree not to provide or divulge confidential information to any other person or entity except as authorized in writing by the City.

The provider will also be responsible for protecting the confidentiality and maintaining the security of all confidential information in its possession by implementing and maintaining adequate and necessary security systems, along with policies and protocols, to provide the highest reasonable level of safety and security of the confidential information. In the event of a security or data breach, the provider must have in place an emergency response plan. The provider must, if there is a breach of its security system and confidential information is accessed or believed to have been accessed, include the information in Civil Code Section 1798.82(d)(3) in the required notification of a breach and indemnify the City against any losses in connection with the data breach. In addition, the provider will also be required to demonstrate its participant protection and remediation plan, including but not limited to the purchase of credit protection services for impacted participants.

Finally, the provider is responsible for establishing contingency plans for emergencies, disasters, and disaster recovery. These plans should include redundant processing centers and plans for activating the necessary participant support services in the event a primary processing center is, for emergency reasons, not available. These plans should also address backup systems and records in the event of damage or disaster impacting the storage and maintenance of the recordkeeping system and its records.
MEMBER SERVICES

(1) Vision Services

The current Flex Benefits vision benefits are summarized as follows:

The City is requesting proposals for vision plans as follows:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Frequency</th>
<th>In-Network Co-Pay</th>
<th>Out-of-Network Co-Pay</th>
<th>Frame &amp; Benefit Allowance</th>
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<tbody>
<tr>
<td>Exams</td>
<td>12 Months</td>
<td>$10.00</td>
<td>To be proposed</td>
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</tr>
<tr>
<td>Lenses</td>
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</table>

Proposers are asked to submit alternate vision plan designs and rates (other than shown above) that they believe will provide the best overall coverage and value to the City of Los Angeles.

The City is requesting rates for both voluntary participation and employer paid non-voluntary participation to be submitted for each vision plan. The City will be evaluating the vision services submitted by each proposer, including its electronic and written reporting capabilities, new member processing requirements and timeframes, processing of ID cards, and other services in support of City membership.
In addition:

a) Proposer must agree to work collaboratively with the City of Los Angeles staff, the JLMBC, and the City’s benefits consultants.
b) Proposer must agree to work with other City of Los Angeles vendors on other plan benefit-related projects such as Open Enrollment, wellness programs, data-gathering initiatives and member satisfaction surveys.
c) Proposer must participate in various events related to Open Enrollment, wellness and other activities/meetings centered upon educating the City of Los Angeles vision plan participants and human resource personnel regarding this benefit.
d) Proposer must assist the City of Los Angeles and the City’s benefits consultants in preparing (open enrollment and special) enrollment and vision plan benefits documents for use in communications guides or letters.
e) Proposer must assist the City of Los Angeles and the City’s Benefits Consultants in drafting communication materials and plan comparison information for its members and their dependents.
f) Proposer must attend and present vision information (such as vision plan changes for the following calendar year, how to utilize the plan most effectively, etc.) at any annual Open Enrollment seminars for members and dependents.
g) Proposer must provide electronically formatted participant communications to be used in Flex Benefits Program newsletters, flyers and other communications.
h) Proposer must assist the City in the administration of its strategic plan data initiative, which involve: reviewing vision plan data and providing utilization reports, identifying cost drivers in order to develop strategies to mitigate the impact of these cost drivers

K. DIRECT SERVICES

The City values service provider attention to the quality and responsiveness of its member services team. The City will evaluate each provider’s member service support operation to include the staffing, resources, hours of operation, training, and tenure applicable to the team servicing the City’s account. The City will further evaluate the process and timelines for issuing eligibility ID cards. Finally, the City will evaluate each proposer’s resources, policies and practices for monitoring, assessing and improving upon the service quality of the member services team.

Generally, the City expects that member service representatives be available to assist our members minimally between the hours of 7:00 a.m. and 5:00 p.m. Pacific Standard Time (PST) each business day; and that these calls will be recorded to the extent allowed by and in accordance with applicable law. If an automated line is used, the City will assess its responsiveness and ease of access for members who need to speak with a member service representative.

(1) Quality Control: Appointments, Wait Times, Consultations, etc.

The City values service provider attention to interactions between service providers and Flex members. The City will evaluate each provider’s resources, policies and practices for monitoring and creating positive outcomes on essential service criteria such as setting appointments, appointment wait times, length of consultations with providers, updating provider directories, etc. The City will also closely evaluate each provider’s resources, policies and practices with respect to measuring and creating goals around improving upon member satisfaction.
(2) Quality Control: Referrals

The City values service provider attention to the referral process from a member’s perspective. The City will evaluate each provider’s resources, policies and practices for monitoring and creating positive outcomes with respect to timely specialist referrals.

(3) Quality Control: Appeals Process

The City values service provider attention to the medical appeals process from a member’s perspective. The City will evaluate each provider’s medical appeals process as well as the resources, policies and practices for monitoring and creating positive outcomes with respect to member appeals.

(M)COMMUNICATIONS

The Flex Program places the highest priority on member communications because they fundamentally represent the touch-points at which members engage with the resources provided by service providers. All of the communications resources provided by the vision insurance provider are evaluated relative to their effectiveness in effectively communicating, translating and providing education regarding the services and resources available to members.
(1) Website Facility and Content

The vendor should administer a member website which will provide members with the ability to access contact information, provider directories, and other resources for managing their needs. The City will assess each proposer’s core website template and functions to evaluate their relative success in effectively organizing categories of information for members. The City will also evaluate each proposer’s website functionality for user-friendliness, opportunities for/limitations to customization, interactive features, planned enhancements, and speed/facility in generating and adapting messaging and content.

(2) Self-Service Tools

The City will review the self-service tools that vendors make available to members such as verifying enrollment status, locating providers, reviewing and processing claims, reviewing and managing benefits, obtaining advice, making payments, scheduling appointments, and other tools for members to efficiently access information and services.

(3) Electronic, Print, Video, & Other Media Technology

The City is interested in reviewing other communications media technology that vendors may offer such as videos, mobile applications, social media tools, etc. The City is additionally interested in the vendor’s capabilities for communicating with its membership via email.

(4) Value Added Services

Proposers are provided the opportunity, pursuant to this RFP, propose innovative programs, tools, plan design concepts, or other ideas that would improve quality, choice and efficiency for the City’s Flex Program vision benefits.

ACCESS/CONTINUITY OF CARE

(1) Provider Groups & Networks & Geographic Access

The provider must be able to provide access to vision plan benefits coverage to Flex Benefits Program members who reside both in the state of California as well as outside of California. The City will be evaluating accessibility and the potential for disruption of each proposer’s provider groups/networks relative to the provider groups/networks of the incumbent providers. The City’s objective is to minimize and mitigate disruption, such that 85-90% at maximum will be able to retain access to their current providers. The City will provide census data regarding its membership. Proposers will be required to submit a GeoAccess study for all proposed plans based on the City’s current plans/populations that would be served by the vendor’s proposed network.

Proposers will need to identify the number of participants that meet the network access standard by utilizing the zip code information provided in the census file, including all valid zip codes in which participants reside, including those not in the proposer’s service area, and the total number of provider practices available to each zip code, as well as the number of open practices (i.e., those providers accepting new patients). However, the access studies should be based on open practices only.
(2) Underwriting Terms & Conditions

The City will be evaluating all aspects of the underwriting terms and conditions of your proposal, including the rate development to support the proposed rates. The rate development includes the claims cost, trend, and reserves. The City will also evaluate how the vendor will calculate subsequent renewals and any underwriting provisions imposed on the City.

The Proposer must agree to provide and present renewal underwriting methodology to the Flex Benefits Program consultants as needed, and attend JLMBC meetings when requested to present renewals and proposals. The Proposer must provide statistical plan reports including utilization data, enrollee distribution reports, status reports and analysis (monthly, periodically, and annually), and other reports as needed and requested by the City. The Proposer must also perform research and provide responses to technical questions from the City of Los Angeles staff.

