

Agenda Item Details

| | |
|--------------------|--|
| Meeting | Oct 14, 2013 - Regular Meeting |
| Category | 7. Consent Agenda |
| Subject | 7.21 RFP 14-05 Voluntary Group Vision Plan, presented by Vince Windham, Program Director, Purchasing, and recommended by the Superintendent for approval. |
| Access | Public |
| Type | Action (Consent) |
| Fiscal Impact | Yes |
| Budgeted | Yes |
| Budget Source | TBD |
| Recommended Action | Motion to approve the Committee's evaluation/award recommendation of RFP 14-05 Voluntary Group Vision Plan. The Committee individually evaluated the proposals received and then collectively ranked the Respondents. The Committee recommends award to the highest ranked proposer, EyeMed Vision Care. |

Public Content

The purpose of this Request for Proposal (RFP) is to provide a Voluntary Group Vision Plan to eligible participants of The School District of Okaloosa County, FL, at a fixed rate for two (2) years, effective January 1, 2014. Request approval of the Committee's evaluation/award recommendation of RFP 14-05 Voluntary Group Vision Plan. The Committee individually evaluated the proposals received and then collectively ranked the Respondents. The Committee recommends award to the highest ranked proposer, EyeMed Vision Care. A copy of the Notice of Award Recommendation is attached.

For additional information, please contact Jim Palmer, Program Director, Risk Management at (850) 833-5825.

[RFP14-05_AWARDREC.pdf \(528 KB\)](#)

Administrative Content

Our adopted rules of Parliamentary Procedure, Robert's Rules, provide for a consent agenda listing several items for approval of the Board by a single motion. Most of the items listed under the consent agenda have gone through Board subcommittee review and recommendation. Documentation concerning these items has been provided to all Board members and the public in advance to assure an extensive and thorough review. Items may be removed from the consent agenda at the request of any board member.

Motion & Voting

Motion to approve the Consent Agenda as amended and all of the Consent Agenda items as recommended by the Superintendent.

Motion by Cathy Thigpen, second by Cindy Frakes.

Final Resolution: Motion Carries

Yes: Dewey Destin, Cindy Frakes, Cathy Thigpen, Melissa Thrush, Rodney Walker



Okaloosa County School District
Bid No: RFP 14-05
Bid Title: Voluntary Group Vision Plan
Notice of Award Recommendation

Committee Summary Score Sheet

Evaluation Criteria

Scope of Services - Plan Design (100 pts)

Scope of Services - Other Submittals (100 pts)

Questionnaire (40 pts)

Premium Quote (160 pts)

Total Points (Max 400 pts Possible):

Ranking:

| Standard Ins. Co. | EyeMed | Vision Service Plan (VSP) | United Healthcare | | | |
|----------------------|--------|------------------------------|----------------------|--|--|--|
| 74 | 91 | 91 | 85 | | | |
| 80 | 89 | 97 | 92 | | | |
| 30 | 28 | 28 | 28 | | | |
| 94 | 154 | 130 | 116 | | | |
| 278 | 362 | 346 | 321 | | | |
| 4 | 1 | 2 | 3 | | | |

Offers from the vendors listed herein are the only offers received timely as of the above opening date and time. All other offers submitted in response to this solicitation, if any are hereby rejected as late.

Vendors which responded "No Bid": None

Vendors which were Non-Responsive: Advantica Administrative Services, Humana Insurance Co., Davis Vision, Inc., Superior Vision (Colonial Life) and Superior Vision Services were deemed non-responsive due to a failure to meet the requirement of an A.M. Best Rating of A (Excellent) or higher as required in Section 2, Page 6, Item 7 of RFP.

Recommendation of Award for RFP 14-05: Voluntary Group Vision Plan

The Benefit Oversight Group Committee met in public session on September 17, 2013. Committee members evaluated the proposals received in accordance with the evaluation criteria listed in the RFP and individually scored each responsive proposal. The Committee collectively ranked the respondents and recommends award to the highest ranked proposer **EyeMed Vision Care.**

Benefit Oversight Group Committee Members:

Jim Palmer, (Committee Chairperson)

Rita Scallan (Voting Member)

Mike Foxworthy (Voting Member)

Greg Butler (Voting Member)

Patrick Strong (Voting Member)

Champee Kemp

Stacie Smith

Russell Frakes

"Failure to file a protest within the time prescribed in Florida Statutes 120.57, Florida Statutes, shall constitute a waiver of proceedings under Chapter 120, Florida Statutes."

