



**STATE OF WISCONSIN**  
**Department of Employee Trust Funds**  
**A. John Voelker**  
 SECRETARY

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Date: January 7, 2025

To: All Potential Proposers to Invitation to Negotiate supplemental (employee-pay-all) ETE0063 Vision & ETE0064 Supplemental Accident

RE: Addendum No. 2 vendor questions and Department answers

This Addendum is available on ETF's web site at <https://etf.wi.gov/node/39816>

**Acknowledgement of receipt of this Addendum No. 2:**

**Proposers should acknowledge receipt of this Addendum No. 2 by providing the information in the table below and including this Page 1 with their Proposal cover letter.**

Company Name:	
Authorized Person:	
Date:	

The following questions from Proposers and answers from the Department are hereby added to the Invitation to Negotiate Supplemental (employee-pay-all) ETE0063 vision and ETE0064 accident:

Q #	Question/Rationale	Department Answer
Q1	Please confirm dental is not in scope for this RFP.	Confirmed. Dental is not in scope for this procurement (Invitation to Negotiate).
Q2	Accident: How long has this group had Accident insurance?	The Accident plan has been offered since 1/1/2020. A standard AD&D plan was offered prior to that date.
Q3	Accident: Please provide a census with Date of Birth, Gender, Zip Code, Salary and Tier.	Accident plan enrollment is currently managed by the participating government entities, so limited census information is available. See attached Accident Plan Subscriber Counts by Gender & Coverage Tier.
Q4	Accident: Please provide 5 years of experience.	Three years of experience data for 2021-2023 is attached. See Q4 – Accident Plan Experience 2021-2023.
Q5	Accident: Confirm retirees are not in scope for Accident.	Retirees are not eligible for the Accident plan through ETF, but the current plan offers a portability option. The portability option is not a strict requirement.
Q6	Vision: How long has this group been with Delta for vision?	DeltaVision has been offered since 1/1/2021. There was a different vision plan prior to that date.

Q7	<p>Vision: For the membership ID cards request: Would a digital copy be sufficient? If not: Is the request for paper or plastic ID cards? Will the ID cards be mailed directly to the enrollees or to a central location? Confirm ID cards are for new enrollees only (initially we will provide ID cards to all enrollees).</p>	<p>Physical membership cards are preferred but not an absolute requirement. If only digital cards are available, vision care/optical providers must be able to easily look up members' coverage and benefits. There are no requirements on material for physical cards. Proposals should provide details on if cards would be digital or physical, and scenarios that the proposers feel should generate a card to members.</p>
Q8	<p>Have there been any plan design changes over the past 36 months? If so, please provide the details and dates of any change(s). If the rates were impacted, please provide details.</p>	<p>No plan design or rate changes since 2021.</p>
Q9	<p>Please provide the last 36 months of monthly paid premium and paid claim experience on a monthly basis with the following items:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Premium</li> <li><input type="checkbox"/> Paid claim dollars</li> <li><input type="checkbox"/> Claim counts or EOBs</li> <li><input type="checkbox"/> Employee Lives Enrolled</li> <li><input type="checkbox"/> Dependent Lives</li> </ul>	<p>Counts of enrolled subscribers and dependents for October 2024 are attached, along with three years claim counts and premium paid for 2021-2023. See State of WI Vision October 2024 Enrollment.</p>
Q10	<p>Confirm the percentage of claims paid In-Network (if customer is unable to split actual paid claim amounts by In-Network and Out-of-Network).</p>	<p>See attached ETF Vision Utilization.</p>
Q11	<p>Confirm count of new hires per year, as well as expected new hires/layoffs.</p>	<p>Personnel records are maintained by the participating government entities and not available to ETF.</p>
Q12	<p>Please provide annual utilization experience including number of:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Exams (are Refractions included under Exam codes or separately under another category?) 2</li> <li><input type="checkbox"/> Contact Lens Exam &amp; Fitting</li> <li><input type="checkbox"/> Frames,</li> <li><input type="checkbox"/> Single lenses,</li> <li><input type="checkbox"/> Bifocal lenses,</li> <li><input type="checkbox"/> Trifocal lenses,</li> <li><input type="checkbox"/> Progressive lenses, (If available Standard Progressives, Premium Progressive)</li> <li><input type="checkbox"/> Contacts.</li> <li><input type="checkbox"/> If available, please also provide utilization of lens enhancements such as anti-reflective coating, scratch resistant coating, ultra-violet coating, and tints.</li> </ul>	<p>See attached ETF Vision Utilization.</p>
Q13	<p>Has there been any plan or rate changes during the experience periods provided? If so, please describe.</p>	<p>See answer to Q8.</p>
Q14	<p>Please provide a census for those employees currently enrolled. Please include gender, zip code, tier enrolled, active/retiree status and DOB.</p>	<p>See answer to Q9. Only aggregate counts by employer type, coverage tier, and active retiree status is provided.</p>

