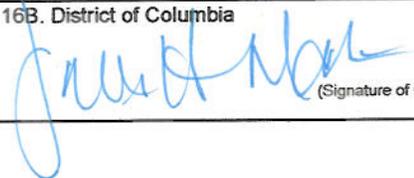


<b>AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT</b>			1. Contract Number	Page of Pages	
				1	2
2. Amendment/Modification Number	3. Effective Date	4. Requisition/Purchase Request No.		5. Solicitation Caption	
DCBE-2010-R-0003-A0001	See Block 16C			Vision Care Services for District Employees	
6. Issued by:		Code	7. Administered by (If other than line 6)		
Office of Contracting and Procurement 441 4 <sup>th</sup> Street, NW, Suite 700S Washington, DC 20001			Office of Contracting and Procurement 441 4 <sup>th</sup> Street, NW, Suite 700S Washington, DC 20001		
8. Name and Address of Contractor (No. street, city, county, state and zip code)			X	9A. Amendment of Solicitation No. DCBE-2010-R-0003	
PROSPECTIVE OFFERORS				9B. Dated (See Item 11) July 16, 2010	
				10A. Modification of Contract/Order No.	
				10B. Dated (See Item 13)	
Code	Facility				
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input checked="" type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning 2 copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) BY separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.					
12. Accounting and Appropriation Data (If Required)					
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14					
A. This change order is issued pursuant to (Specify Authority): 27 DCMR, Chapter 36, Contract Modifications The changes set forth in Item 14 are made in the contract/order no. in item 10A.					
B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation data etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2.					
C. This supplemental agreement is entered into pursuant to authority of:					
D. Other (Specify type of modification and authority)					
E. IMPORTANT: Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return <u>2</u> copies to the issuing office.					
14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)					
The above solicitation is hereby amended as follows:					
A. Responses to questions received from a prospective Offeror (See Attachment A - Response to Questions)					
Except as provided herein, all terms and conditions of the document is referenced in item 9A or 10A remain unchanged and in full force and effect.					
15A. Name and Title of Signer (Type or print)			16A. Name of Contracting Officer		
			James Marshall		
15B. Name of Contractor		15C. Date Signed	16B. District of Columbia		16C. Date Signed
			 (Signature of Contracting Officer)		7-29-10
(Signature of person authorized to sign)					

RESPONSE TO QUESTIONS RECEIVED FROM A POTENTIAL OFFEROR

Q 1 – Where can I find the current Plan designs( also include current certificate booklet if possible

A1 - The information about the current plan design can be accessed at [www.dchr.dc.gov](http://www.dchr.dc.gov) under the Employee benefits link....

Q 2 – What were the rates for 2008, 2009, 2010, 2011

A 2 - Section B – Pricing Schedule from current contract is attached

Q 3 - Census with elections and waivers ( We need to know how many employees are eligible or a breakdown of Monthly enrolled lives or, monthly paid premium)

A 3 - Approximately 20,000 employees (not including dependents) are eligible to enroll.....Premiums are not paid monthly, they are paid on a pay period basis, which is bi-weekly....

Q 4 - Is this going to be voluntary or will there be some contributions?

A 4 - Enrollment in the vision program is voluntary and the cost of the premium is paid by the District.

Q 5 - Who is the current Carrier?

A 5 - Quality Plan Administrators

**Vision Care Service Provider for District Employees**

the basis of a renewal formula based on trends, anticipated administrative costs, maximum premium increases tied to the medical services Consumer Price Index (CPI-U) for the Washington Metropolitan Area; or (3) some combination of the above.

**B.2.2.2** The Contractor shall guarantee the renewal formula(s) or rates to be used in the option years and shall provide the formula with its cost proposal. The Contractor shall submit option year renewal rates to the Contracting Officer no later than 120 days prior to the effective date of the renewal.