Posted: 9/23/2013 10:00 AM CT

Benefits Oversight Group Meeting

The BOG convened on September 17th, 2013, in the Insurance Department conference room at the Okaloosa County School District Administrative Complex at 120 Lowery Place SE in Fort Walton Beach, Florida. The purpose of the meeting was to discuss RFP's 14-03 – Group Life Insurance, 14-04 – Long Term Disability Insurance and 14-05 – Voluntary Group Vision Insurance and to decide upon a recommendation to be made to the Okaloosa County School Board for acceptance of bids for each.

The meeting was attended by:

- Greg Butler
- Mike Foxworthy
- Russell Frakes
- Champee Kemp
- Jim Palmer
- Rita Scallan
- Stacie Smith
- Patrick Strong

Members absent:

- Elaine Crump

The meeting was called to order at 4:02 pm with opening remarks by Mr. Palmer. Each member in attendance was provided with a copy of all responsive submitted proposals and a comparative summary of the proposals for each RFP. The voting members were provided scoring sheets listing each responsive bid.

The first RFP considered was 14-03 – Group Life Insurance Plan.

The BOG members reviewed the documents summarizing the bids.

Following a discussion of the submitted proposals the voting process was discussed. It was explained that the members should score each proposal by awarding points in the areas outlined on the sheets and corresponding to those outlined in the RFP. The score sheets were completed and handed in to Russ Frakes.

The next RFP, 14-04 - Long Term Disability Insurance, was then considered. Following review of the submitted proposals and discussion of each the scoring sheets were completed and collected.

Before consideration of RFP 14-05 – Voluntary Group Vision Insurance, it was explained that non-responsive proposals were submitted and should not be considered by the BOG members. The non-responsive bids were submitted by the following vendors:

- Advantica Administrative Services
- Humana Insurance Company
- Davis Vision Incorporated
- Superior Vision Services submitted by Colonial Life
- Superior Vision Services

In each case, the insurance carriers were deemed non-responsive due to a failure to meet the requirement of an A.M. Best rating of A (Excellent) as stated in Section 2 of RFP 14-05 (Page 6, Item 7).

Following a review and discussion of the responsive proposals, score sheets were completed by the voting members and handed in.

The scores for each RFP were tallied and the results announced to the Benefits Oversight Group. The individual scoring sheets and composite scoring sheet for each RFP are attached. The results were as follows:

- RFP 14-03 – Group Life Insurance
 - Sun Life Financial
- RFP 14-04 – Group Long Term Disability Insurance
 - Symetra Life Insurance Company
- RFP 14-05 – Voluntary Group Vision Insurance
 - EyeMed Vision Care

Mr. Butler made the motion to accept the Group Life proposal from Sun Life. Mr. Foxworthy seconded the motion. The vote was four “aye” and none opposed.

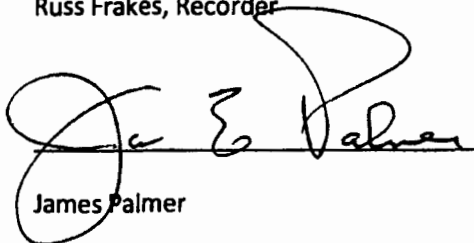
Mr. Butler made the motion to accept the Group Long Term Disability proposal from Symetra. Mr. Foxworthy seconded the motion. The vote was four “aye” and none opposed.

Mr. Butler made the motion to accept the Voluntary Group Vision proposal from EyeMed. Mr. Foxworthy seconded the motion. The vote was four “aye” and none opposed.

Mr. Palmer concluded the meeting and indicated that the Notice of Intent would be posted and the recommendation to accept the agreed upon proposals presented to the Board at the October 14th meeting.

