

Table of Contents

COST PROPOSAL

- 1. Attachment 1 – As-Is Cost Proposal2
- 2. Attachment 1 – Eye360 Cost Proposal3
- 3. Financial Proposals4
- 4. Payment Schedule13



ATTACHMENT 1 - VISION INSURANCE PLAN COST PROPOSAL

REQUEST FOR PROPOSAL NUMBER 6729 Z1

Bidder Name: Fidelity Security Life Insurance Company and EyeMed Vision Care, LLC

Bidders shall fill in the proposed monthly premium amounts for each column provided below. All premium amounts specified are guaranteed by Bidder and are inclusive of all costs. Each monthly premium amount proposed should be evenly divisible by "2" with no rounding to accommodate two even deductions per month through our payroll system. Any premium amount not divisible by "2" will be reduced to the nearest lower amount that is divisible by "2" for scoring. By submitting this proposal, Bidder accepts this lower amount if a contract is awarded.

The State is seeking proposals from qualified insurance vendors to provide a fully-insured Vision Insurance plan for their approximately 15,200 eligible State employees. The contribution is 100% by the employee.

Census information	Basic Plan	Premium Plan
Employee Only	1634	3365
Employee + Spouse	553	1549
Employee + Dependent Child(ren)	360	1072
Employee + Spouse + Dependent Child(ren)	556	1832
COBRA	16	60
Pre-65 Retirees	35	86

	Initial Period Years 1 - 3		First Renewal Period Year 4		Second Renewal Period Year 5		Third Renewal Period Year 6	
	Basic Plan	Premium Plan	Basic Plan	Premium Plan	Basic Plan	Premium Plan	Basic Plan	Premium Plan
Employee Only	5.26	8.18	5.26	8.18	5.26	8.18	5.26	8.18
Employee + Spouse	8.44	13.08	8.44	13.08	8.44	13.08	8.44	13.08
Employee + Dependent Child(ren)	8.62	13.32	8.62	13.32	8.62	13.32	8.62	13.32
Employee + Spouse + Dependent Child(ren)	13.86	21.50	13.86	21.50	13.86	21.50	13.86	21.50

All costs are inclusive. If costs are entered into the fields below, it is the bidders responsibility to include them in the proposed monthly premium amounts in the table above.

Guarantees & Credits	Initial Period Years 1 - 3	First Renewal Period Year 4	Second Renewal Period Year 5	Third Renewal Period Year 6
Guaranteed Rates (Y/N)	Y	Y	Y	Y
Enrollment Change Tolerance (+/- XX%)	+/- 20%	+/- 20%	+/- 20%	+/- 20%
Annual Communications Credit (\$)	We're pleased to provide an annual communications allowance of \$2,500; additionally, our offer includes more than \$40,000 in annual value adds comprised of printed and mailed subscriber ID cards, printed and digital open enrollment materials, virtual benefit fair booth capabilities, onsite representations for wellness fairs, health and wellness mailers, onsite pop-up and clinics and upon request, the ability to host a custom microsite and State-specific toll-free telephone number.	We're pleased to provide an annual communications allowance of \$2,500; additionally, our offer includes more than \$40,000 in annual value adds comprised of printed and mailed subscriber ID cards, printed and digital open enrollment materials, virtual benefit fair booth capabilities, onsite representations for wellness fairs, health and wellness mailers, onsite pop-up and clinics and upon request, the ability to host a custom microsite and State-specific toll-free telephone number.	We're pleased to provide an annual communications allowance of \$2,500; additionally, our offer includes more than \$40,000 in annual value adds comprised of printed and mailed subscriber ID cards, printed and digital open enrollment materials, virtual benefit fair booth capabilities, onsite representations for wellness fairs, health and wellness mailers, onsite pop-up and clinics and upon request, the ability to host a custom microsite and State-specific toll-free telephone number.	We're pleased to provide an annual communications allowance of \$2,500; additionally, our offer includes more than \$40,000 in annual value adds comprised of printed and mailed subscriber ID cards, printed and digital open enrollment materials, virtual benefit fair booth capabilities, onsite representations for wellness fairs, health and wellness mailers, onsite pop-up and clinics and upon request, the ability to host a custom microsite and State-specific toll-free telephone number.

