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| ETF_logo_large | **STATE OF WISCONSIN**  **Department of Employee Trust Funds**  **A. John Voelker**  SECRETARY | 4822 Madison Yards Way  Madison, WI 53705-9100  P. O. Box 7931  Madison, WI 53707-7931  http://etf.wi.gov |

Date: January 10, 2025

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

RE: Amended Addendum No. 2 vendor questions and Department answers

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

All edits are in red and clarify that Q8-Q14 are referring to vision.

**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.**

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| --- | --- |
| 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:

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| 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 | 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). | 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. |
| Q8 | Vision: 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. | No plan design or rate changes since 2021. |
| Q9 | Vision: Please provide the last 36 months of monthly paid premium and paid claim experience on a monthly basis with the following items:   Premium   Paid claim dollars   Claim counts or EOBs   Employee Lives Enrolled   Dependent Lives | 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. |
| Q10 | Vision: 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). | See attached ETF Vision Utilization. |
| Q11 | Vision: Confirm count of new hires per year, as well as expected new hires/layoffs. | Personnel records are maintained by the participating government entities and not available to ETF. |
| Q12 | Vision: Please provide annual utilization experience including number of:   Exams (are Refractions included under Exam codes or separately under another  category?) 2   Contact Lens Exam & Fitting   Frames,   Single lenses,   Bifocal lenses,   Trifocal lenses,   Progressive lenses, (If available Standard Progressives, Premium Progressive)   Contacts.   If available, please also provide utilization of lens enhancements such as anti-reflective  coating, scratch resistant coating, ultra-violet coating, and tints. | See attached ETF Vision Utilization. |
| Q13 | Vision: Has there been any plan or rate changes during the experience periods provided? If so, please describe. | See answer to Q8. |
| Q14 | Vision: Please provide a census for those employees currently enrolled. Please include gender, zip code, tier enrolled, active/retiree status and DOB. | See answer to Q9. Only aggregate counts by employer type, coverage tier, and active retiree status is provided. |