There was no further business and the meeting was adjourned at 5:04 pm.

Russ Frakes, Recorder

A handwritten signature in black ink, appearing to read "James Palmer", is written over a horizontal line. The signature is stylized with a large, looping initial "J".

James Palmer

Chairman

September 20, 2013

**Proposal Summary and Comparison
RFP 14-05 Voluntary Group Vision**

| | Existing Plan | | | | Standard | | | |
|----------------------------|-----------------|----------------|-----------------|----------------|-----------------|----------------|-----------------|----------------|
| | Low | | High | | Low | | High | |
| | Single | Family | Single | Family | Single | Family | Single | Family |
| Monthly Premium | \$5.29 | \$14.70 | \$6.50 | \$18.07 | \$6.04 | \$16.80 | \$7.44 | \$20.64 |
| Rate Guarantee | | | | | 2 Years | | 2 Years | |
| Benefits: | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Eye Exam - Ophthalmologist | Covered in Full | Up to \$43 | Covered in Full | Up to \$45 | Covered in Full | Up to \$43 | Covered in Full | Up to \$45 |
| Eye Exam - Optometrist | | | | | | | | |
| Frames | \$120 | Up to \$40 | \$150 | Up to \$70 | \$120 | Up to \$40 | \$150 | Up to \$70 |
| Lenses: | | | | | | | | |
| Single | Covered in Full | Up to \$26 | Covered in Full | Up to \$30 | Covered in Full | Up to \$26 | Covered in Full | Up to \$30 |
| Bifocal | Covered in Full | Up to \$43 | Covered in Full | Up to \$50 | Covered in Full | Up to \$43 | Covered in Full | Up to \$50 |
| Trifocal | Covered in Full | Up to \$60 | Covered in Full | Up to \$65 | Covered in Full | Up to \$60 | Covered in Full | Up to \$65 |
| Lenticular | Covered in Full | Up to \$91 | Covered in Full | Up to \$100 | Covered in Full | Up to \$91 | Covered in Full | Up to \$100 |
| Progressive | | NA | | NA | | NA | | NA |
| Contacts: | | | | | | | | |
| Elective | Up to \$105 | Up to \$100 | Up to \$150 | Up to \$105 | Up to \$105 | Up to \$100 | Up to \$150 | Up to \$105 |
| Medically Necessary | Covered in Full | Up to \$210 | Covered in Full | Up to \$210 | Covered in Full | Up to \$210 | Covered in Full | Up to \$210 |
| Copayments: | | | | | | | | |
| Exam | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 |
| Materials | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 |
| Contact Fitting | | | | | | | | |
| Frequency: | | | | | | | | |
| Exams / Lenses / Frames | 12 / 12 / 24 | | 12 / 12 / 24 | | 12 / 12 / 24 | | 12 / 12 / 24 | |
| Network: | Provider Count | | Provider Count | | Provider Count | | Provider Count | |
| Crestview | 2 | | 2 | | 2 | | 2 | |
| Destin | 3 | | 3 | | 3 | | 3 | |
| Eglin AFB | - | | - | | - | | - | |
| Fort Walton Beach | 4 | | 4 | | 4 | | 4 | |
| Hurlburt Fld | - | | - | | - | | - | |
| Mary Esther | 1 | | 1 | | 1 | | 1 | |
| Niceville | 2 | | 2 | | 2 | | 2 | |
| Shalimar | 1 | | 1 | | 1 | | 1 | |
| Valparaiso | 2 | | 2 | | 2 | | 2 | |