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The State is seeking proposals from qualified insurance vendors to provide a fully-insured Vision Insurance plan for their approximately 15,200 eligible State employees. The contribution is 100% by the employee.

Census information	Basic Plan	Premium Plan
Employee Only	1634	3365
Employee + Spouse	553	1549
Employee + Dependent Child(ren)	360	1072
Employee + Spouse + Dependent Child(ren)	556	1832
COBRA	16	60
Pre-65 Retirees	35	86

	Initial Period Years 1 - 3		First Renewal Period Year 4		Second Renewal Period Year 5		Third Renewal Period Year 6	
	Basic Plan - Eye360	Premium Plan - Eye360	Basic Plan - Eye360	Premium Plan - Eye360	Basic Plan - Eye360	Premium Plan - Eye360	Basic Plan - Eye360	Premium Plan - Eye360
Employee Only	5.46	8.48	5.46	8.48	5.46	8.48	5.46	8.48
Employee + Spouse	8.76	13.56	8.76	13.56	8.76	13.56	8.76	13.56
Employee + Dependent Child(ren)	8.94	13.80	8.94	13.80	8.94	13.80	8.94	13.80
Employee + Spouse + Dependent Child(ren)	14.40	22.30	14.40	22.30	14.40	22.30	14.40	22.30

All costs are inclusive. If costs are entered into the fields below, it is the bidders responsibility to include them in the proposed monthly premium amounts in the table above.

Guarantees & Credits	Initial Period Years 1 - 3	First Renewal Period Year 4	Second Renewal Period Year 5	Third Renewal Period Year 6
Guaranteed Rates (Y/N)	Y	Y	Y	Y
Enrollment Change Tolerance (+/- XX%)	+/- 20%	+/- 20%	+/- 20%	+/- 20%
Annual Communications Credit (\$)	We're pleased to provide an annual communications allowance of \$2,500; additionally, our offer includes more than \$40,000 in annual value adds comprised of printed and mailed subscriber ID cards, printed and digital open enrollment materials, virtual benefit fair booth capabilities, onsite representations for wellness fairs, health and wellness mailers, onsite pop-up and clinics and upon request, the ability to host a custom microsite and State-specific toll-free telephone number.	We're pleased to provide an annual communications allowance of \$2,500; additionally, our offer includes more than \$40,000 in annual value adds comprised of printed and mailed subscriber ID cards, printed and digital open enrollment materials, virtual benefit fair booth capabilities, onsite representations for wellness fairs, health and wellness mailers, onsite pop-up and clinics and upon request, the ability to host a custom microsite and State-specific toll-free telephone number.	We're pleased to provide an annual communications allowance of \$2,500; additionally, our offer includes more than \$40,000 in annual value adds comprised of printed and mailed subscriber ID cards, printed and digital open enrollment materials, virtual benefit fair booth capabilities, onsite representations for wellness fairs, health and wellness mailers, onsite pop-up and clinics and upon request, the ability to host a custom microsite and State-specific toll-free telephone number.	We're pleased to provide an annual communications allowance of \$2,500; additionally, our offer includes more than \$40,000 in annual value adds comprised of printed and mailed subscriber ID cards, printed and digital open enrollment materials, virtual benefit fair booth capabilities, onsite representations for wellness fairs, health and wellness mailers, onsite pop-up and clinics and upon request, the ability to host a custom microsite and State-specific toll-free telephone number.

Your custom vision quote

MORE OF WHAT'S BEST, NOT MORE OF THE SAME

Get the most out of your vision plan with these EyeMed highlights:

- Eye360 features a \$0 eye exam and an additional \$50 added to your frame allowance at PLUS Providers¹
- Ability to use the frame and contact lens allowances in the same benefit year – worth up to an extra \$120²
- Separate contact lens fit & follow-up coverage (leaving the entire allowance for materials)

Plus, with us, you also always get

THE VISION NETWORK EMPLOYEES WANT	BENEFITS THAT REDEFINE EXPECTATIONS	ABOVE ALL ELSE, WE MAKE BENEFITS EASY
America's largest vision network with the right mix of providers ³ <hr/> Several in-network options for buying eyewear online	The freedom to choose any ophthalmic frame, lens or contact lens without restrictions at any of our retail providers, independent provider locations or online <hr/> Complimentary HealthyEyes wellness program that keeps the focus on eye health with online tools, articles and videos to make the conversation around vision even easier <hr/> Members-only savings on eyewear, LASIK, hearing aids and more with online options	Cost transparency with our Know Before You Go cost estimator <hr/> Digital tools like online scheduling ⁴ , a mobile app and personalized text alerts

We can't wait to work with you –
Contact Kierston Winters at kwinters@eyemed.com with questions

¹ Not available in all states.