(3) Retention Levels

The City will be evaluating the retention levels included in developing the rates. The City will review the way in which the retention is developed each year and the reasonableness of the retention charges.

(4) Rate Guarantees & Risk Sharing

The City values proposals that include multiple year rate guarantees and/or rate caps for future renewals. Proposer must provide financially-based Performance Guarantee(s) to assure a high level of service to the City of Los Angeles Members.

(5) Premium Rates and Rate Adequacy for Plan Design Options

The City values proposals that include cost effective premiums based on plan design options that match closely to the current plans offered by the City. The City will be evaluating the proposed rates and benefits and the impact any changes will have on the participants. The Proposer must recommend alternatives to current vision plan design and cost options when requested by the City.
SECTION 3
PROPOSAL QUESTIONNAIRE
QUESTIONNAIRE INTRODUCTION AND INSTRUCTIONS

i. Introduction

The RFP questions included in this RFP are intended to solicit important background information about your firm and fully disclose the data points upon which proposers will be evaluated. The City is not evaluating firms using any information other than what is outlined within this RFP. Responses to this section along with documents required to be submitted pursuant to Part B of this RFP are necessary for the proposal to be considered responsive.

ii. Instructions

- Do not alter the questions or question numbering.
- Complete all appropriate sections of the questionnaire.
- To obtain an electronic version of the questionnaire, please contact the RFP Administrator.
- Provide an answer to each question even if the answer is “not applicable” or “unknown.”
- Answer the question as directly as possible.
  - If the questions asks “How many…” provide a number
  - If the question asks, “Do you…” indicate Yes or No followed by any additional brief narrative explanation to clarify.
- Be concise in your response. Use bullet points as appropriate. Consider how to word any response that exceeds 200 words in length so that the response contains the most important points you want displayed.
- Referring the reader to attachments for further information should be avoided or used on a limited basis. Any response that does not directly address the question, but only contains marketing information, will be considered non-responsive.
A. ORGANIZATION BACKGROUND
Items 1-9 are required in order for your proposal to be considered responsive but will not be rated.

1. Cover Letter and Proposal Declaration - Provide a cover letter and Proposal Declaration to include the following:
   - Title “City of Los Angeles Flex Benefits Health Plans RFP” and submission date
   - Contact name of person authorized to bind the proposer to the proposal
   - Contact Name/Title:
   - Mailing Address:
   - Location of Business (if different from mailing address):
   - Type of legal entity (corporation, limited liability company, joint venture, partnership, etc.)
   - A short description of your organization, the businesses in which it engages and the services it provides.
   - Telephone Numbers (Office, Cell, and 24-hour lines):
   - Fax Number:
   - E-mail Address:
   - Date entity was established and location of entity when established
   - Location of headquarters (full address) and, if your firm has more than one office location, which of your firm’s offices will service this account.
   - Annual revenues
   - Total number of employees
   - Total number of employees in the City of Los Angeles
   - Total number of employees in the County of Los Angeles
   - Number of employees reported in whose exclusive, primary work location is in the County of Los Angeles
   - Number of employees providing services for this contract
   - The following statement:
     “The undersigned hereby offers and agrees to furnish the goods and/or routine services in compliance with all the service level requirements, instructions, specifications, and any amendments contained in this RFP document and any written exceptions in the offer accepted by the City. This proposal is genuine, and not sham or collusive, nor made in the interest or in behalf of any person not herein named; the proposer has not directly or indirectly induced or solicited any other proposer to put in a sham proposal, or any other person, firm or corporation to refrain from submitting a proposal; and the proposer has not in any manner sought by collusion to secure for itself an advantage over any other proposer.”
   - A signature submitted on behalf of the proposer by an officer authorized to bind the proposer to the proposal, acknowledging:
     i. Receipt of and agreeing the submitted Proposal is based on the RFP and any identified addenda.
     ii. Failure to indicate receipt of addenda may result in the proposal being rejected as non-responsive
     iii. To constitute a responsive proposal all pages of the proposal questionnaire and required forms must be submitted.
     iv. Under penalty of perjury under the laws of the State of California that the proposal is true and correct and the proposer agrees to the terms and conditions in the proposal.

2. City Business License Number or Vendor Registration Number - Indicate your City Business License Number or Vendor Registration Number if available. A license or registration number is not required for your proposal but will be required prior to execution of a contract. To obtain a Business Tax Registration Certificate (BTRC) or Vendor Registration Number call the Office of Finance at (213) 473-5901 and pay the respective business taxes. The address is as follows: City of Los Angeles, City Hall, Room 101, Office of Finance, 201 North Main Street, Los Angeles, CA 90012 – http://www.lacity.org/finance/.

3. State of California Board of Equalization Permit - Indicate your company’s State of California Board of Equalization permit number. If you do not have this permit, please make a statement to this effect.
4. **California Revenue and Taxation Code** - Fill out and submit the appropriate California Revenue and Taxation Code form, if applicable (for out of state vendors).

5. **Compliance with Standard Provisions** - Provide a statement indicating that your firm will comply with the City of Los Angeles General Contracting Provisions attached to this RFP in Part B, including the Standard Provisions for City Contracts (Rev. 6/14). Please note that your statement does not relieve you from providing all of the documents required pursuant to the “Proposal Response Checklist.”

6. **Insurance** - The City is estimating that the following insurance coverage types will apply to this contract:
   - Workers Compensation ($1,000,000)
   - General Liability ($1,000,000)
   - Professional Liability ($10,000,000)

   Please verify that you will be able to meet the required coverage levels and that you will submit proof of such pursuant to Part B, “General Contracting Requirements - Insurance Requirements,” as a condition of execution of any final contract (see Part B, “Standard Provisions – Insurance Requirements” for further details). Note that if the proposer is a sole owner company with no employees, the proposer can sign the City’s waiver of workers compensation. General Liability can also be obtained through the City’s SPARTA program for small contractors. Links to the City’s waiver form and SPARTA program from the City’s Risk Management website are provided as follows:
   - [http://www.2sparta.com/](http://www.2sparta.com/)

7. **Lobbyist Disclosure** – Disclose any (1) arrangements your company has with any lobbyists and/or agents representing your company, and (2) any arrangements your company has with an unrelated individual or entity with respect to the sharing of any compensation, fees, or profit received from or in relation to the proposing company being awarded a Contract with the City. If any such arrangements exist, describe the nature of the relationship and the manner in which compensation or fees would be shared.

8. **Endorsement Disclosure** – Disclose any financial relationship your company has with any union, organization or association in conjunction with an endorsement. Provide details regarding the relationship, including any benefit that will be recognized by the union, organization or association in the event your company is awarded a Contract with the City.

9. **Subcontracting** - If any portion of the Contract is to be subcontracted, it must be clearly set forth as to the part(s) to be subcontracted, the reasons for the subcontracting and a listing of subcontractors. For each subcontractor proposed, provide the following information:
   - The specific service being subcontracted
   - Name of Subcontractor
   - Subcontractor’s Contact Name
   - Contact Title
   - Contact Phone Number
   - Mailing Address
   - Location of Business (if different from mailing address)
   - Business Telephone Number
   - Subcontractor’s registration # and/or license #, if applicable
   - Description of Work to be Subcontracted
   - Reason for Subcontracting
   - Percent of Total Contract to be Subcontracted & Dollar Amount
   - Relevant work experience in years and level of responsibility
   - Experience in number of years that your firm has worked with the Subcontractor providing these services
   - If subcontractor is a MBE, WBE, LBE, SBE, EBE, DVBE, or OBE
   - If subcontractors will not be utilized, so indicate here.
B. QUALIFICATIONS  
The questions in the following sections will be rated.