**Proposal Summary and Comparison
RFP 14-05 Voluntary Group Vision**

| | Superior | | | | | | | |
|----------------------------|-----------------|----------------|-----------------|----------------|-----------------|----------------|-----------------|----------------|
| | Plan 1 | | Plan 2 | | Plan 3 | | Plan 4 | |
| | Single | Family | Single | Family | Single | Family | Single | Family |
| Monthly Premium | \$7.79 | \$19.56 | \$7.61 | \$19.10 | \$6.63 | \$16.63 | \$6.47 | \$16.24 |
| Rate Guarantee | 4 Years | | 4 Years | | 4 Years | | 4 Years | |
| Benefits: | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Eye Exam - Ophthalmologist | Covered in Full | Up to \$33 | Covered in Full | Up to \$33 | Covered in Full | Up to \$33 | Covered in Full | Up to \$33 |
| Eye Exam - Optometrist | Covered in Full | Up to \$28 | Covered in Full | Up to \$28 | Covered in Full | Up to \$28 | Covered in Full | Up to \$28 |
| Frames | \$150 | Up to \$78 | \$150 | Up to \$78 | \$125 | Up to \$65 | \$125 | Up to \$65 |
| Lenses: | | | | | | | | |
| Single | Covered in Full | Up to \$29 | Covered in Full | Up to \$29 | Covered in Full | Up to \$29 | Covered in Full | Up to \$29 |
| Bifocal | Covered in Full | Up to \$43 | Covered in Full | Up to \$43 | Covered in Full | Up to \$43 | Covered in Full | Up to \$43 |
| Trifocal | Covered in Full | Up to \$53 | Covered in Full | Up to \$53 | Covered in Full | Up to \$53 | Covered in Full | Up to \$53 |
| Lenticular | Covered in Full | Up to \$84 | Covered in Full | Up to \$84 | Covered in Full | Up to \$84 | Covered in Full | Up to \$84 |
| Progressive | Lined Trifocal | Up to \$53 | Lined Trifocal | Up to \$53 | Lined Trifocal | Up to \$53 | Lined Trifocal | Up to \$53 |
| Contacts: | | | | | | | | |
| Elective | \$150 | Up to \$100 | \$150 | Up to \$100 | \$120 | Up to \$100 | \$120 | Up to \$100 |
| Medically Necessary | Covered in Full | Up to \$210 | Covered in Full | Up to \$210 | Covered in Full | Up to \$210 | Covered in Full | Up to \$210 |
| Copayments: | | | | | | | | |
| Exam | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 |
| Materials | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 |
| Contact Fitting | \$25 | \$25 | \$35 | \$35 | \$25 | \$25 | \$35 | \$35 |
| Frequency: | | | | | | | | |
| Exams / Lenses / Frames | 12 / 12 / 24 | | 12 / 12 / 24 | | 12 / 12 / 24 | | 12 / 12 / 24 | |
| Network: | Provider Count | | Provider Count | | Provider Count | | Provider Count | |
| Crestview | 3 | | 3 | | 3 | | 3 | |
| Destin | 4 | | 4 | | 4 | | 4 | |
| Eglin AFB | - | | - | | - | | - | |
| Fort Walton Beach | 7 | | 7 | | 7 | | 7 | |
| Hurlburt Fld | - | | - | | - | | - | |
| Mary Esther | 9 | | 9 | | 9 | | 9 | |
| Niceville | 2 | | 2 | | 2 | | 2 | |
| Shalimar | 1 | | 1 | | 1 | | 1 | |
| Valparaiso | - | | - | | - | | - | |

