

4. Refer to Page 23. Attachment 2. Minimum Qualifications Form.

DELETE page 23 in its entirety and **REPLACE** with the attached revised form. Submit the attached revised form as a part of your proposal. **NOTE:** Minimum Qualification No. 3 has been clarified. Contractor should submit AM Best Rating and List of Penalties if applicable. Types of penalties to report include but are not limited to bankruptcies, serious infractions of any laws, rules or regulations etc. The Contractor is required to submit Audited Financial Statements.

5. Refer to Page 26. Attachment 3: Questionnaire, Key Personnel, Question 1.

DELETE: Identify Key Personnel and their experience. Include and provide resumes, copies of certification or other professional credentials, including current letter of good standing as issued by the State Bar of Arizona.

REPLACE with the following: Identify Key Personnel and their experience. Include and provide resumes, copies of certification or other professional credentials.

6. Refer to Page 27. Attachment 3: Questionnaire, Plan Benefits, second paragraph.

DELETE: Proposers should provide a detailed listing of all plan benefit as well as project plan with milestones of necessary and the time frame Included information should include enrollment, implementation, and claims and payment processing and reporting

REPLACE with the following: Proposers should provide a detailed listing of all plan benefits.

NOTE: Implementation Plan should be addressed in Attachment : Questionnaire, Company Experience, Question 22.

7. Refer to Page 31, Attachment 3: Questionnaire, Monthly Premium Price Schedule and Rate Guarantees.

DELETE:. Proposers shall propose a firm, fixed, fully-loaded Monthly Premium by Employee Only and Employee + Family.

REPLACE with the following:

Proposers shall propose a firm, fixed, fully-loaded Monthly Premium (4-tier) for Employee Only, Employee and Spouse, Employee and Children and Employee + Family

Below are questions asked and responses provided during the Pre-Proposal Conference.

| Question Number | Page # | Section Number | Questions & Answers | |
|-----------------|--------|---|---------------------|--|
| 1 | 27 | Attachment 3 – Questionnaire, TAB3, Plan Benefits, Question 8 | Q: | For those carriers where a whole sale allowance is unavailable, what retail frame allowance is Pima County seeking? |
| | | | A: | In response to question 8., please provide the equivalent retail allowance and note that it is a retail allowance |
| 2 | 28 | Attachment 3: Questionnaire, Tab 3, Plan Benefits, Question 11. | Q: | In completing Attachment 6: Provider Directory: Do you want listed the provider? Do you want duplicates of each provider at each location? What are the mileage parameters for Southern Arizona? |
| | | | A: | Complete the form as requested. Tab 1 indicate Yes if there is match to indicated Office; No if the match does not apply. Indicate Yes if the location is accepting new patients; and No if not applicable. Tab 2 provide information for locations in Ajo, Why, Marana, Sahuarita, Green Valley and Tucson. |

| Question Number | Page # | Section Number | Questions & Answers | |
|-----------------|---------|--|---------------------|--|
| 3 | 27 & 28 | Attachment 3: Questionnaire, Tab 3, Plan Benefits, Questions 1 and 2 . | Q: | Have there been any benefit plan changes during the period for which experience information can be provided? If yes please describe the plan changes in detail, and the effective dates of each change. |
| | | | A: | No plan changes have occurred for the five –year term of the contract. |
| 4 | 27 & 28 | Attachment 3: Questionnaire, Tab 3, Plan Benefits | Q: | Please provide a copy of the Certificate of Insurance for the current vision benefit plan. |
| | | | A: | You may view and download from the link a copy of the current Certificate of Insurance commonly referred to as Certificate of Coverage, Evidence of Insurance or Evidence of Policy. http://webcms.pima.gov/UserFiles/Servers/Server_6/File/Government/Human%20Resources/Employee%20Benefits/Dental%20&%20Vision/Certificate%20of%20Insurance%202014.pdf |
| 5 | 24 | Attachment 3: Questionnaire, Tab1, Company Experience, paragraph 2. | Q: | What types of work samples, similar projects and engagements are expected by the County in responses pertaining to Company Experience? |
| | | | A: | Work Samples could be marketing materials, brochures Similar projects and engagements are clients with similar number of enrolled employees, public or private company, similar vision plan etc. |
| 6 | 31 | Monthly Premium Price Schedule and rate Guaranteed | Q: | Do the current vision rates include any commission or fees? Are there any broker or agent commissions included under their current rates/current program? |
| | | | A: | No |
| 6 | 31 | Monthly Premium Price Schedule and rate Guaranteed | Q: | Please provide renewal rates for 7-1-2016. Please confirm the current vision rates and provide the renewal rates if they are available. |
| | | | A: | Contract expires 06/30/2016, therefore, there are no renewal rates for 07/01/2016. |
| 7 | N/A | N/A | Q: | Please provide a minimum of 2 years vision utilization data to include: monthly enrollment, premium, claims, and exam/materials counts. |
| | | | A: | Attachment 7: Utilization Data from July 1, 2014 – August 31, 2015, is provided with this Addendum. It contains, by tier, counts for Member, Exam, Frames, Single, Bifocal, Trifocal, Progressive lenses and contacts. The County does not have available specific claims information detailing costs. Below is total monthly premiums paid for the period 07/2013 - 08/2015. |