<table>
<thead>
<tr>
<th>QUESTIONNAIRE</th>
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<tbody>
<tr>
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<td>----------------</td>
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<tr>
<td>ORGANIZATIONAL STRENGTH &amp; PLAN SPONSOR SERVICES</td>
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<tr>
<td>Organizational Qualifications and Reliability</td>
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<tr>
<td>Organizational Background, Financial Strength, Experience</td>
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</table>
### Describe any incident within the past ten years in which your business has had a contract terminated for default.

Termination for default is defined as notice to stop performance due to your organization’s non-performance or poor performance and the issue was either not litigated or litigated and such litigation determined your organization to be in default. Submit full details of all termination for default experienced by your firm during the past five years including the other party’s name, address, telephone number and your firm’s position on the matter. The City will evaluate the facts and may, at its sole discretion, reject your firm’s proposal if the facts discovered indicate that completion of a contract resulting from this RFP may be jeopardized by selection of your firm. If your firm has experienced no termination for default in the past ten years, so indicate.

### Has your company or its subsidiaries ever filed or been petitioned into bankruptcy or insolvency or has your company ever made any assignment for the benefit of your creditors?

If so, provide complete details.

### Describe what procedures and policies you have in place to protect against, and provide disclosure of, any potential or perceived conflict of interest involving relationships your firm may have with the City’s current or prospective service providers, governing authorities, advisors, or other interested parties.

**HIPAA Compliance**

### Do you agree to indemnify the City of Los Angeles for any liabilities resulting from the improper disclosure of protected health information by you or any of your subcontractors?

**Rating Agency Financial Ratings**

Please provide your organization’s most recent financial ratings as outlined below:

- a) A.M. Best
- b) Moody’s
- c) Standard and Poor’s

**Administration Support & Account Management**

### Briefly describe your process for administering claims.

### What percentage of claims is processed? What percentage of claims process without manual processing or human intervention?

### What percent of total claims are submitted to providers electronically?

### Complete the following table for the claims processing system and location that will be used for the City.
<table>
<thead>
<tr>
<th>Claim</th>
<th>Turnaround Time (TAT) % Processed in 15 calendar days</th>
<th>Claim Turnaround Time (TAT) % Processed in 30 calendar days</th>
<th>Financial Payment Accuracy (Dollars)</th>
<th>Claim Processing Accuracy (% of Claims)</th>
<th>Payment Accuracy</th>
<th>Processing Accuracy</th>
<th>Overall Accuracy</th>
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<td>Standard</td>
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</tr>
</tbody>
</table>

**Billing & Eligibility**

26. Describe your preferred way of receiving, integrating and coordinating eligibility data.

27. What procedures are in place to prevent a member from being overbilled or balance billed by a participating Provider or Specialist?

28. What are the required data elements for eligibility feeds from City of Los Angeles? What are your capabilities for loading and correcting data? Do you have the capability to enter corrections to eligibility records in real time?

29. Please provide your desired eligibility file format/layout.

30. Confirm that you accept electronic eligibility files.

31. How do you handle retroactive enrollment and cancellations? What are your time limitations relative to processing retroactive eligibility adjustments?

32. What are your termination requirements?

33. Please indicate the response that matches your practice for Member identification numbers:
   a) Utilize Social Security Number (SSN) exclusively
   b) Utilize unique number (NOT SSN)
   c) Purchaser option to use SSN or other number
   d) Utilize SSN, but able to make individual exception and use non-SSN for those unwilling to utilize SSN for this purpose

34. Describe your capabilities and any restrictions related to the administration of COBRA for any plans you are awarded.

35. The City of Los Angeles extends COBRA coverage to those who it deems eligible for 36 months, even though under certain circumstances, federal rules would allow for a shorter coverage period. Do you agree to allow Members who the City of Los Angeles deems eligible to maintain coverage under COBRA for up to thirty-six (36) months?
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Sponsor Services</td>
<td></td>
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<tr>
<td>36 Describe your firm’s ability to provide periodic updates regarding federal legislation and/or IRS Rules that may affect the operation of the City of Los Angeles and the payment of benefits.</td>
<td></td>
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<tr>
<td>37 Describe the media your firm uses to inform clients of changes in pending federal legislation or regulations.</td>
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<tr>
<td>38 Please provide samples of your service agreement including EOCs/SPDs.</td>
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<tr>
<td>39 How many contracts/EOCs/SPDs will your organization require based on the number of products you are proposing?</td>
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<tr>
<td>40 Indicate when your contracts/EOCs/SPDs are issued in the plan year.</td>
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<tr>
<td>41 Will you produce ID cards for mailing? How long will it take after receipt of a clean eligibility file?</td>
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<tr>
<td>42 Are the ID cards customizable for the City of Los Angeles? If so, what are the additional costs for doing so?</td>
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<tr>
<td>43 Provide the transition of care benefits for the vision plan, and address treatment in progress, orthodontia and other treatments.</td>
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<tr>
<td>44 Describe in detail the implementation timeline assuming a January 1, 2017 effective date and include the assigned tasks for all parties.</td>
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<tr>
<td>Imaging &amp; Document Storage</td>
<td></td>
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<tr>
<td>45 How is image scanning used in your claims adjudication system?</td>
<td></td>
</tr>
<tr>
<td>Recordkeeping Security Protocols, Disaster Recovery &amp; Guarantees</td>
<td></td>
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<tr>
<td>46 Please describe your disaster recovery plan.</td>
<td></td>
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<tr>
<td>Innovation and Miscellaneous Services</td>
<td></td>
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<tr>
<td>Integrated and Onsite Services</td>
<td></td>
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<tr>
<td>47 How would you propose to integrate your services with the medical wellness programs?</td>
<td></td>
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<tr>
<td>48 Are you able to offer vision screenings at the City of Los Angeles wellness Events?</td>
<td></td>
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<tr>
<td>Value Added Services</td>
<td></td>
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<tr>
<td>49 If your organization is selected, please indicate if you are willing to participate in open enrollment and employee meetings to educate participants regarding your vision plans</td>
<td></td>
</tr>
<tr>
<td>50 List any additional services you will be providing under your fully insured vision plan which were not requested in this RFP.</td>
<td></td>
</tr>
<tr>
<td>MEMBER SERVICES</td>
<td></td>
</tr>
<tr>
<td>Direct Services</td>
<td></td>
</tr>
<tr>
<td>Customer Services, Staffing/Availability</td>
<td></td>
</tr>
<tr>
<td>51 Would you propose to offer a dedicated or partially dedicated unit/staff to the City of Los Angeles? If you are proposing a partially dedicated unit, please indicate the current number of other groups and total Membership served by the partially dedicated unit.</td>
<td></td>
</tr>
</tbody>
</table>
Please describe your proposed account management team and structure. Specifically address:

| 52 | a) Name and background of account manager |
| | b) Name and background of other key team members |
| | c) Who from account team would be 100% dedicated to this acct. |
| | d) Location of staff |
| | e) Office Hours |
| | f) Responsibility for any subcontracted relationships |
| | g) Years with organization |

Please confirm whether your customer service personnel are U.S. based. If so, please confirm you will provide sufficient notification to the City of Los Angeles should the customer service personnel ever be outsourced to another country.

What are the hours of operation?

What authority do customer service representatives have to resolve issues over the phone? Are customer service representatives authorized to make real-time claim payment adjustments?

Do you record customer service calls?

What information is the member required to enter into the VRU system (e.g., group number, SSN, etc.)?

Can a member leave a message at your member service line after working hours? If yes, what is the protocol for responding to that call?

Quality Control: Referrals

What is your referral process to an eye specialist, ophthalmologist or retina specialist? Please provide average time for these referrals.

Quality Control: Appeals Process

Please define your process for handling issues that are not resolved in the initial call.

Communications

Website Facility and Content

Discuss any technological improvements your organization has planned for 2016-2017 (e.g., Internet related services, online eligibility, etc.) and the effect on enrolled Members.