² This document provides highlights of one or more EyeMed plans. Frame allowances may vary by plan. Please consult your EyeMed representative for details.

³ Based on the EyeMed Insight network, October 2020.

⁴ At select locations.



VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
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EXAM SERVICES

Exam	\$10 copay	Up to \$40
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FRAME

Frame	\$0 copay; 20% off balance over \$105 allowance	Up to \$58
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CONTACT LENSES

(Contact Lens allowance includes materials only)

Contacts - Conventional	\$0 copay; 15% off balance over \$105 allowance	Up to \$84
Contacts - Disposable	\$0 copay; 100% of balance over \$105 allowance	Up to \$84
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$200

STANDARD PLASTIC LENSES

Single Vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55
Lenticular	\$10 copay	Up to \$55
Progressive - Standard	\$75 copay	Up to \$40
Progressive - Premium Tier 1	\$95 copay	Up to \$40
Progressive - Premium Tier 2	\$105 copay	Up to \$40
Progressive - Premium Tier 3	\$120 copay	Up to \$40
Progressive - Premium Tier 4	\$75 copay, 20% off retail price less \$120 allowance	Up to \$40

LENS OPTIONS

Polycarbonate - Std < 19 years of age	\$0 copay	Up to \$5
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Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

- Option BL 2
- Exam & Materials
- Insight Network
- Fully Insured
- Employee Paid
- Funded Benefits

Frequency

Examination
Once every plan year

Lenses (in lieu of contacts)
Once every other plan year

Contacts (in lieu of lenses)
Once every other plan year

Frame
Once every other plan year

Terms

Contract Term
36 months

Rate Guarantee
72 months

MONTHLY RATES

Subscriber	\$5.26
Subscriber + Spouse	\$8.44
Subscriber + Child(ren)	\$8.62
Subscriber + Family	\$13.86

Monthly Rate is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. The Plan reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866-939-3633.

PLAN DETAILS

Quote for group situated in the State of NE and will be valid until the 07/01/2023 implementation date. Date Quoted 11/30/2022. Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group. Percentage discounts are not part of the insurance benefit. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-146, form number M-9184. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

PLAN EXCLUSIONS/LIMITATIONS

No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state.

Saving our members some extra green

We're committed to keeping money in our members' pockets.

That's why we offer our members additional discounts above the proposed plan benefits.

ADDITIONAL DISCOUNTS

VISION CARE SERVICES

IN-NETWORK MEMBER COST

DISCOUNTED EXAM SERVICES

Retinal Imaging

Up to \$39

CONTACT LENS FIT AND FOLLOW-UP

(Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)

Fit and Follow-up - Standard

Up to \$40

Fit and Follow-up - Premium

10% off retail price

DISCOUNTED LENS OPTIONS

Anti Reflective Coating - Standard

\$45

Anti Reflective Coating - Premium Tier 1

\$57

Anti Reflective Coating - Premium Tier 2

\$68

Anti Reflective Coating - Premium Tier 3

20% off retail price

Photochromic - Non-Glass

\$75

Polycarbonate - Standard

\$40

Scratch Coating - Standard Plastic

\$15

Tint - Solid or Gradient

\$15

UV Treatment

\$15

OTHER ADD-ON SERVICES AND MATERIALS

20% off retail price

Savings for Members

40% off

additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used – an industry exclusive

20% off

any item not covered by the plan, including non-prescription sunglasses

Lasik

Lasik or PRK from US Laser Network 15% off retail price or 5% off promotional price

Hearing Care

Through Amplifon Hearing Health Care Network, members receive up to 64% off hearing aids, an extended warranty, and free batteries

DISCOUNT DETAILS

Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits.