**B.2.3 BASE YEAR**

<i>(A)</i> Contract Line Item Numbers (CLINs)	<i>(B)</i> Description	<i>(C)</i> Estimated Number of Participants	<i>(D)</i> Bi-weekly Premium Rate (per participant)	<i>(E)</i> Estimated Annual Price (C x D x 26)
0001	Vision Benefits Plan as described in Section C	14,675		
0001AA	Single	7,275	\$2.43	\$459,635.00
0001AB	Family I	4,275	\$2.68	\$297,882.00
0001AC	Family II	3,125	\$2.93	\$238,063.00
<b>TOTAL ESTIMATED ANNUAL PRICE (BASE YEAR)</b>				<b>\$995,580.00</b>

**B.2.4 OPTION YEAR ONE**

<i>(A)</i> Contract Line Item Numbers (CLINs)	<i>(B)</i> Description	<i>(C)</i> Estimated Number of Participants	<i>(D)</i> Bi-weekly Premium Rate (per participant)	<i>(E)</i> Estimated Annual Price (C x D x 26)
1001	Vision Benefits Plan as described in Section C	14,675		
1001AA	Single	7,275	\$2.50	\$472,875.00
1001AB	Family I	4,275	\$2.75	\$305,662.00
1001AC	Family II	3,125	\$3.01	\$244,562.00
<b>TOTAL ESTIMATED ANNUAL PRICE (OPTION YEAR 1)</b>				<b>\$1,023,099.00</b>

## Vision Care Service Provider for District Employees

**B.2.5 OPTION YEAR TWO**

<i>(A)</i> <i>Contract</i> <i>Line Item</i> <i>Numbers</i> <i>(CLINs)</i>	<i>(B)</i> <i>Description</i>	<i>(C)</i> <i>Estimated</i> <i>Number of</i> <i>Participants</i>	<i>(D)</i> <i>Bi-weekly</i> <i>Premium</i> <i>Rate (per</i> <i>participant)</i>	<i>(E)</i> <i>Estimated</i> <i>Annual Price</i> <i>(C x D x 26)</i>
2001	Vision Benefits Plan as described in Section C	14,675		
2001AA	Single	7,275	\$2.57	\$486,115.00
2001AB	Family I	4,275	\$2.83	\$314,554.00
2001AC	Family II	3,125	\$3.09	\$251,062.00
<b>TOTAL ESTIMATED ANNUAL PRICE (OPTION YEAR 2)</b>				<b>\$1,051,731.00</b>

**B.2.6 OPTION YEAR THREE**

<i>(A)</i> <i>Contract</i> <i>Line Item</i> <i>Numbers</i> <i>(CLINs)</i>	<i>(B)</i> <i>Description</i>	<i>(C)</i> <i>Estimated</i> <i>Number of</i> <i>Participants</i>	<i>(D)</i> <i>Bi-weekly</i> <i>Premium</i> <i>Rate (per</i> <i>participant)</i>	<i>(E)</i> <i>Estimated</i> <i>Annual Price</i> <i>(C x D x 26)</i>
3001	Vision Benefits Plan as described in Section C	14,675		
3001AA	Single	7,275	\$2.64	\$499,356.00
3001AB	Family I	4,275	\$2.91	\$323,446.00
3001AC	Family II	3,125	\$3.18	\$258,375.00
<b>TOTAL ESTIMATED ANNUAL PRICE (OPTION YEAR 3)</b>				<b>\$1,081,177.00</b>

**B.2.7 OPTION YEAR FOUR**

<i>(A)</i> <i>Contract</i> <i>Line Item</i> <i>Numbers</i> <i>(CLINs)</i>	<i>(B)</i> <i>Description</i>	<i>(C)</i> <i>Estimated</i> <i>Number of</i> <i>Participants</i>	<i>(D)</i> <i>Bi-weekly</i> <i>Premium</i> <i>Rate (per</i> <i>participant)</i>	<i>(E)</i> <i>Estimated</i> <i>Annual Price</i> <i>(C x D x 26)</i>
4001	Vision Benefits Plan as described in Section C	14,675		
4001AA	Single	7,275	\$2.71	\$512,596
4001AB	Family I	4,275	\$2.99	\$332,338
4001AC	Family II	3,125	\$3.27	\$265,687
<b>TOTAL ESTIMATED ANNUAL PRICE (OPTION YEAR 4)</b>				<b>\$1,110,621</b>

**Grand Total (Base plus four (4) option years) \$5,262,208.00**