Self-Service Tools

Would you offer a dedicated toll-free phone number? What type of tools are available to employees on-line? What is the process available to employees to search for providers electronically?

Electronic/Print/Video

Include as an addendum sample communication materials that will be provided to employees regarding your vision plans.
## Mobile Apps/Education

| 64 | Indicate if you have a mobile application or mobile optimized website, what features it includes or may be limited to as compared to the regular website and what information can be customized by the plan sponsor. If you offer one, provide information on how to access your mobile application. |

## ACCESS/CONTINUITY OF CARE

### Provider Groups/Networks & Geographic Access/Disruption Analysis

| 65 | Please submit a Geo-Access report for each network you are offering based on the following: |

#### a. Optometrist

| 66 | Urban: Two (2) providers within ten (10) miles |
| i. Urban: | Two (2) providers within ten (10) miles |
| ii Rural: | Two (2) providers within twenty (20) miles |

#### b. Vision Specialist - Ophthalmologist

| 67 | Urban: Two (2) providers within ten (10) miles |
| i. Urban: | Two (2) providers within ten (10) miles |
| ii Rural: | Two (2) providers within twenty (20) miles |

### Other

| 68 | Refer to the census data provided as part of this questionnaire and provide Geo-Access analysis based on the zip codes. |

### How often are contracts renewed with Network Providers? |

### If a Provider drops/leaves your network, how are enrollees notified? |

### Do you anticipate any significant changes to the network in the next two (2) years? |

### Do you offer a hard copy Provider Directory? How often is the hard copy provider directories updated? Will the City of Los Angeles receive directories free of charge? If yes, how many and how often will they receive new directories or supplements? Is your provider information available online? If so, provide web site address. How frequently is this information updated? |

## FINANCIAL COST/BENEFIT DESIGN

### Provider Reimbursement and Discounts

| 70 | Please provide the average provider discounts of UCR in California for General Providers and Vision Specialist. |
Underwriting Terms and Conditions

72 What is your incurred but not reported (IBNR) claims underwriting policy?

73 Please confirm if monthly as well as annual reports will be provided. How long after the reporting period will the reports be provided?

74 What ad hoc or customized reports are available and what are the costs, if any?

75 Will your organization provide and make available utilization data based on the City of Los Angeles’ plan structure? If not, please describe what will be made available.

76 Please submit samples of all available reports and state the frequency of each. Please identify any associated costs for each report.

Retention Levels

77 What is your retention for each quoted fully insured plan?

78 Provide a participating and nonparticipating quote. What is the methodology (retention, premium, premium stabilization fund timing, etc.) to calculate a refund under the participating contract?

Multi-year Rate Guarantee or Rate Caps

79 Please provide any multi-year rate guarantees you are offering the City of Los Angeles. Will you provide rate Caps?

Performance Guarantees

80 Please provide your performance standards including the targets and actual results for the most recent period for financial, processing and payment accuracy for your book-of-business.

81 Please describe any proposed performance guarantee for the first year, second year and third year. Please provide a sample Performance Guarantee Contract

Premium Rates and Rate Adequacy for Plan Design Options

82 Please provide 4-tier rates (Employee, Employee + Spouse/Domestic Partner, Employee + Children, Employee + Family) for the following plan designs. Confirm that your proposed rates exclude commissions.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Frequency</th>
<th>In-Network Co-Pay</th>
<th>Out-of-Network Co-Pay</th>
<th>Frame &amp; Benefit Allowance</th>
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<tr>
<td>Exams</td>
<td>12 Months</td>
<td>$10.00</td>
<td>To be proposed</td>
<td>n/a</td>
</tr>
<tr>
<td>Lenses</td>
<td>24 Months</td>
<td>$10.00</td>
<td>To be proposed</td>
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<td>Frames</td>
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<td>Contacts</td>
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<td>Frames</td>
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<tr>
<td>Contacts</td>
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<th>Out-of-Network Co-Pay</th>
<th>Frame &amp; Benefit Allowance</th>
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<td>To be proposed</td>
<td>100%</td>
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<tr>
<td>Frames</td>
<td>24 Months</td>
<td>$10.00</td>
<td>To be proposed</td>
<td>$130.00</td>
</tr>
<tr>
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<td>$10.00</td>
<td>To be proposed</td>
<td>$130.00</td>
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### MODEL E

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<th>Out-of-Network Co-Pay</th>
<th>Frame &amp; Benefit Allowance</th>
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<tr>
<td>Lenses</td>
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<td>Frames</td>
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<td>Contacts</td>
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<td>$10.00</td>
<td>To be proposed</td>
<td>$150.00</td>
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83 Please submit alternate vision plan designs and rates (other than those listed above) your firm believes is the best fit and value for the City of Los Angeles.

84 Please confirm there will be no adjustments to the proposed rates based on actual enrollment or changes in enrollment.

85 Please indicate that you can match the current plan levels and provide three alternate plan designs with varying frequencies, co-pays and benefit levels.
<table>
<thead>
<tr>
<th></th>
<th>For the vision proposal please clearly define and list what is covered under the frame and contact lens allowance.</th>
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</thead>
<tbody>
<tr>
<td>87</td>
<td>Please clarify the progressive lenses coverage in detail.</td>
</tr>
<tr>
<td>88</td>
<td>Are there any services which you will not be providing to the City of Los Angeles, which were required by this RFP?</td>
</tr>
</tbody>
</table>
Proposals must be based only on the material contained in the RFP, Pre-Proposal Conference responses, amendments, addenda and other material published by the City relating to the RFP. The proposer must disregard any previous RFP draft material. Proposals must be submitted in accordance with the requirements set forth in this RFP.

4.0 Addendum(a)
The City reserves the right to issue addendum(a) to this RFP, which may add additional requirements which must be met in order for a proposal to be considered responsive. All proposers must acknowledge any addendum(a) issued as a result of any change in this RFP on the Proposer Signature Declaration Page. Failure to indicate receipt of addendum(a) may result in a proposal being rejected as non-responsive.

4.1 In Writing
All proposals must be submitted in writing and proposers shall complete and return any and all applicable documents including but not limited to written responses, questionnaires, forms, appendices, spreadsheets, and any electronic files. The City may deem a proposer non-responsive if the proposer fails to provide all required documentation, copies or electronic files.

4.2 Cover Letter
Each proposal must include a cover letter limited to two pages. The cover letter must include the title, address, email address, and telephone number of the person or persons who will be authorized to represent the proposer.

4.3 Best Offer
The proposal shall include the proposer’s best terms and conditions. Submission of the proposal shall constitute a firm and fixed offer to the City that will remain open and valid for a minimum of 12 months from the submission deadline.

4.4 Authorized Signatures
Proposals must be signed by a duly authorized officer eligible to sign contract documents and authorized to bind the company to all commitments made in the proposal. A non-officer individual, with the authority to bind the proposer to a contract, is sufficient to sign all applicable documents for the purpose of this RFP. Consortiums, joint ventures, or teams submitting proposals will not be considered responsive unless it is established that all contractual responsibility rests solely with one proposer or one legal entity. The proposal must identify the responsible entity.

4.5 Number of Copies Required
Proposers are required to submit:
• **One (1) original written proposal** sent to the City of Los Angeles RFP Administrator proposal delivery address which includes all required responses to **Part A** (see specific instructions in Section 3) and **Part B**, with all documents **signed in ink**.

• **Two (2) copies of the written proposal** sent to the City of Los Angeles RFP Administrator proposal delivery address which includes all required responses to **Part A only**.

• **One (1) copy of the written proposal** sent to each of the City of Los Angeles consultant proposal delivery addresses which includes all required responses to **Part A only**.

• **Five (5) electronic (USB drive) copies** of your **Part A** response only: three to the City of Los Angeles RFP Administrator, and one each to the City of Los Angeles consultants for this RFP.