## Accident Plan Subscriber Counts by Gender & Coverage Tier

### Accident Plan

Reporting for July 1, 2024 - September 30, 2024

Subscriber gender

Gender	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Enrollment by Gender
Female	6,931	3,341	2,218	4,649	17,139
Male	5,780	2,788	998	4,556	14,122
Unknown/Other	10	4	0	5	19
<b>Total</b>	<b>12,721</b>	<b>6,133</b>	<b>3,216</b>	<b>9,210</b>	<b>31,280</b>

Q4-Accident Plan Experience 2021-2023

**Experience by Coverage**  
**For the Period January 1, 2021 through December 31, 2021**

Coverage	Earned Premium	Incurred Claims	Incurred Loss Ratio
Employee Only Accident	\$225,934	\$33,088	14.6%
Employee & Spouse Accident	207,835	30,050	14.5%
Employee & Child Accident	144,912	29,075	20.1%
Employee & Family Accident	646,000	115,338	17.9%
Employee Only AD&D	119,674	100,153	83.7%
Employee & Spouse AD&D	82,951	0	0.0%
Employee & Child AD&D	39,708	0	0.0%
Employee & Family AD&D	165,748	256,773	154.9%
<b>Total Voluntary Coverages</b>	<b>\$1,632,762</b>	<b>\$564,477</b>	<b>34.6%</b>
Ported Coverage	\$7,602	\$725	9.5%

Notes: Incurred Claims = Paid Claims + Interest  
+ Current Reported Life Reserve - Prior Reported Life Reserve  
+ Paid Health Claims  
+ Current Reported Health Reserve - Prior Reported Health Reserve  
+ Current Reported Health IBNR - Prior Reported Health IBNR  
+ Conversion Charges + Port Charges

**Experience by Coverage**  
**For the Period January 1, 2022 through December 31, 2022**

<b>Coverage</b>	<b>Earned Premium</b>	<b>Incurred Claims</b>	<b>Incurred Loss Ratio</b>
Employee Only Accident	\$271,366	\$90,675	33.4%
Employee & Spouse Accident	234,277	106,675	45.5%
Employee & Child Accident	192,556	56,875	29.5%
Employee & Family Accident	722,808	295,790	40.9%
Employee Only AD&D	142,830	100,378	70.3%
Employee & Spouse AD&D	93,683	0	0.0%
Employee & Child AD&D	52,886	0	0.0%
Employee & Family AD&D	185,661	25,228	13.6%
<b>Total Voluntary Coverages</b>	<b>\$1,896,067</b>	<b>\$675,621</b>	<b>35.6%</b>
Ported Coverage	\$14,121	\$3,350	23.7%

Notes: Incurred Claims = Paid Claims + Interest  
+ Current Reported Life Reserve - Prior Reported Life Reserve  
+ Paid Health Claims  
+ Current Reported Health Reserve - Prior Reported Health Reserve  
+ Current Reported Health IBNR - Prior Reported Health IBNR  
+ Conversion Charges