**Proposal Summary and Comparison
RFP 14-05 Voluntary Group Vision**

| | Superior cont. | | | | EyeMed | | | |
|----------------------------|-----------------|----------------|-----------------|----------------|-----------------|----------------|-----------------|----------------|
| | Plan 5 | | Plan 6 | | Low | | High | |
| | Single | Family | Single | Family | Single | Family | Single | Family |
| Monthly Premium | \$5.83 | \$14.62 | \$5.70 | \$14.30 | \$5.34 | \$14.80 | \$6.55 | \$18.21 |
| Rate Guarantee | 4 Years | | 4 Years | | 4 Years | | 4 Years | |
| Benefits: | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Eye Exam - Ophthalmologist | Covered in Full | Up to \$33 | Covered in Full | Up to \$33 | | | | |
| Eye Exam - Optometrist | Covered in Full | Up to \$28 | Covered in Full | Up to \$28 | Covered in Full | Up to \$43 | Covered in Full | Up to \$45 |
| Frames | \$100 | Up to \$47 | \$100 | Up to \$47 | \$120 | Up to \$40 | \$150 | Up to \$70 |
| Lenses: | | | | | | | | |
| Single | Covered in Full | Up to \$29 | Covered in Full | Up to \$29 | Covered in Full | Up to \$26 | Covered in Full | Up to \$30 |
| Bifocal | Covered in Full | Up to \$43 | Covered in Full | Up to \$43 | Covered in Full | Up to \$43 | Covered in Full | Up to \$50 |
| Trifocal | Covered in Full | Up to \$53 | Covered in Full | Up to \$53 | Covered in Full | Up to \$60 | Covered in Full | Up to \$65 |
| Lenticular | Covered in Full | Up to \$84 | Covered in Full | Up to \$84 | Covered in Full | Up to \$91 | Covered in Full | Up to \$100 |
| Progressive | Lined Trifocal | Up to \$53 | Lined Trifocal | Up to \$53 | \$90 | Up to \$43 | \$90 | Up to \$50 |
| Contacts: | | | | | | | | |
| Elective | \$100 | Up to \$100 | \$100 | Up to \$100 | \$105 | \$100 | \$150 | \$105 |
| Medically Necessary | Covered in Full | Up to \$210 | Covered in Full | Up to \$210 | Covered in Full | \$210 | Covered in Full | \$210 |
| Copayments: | | | | | | | | |
| Exam | \$10 | \$10 | \$10 | \$10 | \$10 | | \$10 | |
| Materials | \$25 | \$25 | \$25 | \$25 | \$25 | | \$25 | |
| Contact Fitting | \$25 | \$25 | \$35 | \$35 | Up to \$55 | NA | Up to \$55 | NA |
| Frequency: | | | | | | | | |
| Exams / Lenses / Frames | 12 / 12 / 24 | | 12 / 12 / 24 | | 12 / 12 / 24 | | 12 / 12 / 24 | |
| Network: | Provider Count | | Provider Count | | Provider Count | | Provider Count | |
| Crestview | 3 | | 3 | | 3 | | 3 | |
| Destin | 4 | | 4 | | 3 | | 3 | |
| Eglin AFB | - | | - | | 1 | | 1 | |
| Fort Walton Beach | 7 | | 7 | | 3 | | 3 | |
| Hurlburt Fld | - | | - | | - | | - | |
| Mary Esther | 9 | | 9 | | 4 | | 4 | |
| Niceville | 2 | | 2 | | 1 | | 1 | |
| Shalimar | 1 | | 1 | | 2 | | 2 | |
| Valparaiso | - | | - | | - | | - | |