Original and copies should be identified as such. If any proposal contains any trade secrets or other proprietary information that the proposer claims is exempt from disclosure under the California Public Records Act (see Section 6.0 of this RFP), then one (1) redacted copy of the proposal must also be submitted in addition to the original version. Written proposals must be presented in a sealed envelope or box. Proposer must enter the title and proposer’s name on the outside of the envelope or box. Sealed proposals are to be delivered to the address listed in this RFP no later than the stated proposal submission deadline.

Certain efficiencies in how proposals are prepared and submitted are requested in order to facilitate the review, storage and recycling processes for proposal materials. Economy in presentation and packaging is preferred over materials which are not easily reproduced, create unnecessary waste, or are awkward to store. **Please do not submit materials in plastic binders.** Each response should have the bulk of its contents prepared on standard 8½ x 11 paper. Non-essential promotional materials and over-sized materials should be avoided wherever possible except as otherwise requested within the RFP.

### 4.6 Electronic (USB Drive) Submission
In addition to the written copies of the proposal, proposers are required to provide a copy of the proposal in Adobe PDF, Microsoft Word, and (questionnaire only) Microsoft Excel format on a USB flash drive. Redacted versions should be sent separately and identified as such. The USB flash drive containing the proposal versions should be labeled with the firm name and title of this RFP and placed in a sealed envelope with the firm’s name written across the front of the envelope and attached or affixed inside the front cover of the original RFP response.

### 4.7 Information Requested and Not Furnished
The information requested and the manner of submission is essential to permit prompt evaluation of all proposals. Accordingly, the City reserves the right to declare as non-responsive and reject any proposals in which information is requested and is not furnished or when a direct or complete answer is not provided.

### 4.8 Alternatives
The proposer shall not change any wording in the RFP or associated documents. Any explanation or alternatives offered shall be submitted in a letter attached to the front of the proposal documents. Alternatives that do not substantially meet the City’s requirements cannot be considered. Proposals offered subject to conditions and/or limitations may be rejected as non-responsive.
4.9  Proposal Errors
Proposer is responsible for all errors or omissions incurred by proposer in preparing the proposal. Proposer will not be allowed to alter proposal documents after the Proposal Submission Deadline, except as allowed by the City. The City reserves the right to make corrections or amendments due to errors identified in the proposal by the City or the proposer. This type of correction or amendment will only be allowed for typographical errors, transposition, or other obvious error. Any changes will be dated and time stamped, and attached to the proposal. All changes must be coordinated in writing with, authorized by, and made by the Contract Administrator.

4.10  Proposal Clarification
The City reserves the right to request proposers at any phase of the evaluation process to clarify information provided in RFP responses including clarification of assumptions used in the RFP response. All clarifications must be coordinated in writing with, authorized by, and made by the Contract Administrator. Clarifications must be submitted in writing by the requested deadline, otherwise the RFP response will be deemed non-responsive or evaluated without the benefit of the clarification requested.

If the City determines that all proposers failed to submit requested information or adequately responded to the same RFP question or request for data, the City may, at its discretion, issue an RFP Addendum and provide all proposers with an opportunity to provide a response to the RFP question. Responses to RFP Addendum questions must be submitted in writing by the stated deadline otherwise the RFP response will be deemed non-responsive or evaluated without the benefit of the clarification requested.

4.11  Waiver of Minor Administrative Irregularities
The City reserves the right, at its sole discretion, to waive minor administrative irregularities contained in any proposal.

4.12  Interpretation and Clarifications of RFP Requirements
The City will consider prospective recommendations or suggestions regarding any requirements before the Pre-Proposal Conference. All recommendations or suggestions must be in writing and submitted to the Contract Administrator (see page 1 of the RFP). The City reserves the right to modify or amend any and all requirements of the RFP.

4.13  Proposal Submission Deadline
Timely submission of proposals is the sole responsibility of the proposer. The City reserves the right to determine the timeliness of all submissions. The proposals, including all hard copies, redacted copies and electronic copies of the final proposals and proposal questionnaire must be received by the RFP Administrator at the published location and by the published due date included with this RFP.

It should be noted that all persons and materials entering the Employee Benefits Division’s City Hall location must go through a security check. Proposers should allow ample time to clear security in order to meet the deadline listed above. All proposals will be date and time stamped upon receipt.

4.14  Late Proposals
Proposals submitted after the Proposal Submission Deadline shall be considered late. Late proposals will not be considered.

4.15  Cost of RFP
The City is not responsible for any costs incurred by proposer while submitting proposals. All proposers who respond to the RFP do so solely at their own expense.

4.16 Withdrawal of Proposals
Proposer may withdraw a submitted proposal in writing at any time prior to the Proposal Submission Deadline. A written request, signed by an authorized representative of the proposer, must be submitted to the RFP Administrator. After withdrawing a previously submitted proposal, the proposer may submit another proposal at any time up to the Proposal Submission Deadline.

4.17 Selection of Vendor
The proposer with the highest score based on the RFP criteria and that satisfies all City contracting requirements will be recommended for selection. Selection is not restricted to the lowest offer or bid. Should contract negotiations not be successful with the selected proposer, the City may, based on its exclusive discretion, negotiate with the next most qualified proposer or cancel the RFP selection process.

4.18 Rejection of Proposals
The City reserves the right to reject any or all proposals; to waive any minor informality in proposals received; to reject any unapproved alternate proposal(s); and reserves the right to reject the proposal of any proposer who has previously failed to perform competently in any prior business relationship with the City. The rejection of any or all proposals will not render the City liable for costs or damages.

4.19 RFP Withdrawal, Cancellation, Other Options
The City reserves the right to withdraw or cancel the RFP at any time, if it deems such action necessary. If such action is taken, the City may re-issue the RFP. The City also reserves the right to contract with more than one respondent to this RFP. Furthermore, the City may exercise its right to not select any proposer from this RFP, if it determines that there was no responsive proposer.

If an inadequate number of proposals are received or the proposals received are deemed non-responsive, not qualified, or not cost effective, the City may, at its sole discretion, reissue the RFP or award a sole-source contract with a vendor. The award of the contract is subject to the successful negotiation of the terms and conditions of an agreement.

The City reserves the right to verify all information in the proposal. If the information cannot be verified, the City reserves the right to reduce the rating points awarded. The City reserves the right to require a pre-award interview and/or site inspection.

4.20 Contract Evaluation Program
When the term of the contract pursuant to this RFP has concluded, the City will conduct an evaluation of the Contractor’s performance. The City may also conduct evaluations of the Contractor’s performance during the term of the contract. As required by Section 10.39.2 of the Los Angeles Administrative Code, evaluations will be based on specified criteria, including the quality of the work product or service performed the timeliness of performance, financial issues, and the expertise of personnel that the Contractor assigns to the Contract. A Contractor who receives a “Marginal” or “Unsatisfactory” rating will be provided with a copy of the final City evaluation and allowed fourteen (14) calendar days to respond. The City will use the final City evaluation and any response from the Contractor to evaluate Proposals and to conduct reference checks when awarding future service contracts.
4.21 Campaign Contributions

a) Proposers are subject to Charter Section 470(c)(12) and related ordinances. As a result, proposers may not make campaign contributions to and or engage in fundraising for certain elected City officials or candidates for elected City office from the time they submit the Proposal until either the contract is approved or, for successful proposers, twelve months after the contract is signed. The proposer’s principals and subcontractors performing $100,000 or more in work on the contract, as well as the principals of those subcontractors, are also subject to the same limitations on campaign contributions and fundraising.

b) Proposers must submit CEC Form 55, provided as Attachment 11 in Part B, to the awarding authority at the same time the Proposal is submitted. The Form requires proposers to identify their principals, their subcontractors performing $100,000 or more in work on the contract, and the principals of those subcontractors. Proposers must also notify their principals and subcontractors in writing of the restrictions and include such notice in contracts with subcontractors. Proposals submitted without a completed CEC Form 55 shall be deemed non-responsive. Proposers who fail to comply with City law may be subject to penalties, termination of Contract and debarment. Additional information regarding these restrictions and requirements may be obtained from the City Ethics Commission at (213) 978-1960 or http://ethics.lacity.org/.

