



AMENDMENT 1 to

**Request for Proposal for Medicare Advantage D-SNP Vision  
Benefits**

Thursday, August 8, 2024

Alameda Alliance for Health  
1240 South Loop Road  
Alameda, California 94502  
[vendormgmt@alamedaalliance.org](mailto:vendormgmt@alamedaalliance.org)

**Timeline**

ITEM	DUE DATE
RFP Issued	Wednesday, July 31, 2024
Amendment 1 to RFP Issues	Thursday, August 8, 2024
RFP Responses Due ( <i>no exceptions</i> )	Friday, September 13, 2024
Finalist Selection	Friday, October 4, 2024
Finalist Interviews and Presentations	Monday, October 7 – Friday, October 11, 2024
Vendor Selection	Friday, October 25, 2024

## I. Amendment

Alameda Alliance for Health (Alliance) is expanding the Scope of this Request for Proposal (RFP) to include vision benefits for all Alliance members, including those with Medi-Cal and Group Care.

## II. Updated Project Description

In addition to the Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) services, the Alliance is seeking a vendor who can supply vision services for the Medi-Cal and Group Care members. Their existing vision services are outlined below.

### a) Medi-Cal

For Medi-Cal members, the Alliance covers:

- Routine eye exam once every 24 months; more frequent eye exams are covered if medically necessary for members, such as those with diabetes.
- Eyeglasses (frames and lenses) once every 24 months with a valid prescription.
- Replacement eyeglasses within 24 months if your prescription changes or your eyeglasses are lost, stolen, or broken and cannot be fixed, and it was not your fault. You must give us a note that tells us how your eyeglasses were lost, stolen, or broken.
- Low vision devices for those with vision impairment that is not correctable by standard glasses, contact lenses, medicine, or surgery that interferes with a person's ability to perform everyday activities (such as age-related macular degeneration).
- Medically necessary contact lenses. Contact lens testing and contact lenses may be covered if the use of eyeglasses is not possible due to eye disease or condition (such as missing an eye). Medical conditions that qualify for special contact lenses include but are not limited to, aniridia, aphakia, and keratoconus.

### b) Group Care

For Group Care members, vision benefits are provided through Alameda County Public Authority for IHSS.

## III. Instructions for Response

This Amendment includes no further updates to the original RFP.

Please submit RFP responses electronically to:

Alliance Vendor Management Department

Email: [vendormgmt@alamedaalliance.org](mailto:vendormgmt@alamedaalliance.org)

Include in the Subject Line: **All Lines of Business Benefits RFP**

Electronic submissions must be received by 4 pm Pacific Time on Friday, September 13, 2024, in order to be considered.

If you have any questions regarding this RFP, please email [vendormgmt@alamedaalliance.org](mailto:vendormgmt@alamedaalliance.org).