**Proposal Summary and Comparison
RFP 14-05 Voluntary Group Vision**

| | VSP | | | | Davis | | | |
|----------------------------|-----------------|----------------|-----------------|----------------|--------------------|----------------|----------------------|----------------|
| | Low | | High | | Option I - Fashion | | Option II - Designer | |
| | Single | Family | Single | Family | Single | Family | Single | Family |
| Monthly Premium | \$5.89 | \$16.25 | \$7.19 | \$19.86 | \$5.01 | \$14.24 | \$6.15 | \$17.09 |
| Rate Guarantee | 4 Years | | 4 Years | | 4 Years | | 4 Years | |
| Benefits: | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Eye Exam - Ophthalmologist | | | | | | | | |
| Eye Exam - Optometrist | Covered in Full | Up to \$45 | Covered in Full | Up to \$45 | Covered in Full | Up to \$43 | Covered in Full | Up to \$45 |
| Frames | \$120 | Up to \$70 | \$150 | Up to \$70 | \$120 | Up to \$40 | \$150 | Up to \$70 |
| Lenses: | | | | | | | | |
| Single | Covered in Full | Up to \$30 | Covered in Full | Up to \$30 | Covered in Full | Up to \$26 | Covered in Full | Up to \$30 |
| Bifocal | Covered in Full | Up to \$50 | Covered in Full | Up to \$50 | Covered in Full | Up to \$43 | Covered in Full | Up to \$50 |
| Trifocal | Covered in Full | Up to \$65 | Covered in Full | Up to \$65 | Covered in Full | Up to \$60 | Covered in Full | Up to \$65 |
| Lenticular | Covered in Full | Up to \$100 | Covered in Full | Up to \$100 | Covered in Full | Up to \$91 | Covered in Full | Up to \$100 |
| Progressive | | | | | \$50/\$90/\$140 | Up to \$43 | \$50/\$90/\$140 | Up to \$50 |
| Contacts: | | | | | | | | |
| Elective | \$105 | \$105 | \$150 | \$105 | \$105 | \$100 | \$150 | \$105 |
| Medically Necessary | Covered in Full | \$210 | Covered in Full | \$210 | Covered in Full | \$225 | Covered in Full | \$225 |
| Copayments: | | | | | | | | |
| Exam | \$10 | \$10 | \$10 | \$10 | \$10 | | \$10 | |
| Materials | \$25 | \$25 | \$25 | \$25 | \$25 | | \$25 | |
| Contact Fitting | Up to \$60 | | Up to \$60 | | | | | |
| Frequency: | | | | | | | | |
| Exams / Lenses / Frames | 12 / 12 / 24 | | 12 / 12 / 24 | | 12 / 12 / 24 | | 12 / 12 / 24 | |
| Network: | Provider Count | | Provider Count | | Provider Count | | Provider Count | |
| Crestview | 4 | | 4 | | 2 | | 2 | |
| Destin | 3 | | 3 | | 2 | | 2 | |
| Eglin AFB | - | | - | | 1 | | 1 | |
| Fort Walton Beach | 6 | | 6 | | 6 | | 6 | |
| Hurlburt Fld | - | | - | | - | | - | |
| Mary Esther | 1 | | 1 | | 3 | | 3 | |
| Niceville | 3 | | 3 | | 4 | | 4 | |
| Shalimar | 1 | | 1 | | 1 | | 1 | |
| Valparaiso | 2 | | 2 | | - | | - | |

**Proposal Summary and Comparison
RFP 14-05 Voluntary Group Vision**

| United Health Care | | | | |
|----------------------------|-----------------|----------------|-----------------|----------------|
| | Low | | High | |
| | Single | Family | Single | Family |
| Monthly Premium | \$5.91 | \$14.75 | \$6.88 | \$17.77 |
| Rate Guarantee | 3 Years | | 3 Years | |
| Benefits: | In Network | Out of Network | In Network | Out of Network |
| Eye Exam - Ophthalmologist | | | | |
| Eye Exam - Optometrist | Covered in Full | Up to \$40 | Covered in Full | Up to \$40 |
| Frames | \$130 | Up to \$45 | \$150 | Up to \$45 |
| Lenses: | | | | |
| Single | Covered in Full | Up to \$40 | Covered in Full | Up to \$40 |
| Bifocal | Covered in Full | Up to \$60 | Covered in Full | Up to \$60 |
| Trifocal | Covered in Full | Up to \$80 | Covered in Full | Up to \$80 |
| Lenticular | Covered in Full | Up to \$80 | Covered in Full | Up to \$80 |
| Progressive | | | | |
| Contacts: | | | | |
| Elective | \$105 | \$105 | \$150 | \$150 |
| Medically Necessary | Covered in Full | \$210 | Covered in Full | \$210 |
| Copayments: | | | | |
| Exam | \$10 | NA | \$10 | NA |
| Materials | \$25 | NA | \$25 | NA |
| Contact Fitting | | | | |
| Frequency: | | | | |
| Exams / Lenses / Frames | 12 / 12 / 24 | | 12 / 12 / 24 | |
| Network: | Provider Count | | Provider Count | |
| Crestview | 2 | | 2 | |
| Destin | 3 | | 3 | |
| Eglin AFB | - | | - | |
| Fort Walton Beach | 8 | | 8 | |
| Hurlburt Fld | 1 | | 1 | |
| Mary Esther | 3 | | 3 | |
| Niceville | 2 | | 2 | |
| Shalimar | 2 | | 2 | |
| Valparaiso | - | | - | |