4.22 Business Inclusion Program Requirements (BIP)

It is the policy of the City to provide Minority Business Enterprise (MBE), Women Business Enterprise (WBE), Small Business Enterprise (SBE), Emerging Business Enterprise (EBE), Disabled Veteran Business Enterprise (DVBE), and all Other Business Enterprise (OBE) concerns an equal opportunity to participate in the performance of all City contracts. Proposers will assist the City in implementing this policy by taking all reasonable steps to ensure that all available business enterprises, including MBEs, WBEs, SBEs, EBEs DVBEs and OBEs, have an equal opportunity to compete for, and participate in, City contracts. Equal opportunity will be determined by the proposer’s BIP outreach documentation, as described in Part B, Attachment 13, and the Business Inclusion Program for this RFP. Participation by MBEs, WBEs, SBEs, EBEs, DVBEs and OBEs may be in the form of subcontracting. Proposers must refer to Attachment 13 Business Inclusion Program to this RFP for additional information and instructions. BIP outreach must be performed using the Business Assistance Virtual Network (www.labavn.org). A proposer’s failure to utilize and complete their BIP Outreach as described in Attachment 13 may result in their proposal being deemed non-responsive. Please note this RFP’s published deadline for submitting the BIP Summary Sheet on www.labavn.org.

4.23 Local Business Preference Program Ordinance

Proposers are advised that any proposal submitted and/or contract awarded pursuant to this procurement process shall be subject to the applicable provisions of Los Angeles Administrative Code Section 10.47, Local Business Preference Program (LBPP) Ordinance. The City is committed to maximizing opportunities for local businesses, as well as encouraging local businesses to locate and operate in Los Angeles County. The LBPP Ordinance allows the Department to apply additional points to the Proposal’s final score under certain conditions.

Proposers shall refer to Part B, Attachment 12, “Local Business Preference Program” for further information regarding the requirements and application of the Ordinance.

If applicable, proposers may choose to complete and upload the Local Business Certification Affidavit of Eligibility available on the City of Los Angeles’ Business Assistance Virtual Network (BAVN)
residing at www.labavn.org prior to the Proposal Submission Deadline. The City may request supporting documentation to verify qualification for designation as a Local Business. Only those proposers who apply and qualify for a Local Business designation (or otherwise qualify by using a qualified Local Subcontractor) by the Proposal Submission Deadline will be made eligible for additional points that can be awarded under the ordinance.

Proposers seeking additional information regarding the requirements of the Local Business Preference Program Ordinance may visit the Bureau of Contract Administration’s web site at http://bca.lacity.org.

4.24 Confidentiality
All documents, records and information provided by the City to the Contractor, or accessed or reviewed by the Contractor, during performance of the services will remain the property of the City. All documents, records, and information provided by the City to the Contractor, or accessed or reviewed by the Contractor and any if its employees during performance of services, are confidential (hereinafter collectively referred to as “Confidential Information”). The Contractor agrees not to provide Confidential Information, nor disclose its content or any information contained in it, either orally or in writing, to any other person or entity. The Contractor agrees that all Confidential Information used or reviewed in connection with the Contractor’s work for the City will be used only for the purpose of carrying out City business and cannot be used for any other purpose. The Contractor will be responsible for protecting the confidentiality and maintaining the security of City documents and records in its possession.

Any Confidential Information provided by the City to the Contractor, or accessed or reviewed by Contractor, during performance of services, will be made available to its employees, agents, and subcontractors only on a need to know basis. Further, the Contractor will provide written instructions to all of its employees, agents and subcontractors, with access to the Confidential Information about the penalties for its unauthorized use or disclosure.

The Contractor must not remove Confidential Information or any other documents or information used or reviewed in connection with the Contractor's work for the City from City facilities without prior approval from the City. At no cost to the City the Contractor will, at the conclusion of services, or at the request of the City, promptly return in an organized manner that preserves and protects the documentation, any and all Confidential Information and all other written materials, notes, documents, or other information obtained by the Contractor during the course of work under the contract. The Contractor will make or retain copies of any such information, materials or documents. The Contractor and its employees, agents, and subcontractors may have access to confidential medical records information, which access is controlled by statute. Misuse of such information may adversely affect the subject individual’s civil rights and violates the law. The Contractor will implement reasonable and prudent measures to keep secure private medical history information accessed by its employees, agents, and subcontractors during the performance of services. The Contractor will advise its employees, agents, and subcontractors of this confidentiality requirement.

The Contractor shall disclose the intent to use any service provider outside the continental United States of America to handle any aspect of the work within the scope of services, and shall describe to the City’s satisfaction the methods, which will be utilized to protect the City’s interests and confidentiality of City records and information in doing so. The City reserves the right to approve any such service provider throughout the term of the contract at its sole and absolute discretion.
Any breach of security that occurs through Contractor’s website, offices or network shall require Contractor to be responsible for notifying City and all applicants affected by such breach. Contractor shall also be responsible for all costs associated with such notification.

4.25 Government Taxation Forms
Proposers must submit the following three forms found in Part B, Attachment 3 to the awarding authority at the same time the Proposal is submitted:

- IRS Request for Taxpayer Identification and Certificate (Form W-9)
- Evidence of having obtained or applied for a tax registration account number (City of L.A. Tax Registration Certificate number and/or Vendor Registration number)
- State of California Withholding Exemption Certificate (Form 590) or Non-resident Withholding Certification (Form 587), if the proposer is located outside of California.

4.26 On-Line Submission of Required Documents
a) Nondiscrimination, Equal Employment Practices and Affirmative Action Program (Non-Construction)
Proposers are advised that any contract awarded pursuant to this procurement process shall be subject to the applicable provisions of Los Angeles Administrative Code Section 10.8.2., Non-discrimination Clause.

Contractors that provide non-construction services to or for the City for which the consideration is $1,000 or more shall comply with the provisions of Los Angeles Administrative Code Sections 10.8.3., Equal Employment Practices Provisions. All proposers shall complete and upload the Non-Discrimination/Equal Employment Practices Affidavit (two (2) pages) available on the City of Los Angeles' Business Assistance Virtual Network (BAVN) residing at www.labavn.org prior to award of a City contract valued at $1,000 or more.

Contractors that provide non-construction services to or for the City for which the consideration is $100,000 or more shall comply with the provisions of Los Angeles Administrative Code Sections 10.8.4., Affirmative Action Program Provisions. All proposers shall complete and upload the City of Los Angeles Affirmative Action Plan (four (4) pages) available on the City of Los Angeles' Business Assistance Virtual Network (BAVN) residing at www.labavn.org prior to award of a City contract valued at $100,000 or more. Proposers opting to submit their own Affirmative Action Plan may do so by uploading their Affirmative Action Plan onto the City’s BAVN.

Both the Non-Discrimination/Equal Employment Practices Affidavit and the City of Los Angeles Affirmative Action Plan Affidavit shall be effective for a period of twelve months from the date they are first uploaded onto the City’s BAVN.


b) Equal Benefits Ordinance
Proposers are advised that any contract awarded pursuant to this procurement process shall be subject to the applicable provisions of Los Angeles Administrative Code Section 10.8.2.1, Equal Benefits Ordinance (EBO).
All proposers shall complete and upload the Equal Benefits Ordinance Affidavit (two (2) pages) available on the City of Los Angeles’ Business Assistance Virtual Network (BAVN) residing at www.labavn.org prior to award of a City contract, the value of which exceeds $5,000. The Equal Benefits Ordinance Affidavit shall be effective for a period of twelve months from the date it is first uploaded onto the City’s BAVN. Proposers do not need to submit supporting documentation with their bids or proposals. However, the City may request supporting documentation to verify that the benefits are provided equally as specified on the Equal Benefits Ordinance Affidavit.