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|--|--|--|--|
| | | | Avesis Payments 2013-2014 Jul-13 21,145.88 Aug-13 21,371.88 Sep-13 21,276.77 Oct-13 21,292.73 Nov-13 21,325.85 Dec-13 21,277.13 Jan-14 21,364.60 Feb-14 21,424.54 Mar-14 21,594.89 Apr-14 21,831.87 May-14 21,972.32 Jun-14 22,120.95 Avesis Payments 2014-2015 Jul-14 24,662.31 Aug-14 24,979.49 Sep-14 24,870.55 Oct-14 24,710.59 Nov-14 25,160.61 Dec-14 24,939.98 Jan-15 24,963.39 Feb-15 24,868.68 Mar-15 25,076.20 Apr-15 25,105.63 May-15 25,072.81 Jun-15 24,901.70 Avesis Payments 2015-2016 Jul-15 27,790.11 Aug-15 27,760.66 Sep-15 27,940.04 Oct-15 27,827.42 |
|--|--|--|--|

| Question Number | Page # | Section Number | Questions & Answers | |
|-----------------|--------|----------------|---------------------|--|
| 7 | N/A | N/A | Q: | Please provide a census based on current enrollment with enrollment by rate tier (including waivers) and state and/or zip code information.” Waivers refer to employees that have not elected to enroll under the vision program. Please advise how many waived the vision coverage this contract year 2015-2016. |
| | | | A: | Census by tier and zip code is available as issued by Addendum 1. It is posted to our website. There census is dated 11/04/2015 and lists all eligible employees, including waivers. |
| 8 | N/A | N/A | Q: | Please confirm if page numbering can restart within each tab/section. |
| | | | A: | Consecutive pagination should be indicated on each of the forms provided by the solicitation. Refer to section 6. Submission of Offer which identifies the forms. Yes, each section can restart within each tab/section provided the footer includes the page # and applicable tab, section. For example: Page 5 – Section 4 – Tab 3 – Plan Benefits. Attachments such as marketing materials, brochures need to be properly identified and labeled; but do not need to be paginated. |

Please acknowledge receipt of this Addendum in Attachment 1. Contract/Offer Certification Form.

All other terms and conditions not changed by this addendum remain the same.

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Attachments:
Page 23 – Revised Minimum Qualification #3
Attachment 8: Utilization Data

| MQ# | MQ TITLE | MQ DESCRIPTION | MQ DOCUMENTATION |
|-----|---------------------|--|--|
| 3 | Financial Stability | Contractor must document satisfactory financial stability. (A) Audited Financial Statements (B) List of Fines and Penalties – Types of penalties to report include but are not limited to bankruptcies, serious infractions of any laws, rules or regulations etc. (C) AM Best Rating | <ul style="list-style-type: none"> • Provide audited financial statements for the most recent 3 fiscal years with auditor's opinion, management letter and notes to the financial statements (for the parent corporation includes all subsidiary corporations, specifically identifying those corporations operating in Arizona). Include SAS 70/SSAE 16 reports, if applicable. Financial statements will be scored and reviewed with a rating of satisfactory or unsatisfactory. • If applicable, provide a listing of fines or penalties paid by the parent company (or any subsidiary or any associated business entity operating in the United States) to any Federal or State regulatory agency during the most recent 3 fiscal years and current year to date. Multiple fines for failure to pay income tax withholdings timely will cause proposal to be deemed non-responsive. Certain other fines or penalties may lead to an unsatisfactory rating. • If applicable, Provide AM Best rating. Ratings of A – or better will be deemed satisfactory. |

SIGNATURE: _____ DATE: _____

 PRINTED NAME & TITLE OF AUTHORIZED OFFEROR REPRESENTATIVE EXECUTING OFFER