## Experience by Coverage For the Period January 1, 2023 through December 31, 2023

Coverage	Earned Premium	Incurred Claims	Incurred Loss Ratio
Employee Only Accident	\$343,363	\$187,022	54.5%
Employee & Spouse Accident	275,171	203,114	73.8%
Employee & Child Accident	193,290	177,652	91.9%
Employee & Family Accident	896,539	662,257	73.9%
Employee Only AD&D	178,754	2,577	1.4%
Employee & Spouse AD&D	109,353	352,031	321.9%
Employee & Child AD&D	52,927	99,538	188.1%
Employee & Family AD&D	229,429	153,263	66.8%
<b>Total Voluntary Coverages</b>	<b>\$2,278,826</b>	<b>\$1,837,454</b>	<b>80.6%</b>
Ported Coverage	\$20,340	\$2,689	13.2%

Notes: Incurred Claims = Paid Claims + Interest  
+ Current Reported Life Reserve - Prior Reported Life Reserve  
+ Paid Health Claims  
+ Current Reported Health Reserve - Prior Reported Health Reserve  
+ Current Reported Health IBNR - Prior Reported Health IBNR  
+ Conversion Charges

**October 2024 Supplemental Vision Enrollment**

Dental Group Master Number 50119

Report Run Date: 11/02/2024

Sub Group Name	Number Enrolled - Subscribers	Number Enrolled - Spouses	Number Enrolled - Children	Subscriber Counts by Coverage Level			
				Single Coverage	Self + Spouse Coverage	Self + Children Coverage	Family Coverage
<b>State Active Employees Total</b>	<b>46,686</b>	<b>20,100</b>	<b>29,706</b>	<b>22,504</b>	<b>9,525</b>	<b>4,091</b>	<b>10,566</b>
<b>Local Active Employees Total</b>	<b>2,053</b>	<b>1,158</b>	<b>1,814</b>	<b>717</b>	<b>487</b>	<b>172</b>	<b>677</b>
<b>Continuants (COBRA) Total</b>	<b>107</b>	<b>38</b>	<b>45</b>	<b>63</b>	<b>21</b>	<b>6</b>	<b>17</b>
<b>Retirees Total</b>	<b>9,961</b>	<b>4,729</b>	<b>638</b>	<b>5,149</b>	<b>4,387</b>	<b>80</b>	<b>345</b>
<b>Total</b>	<b>58,807</b>	<b>26,025</b>	<b>32,203</b>	<b>28,433</b>	<b>14,420</b>	<b>4,349</b>	<b>11,605</b>

**2021-2023 Claim Counts and Premiums Paid**

Totals	# claims	Premium
1/1/2021 - 12/31/2021	49737	5661264
1/1/2022 - 12/31/2022	54865	6074543
1/1/2023 - 12/31/2023	60976	6714745

## ETF Vision Utilization

### ETF Vision Utilization January - September 2024

1. Confirm the percentage of claims paid In-Network
  - a. 97%
2. Please provide annual utilization experience including number of: (average transaction CY)
  - ☑ Exams (are Refractions included under Exam codes or separately under another category?)
    - i. 25,140
  - ☑ Contact Lens Exam & Fitting
    - ii. 7,747
  - ☑ Frames,
    - iii. 13,773
  - ☑ Single lenses,
    - iv. 8,485
  - ☑ Bifocal lenses,☑ Trifocal lenses,
    - v. Multi-Focal Lined = 712
  - ☑ Progressive lenses, (If available Standard Progressives, Premium Progressive)
    - vi. Std progressive: 884
    - vii. Prem progressive: 5,939
  - ☑ Contacts.
    - viii. 10,841
  - ☑ If available, please also provide utilization of lens enhancements such as anti-reflective coating, scratch resistant coating, ultra-violet coating, and tints.
    - ix. AR coating: 12,744
    - x. Scratch resistant coating: 1,580
    - xi. UV coating: 7,088
    - xii. Tints: 1,888