Proposers seeking additional information regarding the requirements of the Equal Benefits Ordinance may visit the Bureau of Contract Administration’s web site at http://bca.lacity.org.

c) **Slavery Disclosure Ordinance**

Unless otherwise exempt, in accordance with the provisions of the Slavery Disclosure Ordinance, any contract awarded pursuant to this RFP will be subject to the Slavery Disclosure Ordinance, Section 10.41 of the Los Angeles Administrative Code.

All proposers shall complete and upload the SlaveryDisclosure Ordinance Affidavit (one (1) page) available on the City of Los Angeles’ Business Assistance Virtual Network (BAVN) residing at www.labavn.org prior to award of a City contract.

Proposers seeking additional information regarding the requirements of the Slavery Disclosure Ordinance may visit the Bureau of Contract Administration’s web site at http://bca.lacity.org.

d) **First Source Hiring Ordinance**

Unless approved for an exemption, contractors under contracts used primarily for the furnishing of services to or for the City and that involve an expenditure in excess of $25,000 and a contract term of at least three (3) months, and certain recipients of City Loans or Grants, shall comply with the provisions of Los Angeles Administrative Sections 10.44, et seq., First Source Hiring Ordinance (FSHO). Proposers shall refer to Standard Provisions for City Contracts (Revised 06/14), Attachment 7, “First Source Hiring Ordinance”, for further information regarding the requirements of the Ordinance. The First Source Hiring Ordinance Compliance Affidavit shall only be required of the proposer that is selected for award of a contract.

4.27 **Bond Assistance Program**

For those contractors wishing to bid on City projects but are experiencing difficulty obtaining the required bid, performance and payment bonds, the City of Los Angeles provides bonding assistance thru the Los Angeles Bond Assistance Program (BAP LA). For more information regarding the BAP LA please go to the City’s Risk Management website at http://cao.lacity.org/risk.

4.28 **Americans with Disabilities Act**

As covered under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodation to ensure equal access to its proposals, programs, services and activities. If an individual with a disability requires accommodations to attend the Pre-Proposal Conference, please contact the Contract Administrator at least five working days prior to the scheduled event.
4.29 **Iran Contracting Act of 2010**
In accordance with California Public Contract Code Sections 2200-2208, all bidders submitting proposals for, entering into, or renewing contracts with the City of Los Angeles for goods and services estimated at $1,000,000 or more are required to complete, sign, and submit the "Iran Contracting Act of 2010 Compliance Affidavit."
SECTION 5
EVALUATION OF PROPOSALS

5.1. Review Process

Proposals received by the Proposal Submission Deadline as specified in this RFP will be evaluated as outlined below.

Preliminary Review – Level One
Proposals will be reviewed to determine completeness of required documentation and compliance with the City’s administrative and General Contracting Requirements. Proposers that fail to submit or complete required documentation and/or satisfactorily comply with the City’s requirements will be deemed as non-responsive, eliminated from further consideration and will not proceed to the Level Two review process. Proposers will be notified in writing or email regarding the results of the Level One review.

Proposal Evaluation - Level Two
A Review Committee will be designated by the City to evaluate/score the proposals and generate recommendations for selection to the City. Following the City’s selection, the award of the contract is subject to successful negotiation of the terms and conditions of an agreement. All written responses to the RFP questionnaire will be considered and evaluated.

Review Criteria
Evaluation of submitted proposals will be based on the following factors and the weights associated with each factor.

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<tr>
<td>Organizational Qualifications and Reliability</td>
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<td>Organizational Background, Financial Strength, Experience</td>
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<td>References</td>
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<td>Regulatory Compliance</td>
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<td>HIPAA Compliance</td>
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<tr>
<td>Rating Agency Financial Ratings</td>
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<tr>
<td>Administration Support &amp; Account Management</td>
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<tr>
<td>Claims Processing</td>
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<tr>
<td>Billing &amp; Eligibility</td>
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<tr>
<td>Plan Sponsor Services</td>
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<tr>
<td>Imaging &amp; Document Storage</td>
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<tr>
<td>Recordkeeping Security Protocols, Disaster Recovery &amp; Guarantees</td>
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<tr>
<td>Innovation and Miscellaneous Services</td>
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<td>Integrated and Onsite Services</td>
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<td>Value Added Services</td>
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5.2 Proposal Protest

Level One - Preliminary Review
Proposer may file a protest regarding disqualification at the Level One review. (See Section 5.0, “Preliminary Review – Level One”.) A Notice of Protest must be filed in writing and submitted to the Contract Administrator within five (5) calendar days of the notification of disqualification date. The Notice of Protest must clearly state the grounds for the protest and the facts on which they are based. The Personnel Department will respond to a protest within 15 calendar days of receiving it, and the Department, at its election, may set up a conference call with the proposer to discuss the protest concerns. The decision of the Personnel Department General Manager will be final.

Level Two - Award of Contract Recommendation
Proposers may file a protest regarding the award of the contract recommendation submitted to the General Manager Personnel Department. A Notice of Protest must be filed in writing and submitted to the Contract Administrator within seven (7) calendar days of the date the City makes its final vendor selections pursuant to this RFP. The Notice of Protest must clearly state the grounds for the protest and the facts on which they are based. A protest based on non-selection alone or disagreement with award of the contract recommendation is not sufficient grounds for a protest.
Personnel Department staff will respond to a protest, in writing, within 20 calendar days of receiving it, and the Personnel Department, at its election, may set up a conference call or meeting with the proposer to discuss the protest concerns. Findings and/or recommendations will be submitted to the General Manager Personnel Department and the decision of the General Manager will be final.
6.0 Property of City/Proprietary Material
All proposals submitted in response to this RFP will become the property of the City of Los Angeles and subject to the California Public Records Act (California Government Code Section 6250 et seq). Proposers must identify all trade secrets or other proprietary information that the proposers claim are exempt from the Public Records Act. The City Attorney will make an independent determination regarding whether the identified information is disclosable.

In the event a proposer claims such an exemption, the proposer is required to state in the proposal the following: “The Proposer will indemnify the City and its officers, employees and agents, and hold them harmless from any claim or liability and defend any action brought against them for their refusal to disclose trade secrets or other proprietary information to any person making a request therefore.”

Failure to include such a statement will constitute a waiver of a proposer’s right to exemption from this disclosure.

6.1 Pre-Award Negotiations
Prior to award of the contract, the successful proposer(s) may be required to attend negotiation meetings that will be scheduled at a later date. The intent of the meeting(s) will be to discuss and negotiate contract requirements, prices/premiums, service level agreements, detailed scope of work specifications, ordering, invoicing, delivery, receiving and payment procedures, etc. in order to insure successful administration of the contract.

6.2 Execution of Contract
Unless otherwise stated, proposals submitted will be irrevocable for a period of one-year following the proposal due date. A contract will be developed following action by the Board.

Any contract made pursuant to this RFP must be accepted in writing by the Proposer. If for any reason Proposer should fail to accept the contract in writing, then the Proposer may be deemed non-responsive and the City may commence contract negotiations with another proposer.

Please note that the City takes a legal approach whereby all contracts contain an order of precedence. In the event of a discrepancy between the provisions of the Contractor’s documents and the City’s documents, the City’s documents take precedence with respect to resolution of the discrepancy.

6.3 Amendments/Modifications/Change Orders
Any amendments, adjustments, alterations, additions, deletions, or modifications in the terms and/or conditions of the resultant agreement must be made by written amendment/change order approved by the Contracting Authority, the Contractor, and signed by the City Attorney. If Contractor performs any modification without a written amendment/change order, the City will neither pay for nor be obligated to accept said modification.
6.4 Prime Contractor
The Proposer awarded the contract must be the prime Contractor performing the primary functions of the contract. If any portion of the contract is to be subcontracted, it must be clearly set forth in the proposal document as to what part(s) are to be subcontracted, the reasons for the subcontracting and a listing of subcontractors. The City reserves the right to reject any proposal wherein use of subcontractors significantly affects the ability of the Proposer to function as the prime Contractor on the awarded contract. The prime Contractor will at all times be responsible for the acts and errors or omissions of its Subcontractors or joint participants and persons directly or indirectly employed by them.

6.5 Subcontractors/Joint Ventures
Acceptance or rejection of a Proposer’s request to use subcontractors is at the sole discretion of the City. With approval of the City, the Contractor may enter into subcontracts and joint participation agreements with others for the performance of portions of resultant agreement.

The provisions of the resultant agreement will apply to all subcontractors in the same manner as to the Contractor. In particular, the City will not pay, even indirectly, the fees and expenses of subcontractors that do not conform to the limitations and documentation requirements of the resultant agreement.

6.5.1 Copies of Subcontractor Agreements
Upon written request from the City, the Contractor will supply the City with all subcontractor agreements at no cost.

6.6 Supplier Performance Feedback Meetings
The Proposer awarded the resulting agreement is required to attend periodic performance feedback meetings facilitated by the Contracting Authority. The meetings will focus on the Contractor’s and the City’s performance in fulfilling the service level requirements contained in the contract. The meetings will provide a forum to informally discuss opportunities for improving contract terms and conditions, service level requirements, and cost reductions for both parties.

6.7 Replacement of Contractor’s Staff
The City reserves the right to have the Contractor replace any contract personnel with equally or better qualified staff upon providing written notice to Contractor. In addition, the City reserves the right to approve in advance any changes in project personnel or levels of commitment by the Contractor to the project.

6.8 Contractor’s Address
The address given in the proposal response will be considered the legal address of the Contractor and will be changed only by written notice to the City. The Contractor will supply an address to which certified mail can be delivered. The delivery of any communication to the Contractor personally, or to such address, or the depositing in the United States Mail, registered or certified with postage prepaid, addressed to the Contractor at such address, will constitute a legal service thereof. Also, telephone numbers, fax numbers and e-mail addresses (if applicable) must be provided.

6.9 Term & Option to Renew
The term of any contract(s) established pursuant to this RFP shall be for the period identified in the RFP Introduction. The City reserves the right in its sole discretion to seek an extension of the term of the contract.
6.10 Standard Contract Provision Requirements
Please carefully review the information contained in the City of Los Angeles Requirements and Checklist (Part B), including the Standard Provisions for City Contracts. Compliance with these requirements and submission of necessary forms is mandatory at the time of submission of a proposal, prior to award of contract, or both. These requirements will be discussed in detail at the Pre-Proposal Conference. Failure to comply with the requirements and accept the contract provisions will render proposals non-responsive and eliminate them from consideration.

6.11 Governing Law
All matters relating to the formation, validity, construction, interpretation, performance and enforcement of the RFP and the resultant agreement/contract, must comply with all applicable laws of the United States of America, the State of California and the City.

6.12 California State Sales Tax
Do not include California State sales tax in prices quoted unless otherwise requested. If requested, sales tax must be identified as being included in the pricing.

6.13 California State Board of Equalization Permit
Proposer must enter the company’s State of California Board of Equalization permit number on the proposal form. If the company does not have this permit, the proposer must sign the proposal form declaring that the company has no California sales tax permit.

6.14 Federal Excise Taxes
The City of Los Angeles is exempt from the payment of excise taxes imposed by the Federal Government. Such taxes must not be included in the proposed prices. The Department of General Services, upon request, will furnish Federal excise exemption certificates.

6.15 Periodic Independent Audit
The City reserves the right to assign an independent auditor to assess the quality of services being provided and the extent to which the vendor and its subcontractors are conducting City business within generally accepted industry standard practices. Each Contractor will be required to cooperate fully with any external audit.

6.16 Financial Audit
Firms providing services to the City will be responsible for the verification of the legitimacy of payments made to service providers and their subcontractors. The City therefore reserves the right for staff of its Office of the Controller or their designee to conduct audits of financial accountability procedures.

6.17 Proposer Background Information
Proposers must submit contact information as requested in the Proposal Questionnaire.

6.18 Verification of Prior City Contracts
The City Council adopted a resolution requiring vendors to provide a list of all City contracts held within the past 10 years to be included in the response package for all bids and proposals. Performance on past contracts with the City of Los Angeles will be part of the evaluation criteria. Failure to disclose this information will deem the proposal non-responsive.
6.19 **History of Terminated Contracts**  
You must describe any incident within the past ten years in which your business has had a contract terminated for default as requested in Proposal Questionnaire.

6.20 **Business Organization**  
Proposer shall provide an overview of the entity submitting this RFP as requested in Proposal Questionnaire.

6.21 **Proposed Subcontractor Information**  
If applicable to proposal, information must be provided for each proposed subcontractor as requested in the Proposal Questionnaire.

6.22 **Proposer Signature Declaration**  
Proposer shall provide a Signature Declaration as requested in the Proposal Questionnaire.
Kaiser Permanente Timeline Proposal

Cynthia.Striegel@kp.org <Cynthia.Striegel@kp.org>  Thu, Feb 11, 2016 at 1:05 PM
To: wendy.macy@lacity.org, cheryl@afscme36.org
Cc: steven.montagna@lacity.org

Wendy/Cheryl:

I am writing to you as co-chairs of the JLMBC about the proposed timeline we have been made aware of regarding the 2017 RFP for health benefits. It is our understanding that the RFP is to be released on February 12th, with a due date for submitted responses set for March 25th.

Kaiser Permanente has long valued our ability to provide health care for City employees and their families and look forward to doing so in the future. We are certainly willing to comply with the deadlines for the 2017 RFP, yet in the spirit of partnership and transparency, we wanted to reach out to share some information that may affect how the City approaches this timeframe.

Our concern is that the March 25th deadline does not allow the City to get the benefit of the most recent possible claims data that informs the rates that we would offer. There are two reasons for that. First, the December 2015 claims data will not be available until April 1, 2016 so any quotes arrived at before that would be based on less recent claims experience. Second, the rating model that we use at Kaiser Permanente to be consistent across customers isn’t available until the first week of April.

So instead of a March 25th deadline, we would respectfully request an April 8th deadline that would allow the City to have the most recent information available on which to make its decisions for 2017.

However, if that is not possible, we would provide a rate for 2017 by March 25th that would be based on less recent claims data and an estimated trend factor which may have a level of conservatism built in that may not exist if we were allowed the additional two weeks to get more recent data and use the most up to date rating model. As you may know, to provide the most accurate cost projection in developing rates, our normal process for the City’s 2017 renewal would use data for calendar year 2015. Since we will not have complete 2015 calendar year data by March 25th to use for projecting purposes, that earlier deadline would require that we use data from the period December 2014 through November 2015. And since we will not receive the December 2015 data until April 1st, we have no way of knowing if this change in methodology will adversely impact the renewal rates. As consistent with our practice with all early rate releases, the rates will not be recalculated with any updated information following release.

We hope that this information is helpful as you finalize your RFP timeline for 2017. To be clear, we have no issue with completing all RFP components outside of the rating component by March 25th. We respectfully suggest that the City would have the greatest confidence that it is getting the most accurate rates for 2017 if it would allow rate delivery by April 8th.

We are happy to walk through this with you on the phone if you would like to discuss further.

Thank you for your attention to this issue and your continued partnership.

Cindy

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Cindy C. Striegel
Vice President

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