State of Nebraska

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
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EXAM SERVICES

Exam	\$10 copay	Up to \$40
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FRAME

Frame	\$0 copay; 20% off balance over \$120 allowance	Up to \$65
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CONTACT LENSES

(Contact Lens allowance includes materials only)

Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$104
Contacts - Disposable	\$0 copay; 100% of balance over \$130 allowance	Up to \$104
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$200

STANDARD PLASTIC LENSES

Single Vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55
Lenticular	\$10 copay	Up to \$55
Progressive - Standard	\$75 copay	Up to \$40
Progressive - Premium Tier 1	\$95 copay	Up to \$40
Progressive - Premium Tier 2	\$105 copay	Up to \$40
Progressive - Premium Tier 3	\$120 copay	Up to \$40
Progressive - Premium Tier 4	\$75 copay, 20% off retail price less \$120 allowance	Up to \$40

LENS OPTIONS

Polycarbonate - Std < 19 years of age	\$0 copay	Up to \$5
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Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

- Option BL 3
- Exam & Materials
- Insight Network
- Fully Insured
- Employee Paid
- Funded Benefits

Frequency

Examination
Once every plan year

Lenses (in lieu of contacts)
Once every plan year

Contacts (in lieu of lenses)
Once every plan year

Frame
Once every plan year

Terms

Contract Term
36 months

Rate Guarantee
72 months

MONTHLY RATES

Subscriber	\$8.18
Subscriber + Spouse	\$13.08
Subscriber + Child(ren)	\$13.32
Subscriber + Family	\$21.50

Monthly Rate is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. The Plan reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866-939-3633.

PLAN DETAILS

Quote for group situated in the State of NE and will be valid until the 07/01/2023 implementation date. Date Quoted 11/30/2022. Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group. Percentage discounts are not part of the insurance benefit. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-146, form number M-9184. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

PLAN EXCLUSIONS/LIMITATIONS

No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state.

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ADDITIONAL DISCOUNTS

VISION CARE SERVICES

IN-NETWORK MEMBER COST

DISCOUNTED EXAM SERVICES

Retinal Imaging

Up to \$39

CONTACT LENS FIT AND FOLLOW-UP

(Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)

Fit and Follow-up - Standard

Up to \$40

Fit and Follow-up - Premium

10% off retail price

DISCOUNTED LENS OPTIONS

Anti Reflective Coating - Standard

\$45

Anti Reflective Coating - Premium Tier 1

\$57

Anti Reflective Coating - Premium Tier 2

\$68

Anti Reflective Coating - Premium Tier 3

20% off retail price

Photochromic - Non-Glass

\$75

Polycarbonate - Standard

\$40

Scratch Coating - Standard Plastic

\$15

Tint - Solid or Gradient

\$15

UV Treatment

\$15

OTHER ADD-ON SERVICES AND MATERIALS

20% off retail price

Savings for Members

40% off

additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used – an industry exclusive

20% off

any item not covered by the plan, including non-prescription sunglasses

Lasik

Lasik or PRK from US Laser Network 15% off retail price or 5% off promotional price

Hearing Care

Through Amplifon Hearing Health Care Network, members receive up to 64% off hearing aids, an extended warranty, and free batteries

DISCOUNT DETAILS

Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits.



State of Nebraska

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
<i>Exam at PLUS Providers</i>		
Exam	\$0 copay \$10 copay	Up to \$40 Up to \$40
FRAME		
<i>Any available frame at PLUS Providers</i>		
Frame	\$0 copay; 20% off balance over \$155 allowance \$0 copay; 20% off balance over \$105 allowance	Up to \$58 Up to \$58
CONTACT LENSES <i>(Contact Lens allowance includes materials only)</i>		
Contacts - Conventional	\$0 copay; 15% off balance over \$105 allowance	Up to \$84
Contacts - Disposable	\$0 copay; 100% of balance over \$105 allowance	Up to \$84
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$200
STANDARD PLASTIC LENSES		
Single Vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55
Lenticular	\$10 copay	Up to \$55
Progressive - Standard	\$75 copay	Up to \$40
Progressive - Premium Tier 1	\$95 copay	Up to \$40
Progressive - Premium Tier 2	\$105 copay	Up to \$40
Progressive - Premium Tier 3	\$120 copay	Up to \$40
Progressive - Premium Tier 4	\$75 copay, 20% off retail price less \$120 allowance	Up to \$40
LENS OPTIONS		
Polycarbonate - Std < 19 years of age	\$0 copay	Up to \$5

Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Option BL 2 - Eye360

Exam & Materials

Insight Network

Fully Insured

Employee Paid

Funded Benefits

Frequency

Examination

Once every plan year

Lenses (in lieu of contacts)

Once every other plan year

Contacts (in lieu of lenses)

Once every other plan year

Frame

Once every other plan year

Terms

Contract Term

36 months

Rate Guarantee

72 months

MONTHLY RATES

Subscriber	\$5.46
Subscriber + Spouse	\$8.76
Subscriber + Child(ren)	\$8.94
Subscriber + Family	\$14.40

Monthly Rate is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. The Plan reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866-939-3633.

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PLAN EXCLUSIONS/LIMITATIONS

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That's why we offer our members additional discounts above the proposed plan benefits.

Savings for Members

40% off

additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used – an industry exclusive

20% off

any item not covered by the plan, including non-prescription sunglasses

Lasik

Lasik or PRK from US Laser Network 15% off retail price or 5% off promotional price

Hearing Care

Through Amplifon Hearing Health Care Network, members receive up to 64% off hearing aids, an extended warranty, and free batteries

ADDITIONAL DISCOUNTS

VISION CARE SERVICES

IN-NETWORK MEMBER COST

DISCOUNTED EXAM SERVICES

Retinal Imaging

Up to \$39

CONTACT LENS FIT AND FOLLOW-UP

(Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)

Fit and Follow-up - Standard

Up to \$40

Fit and Follow-up - Premium

10% off retail price

DISCOUNTED LENS OPTIONS

Anti Reflective Coating - Standard

\$45

Anti Reflective Coating - Premium Tier 1

\$57

Anti Reflective Coating - Premium Tier 2

\$68

Anti Reflective Coating - Premium Tier 3

20% off retail price

Photochromic - Non-Glass

\$75

Polycarbonate - Standard

\$40

Scratch Coating - Standard Plastic

\$15

Tint - Solid or Gradient

\$15

UV Treatment

\$15

OTHER ADD-ON SERVICES AND MATERIALS

20% off retail price

DISCOUNT DETAILS

Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits.



State of Nebraska

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
<i>Exam at PLUS Providers</i>		
Exam	\$0 copay \$10 copay	Up to \$40 Up to \$40
FRAME		
<i>Any available frame at PLUS Providers</i>		
Frame	\$0 copay; 20% off balance over \$170 allowance \$0 copay; 20% off balance over \$120 allowance	Up to \$65 Up to \$65
CONTACT LENSES <i>(Contact Lens allowance includes materials only)</i>		
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$104
Contacts - Disposable	\$0 copay; 100% of balance over \$130 allowance	Up to \$104
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$200
STANDARD PLASTIC LENSES		
Single Vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55
Lenticular	\$10 copay	Up to \$55
Progressive - Standard	\$75 copay	Up to \$40
Progressive - Premium Tier 1	\$95 copay	Up to \$40
Progressive - Premium Tier 2	\$105 copay	Up to \$40
Progressive - Premium Tier 3	\$120 copay	Up to \$40
Progressive - Premium Tier 4	\$75 copay, 20% off retail price less \$120 allowance	Up to \$40
LENS OPTIONS		
Polycarbonate - Std < 19 years of age	\$0 copay	Up to \$5

Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Option BL 3 - Eye360

Exam & Materials

Insight Network

Fully Insured

Employee Paid

Funded Benefits

Frequency

Examination

Once every plan year

Lenses (in lieu of contacts)

Once every plan year

Contacts (in lieu of lenses)

Once every plan year

Frame

Once every plan year

Terms

Contract Term

36 months

Rate Guarantee

72 months

MONTHLY RATES

Subscriber	\$8.48
Subscriber + Spouse	\$13.56
Subscriber + Child(ren)	\$13.80
Subscriber + Family	\$22.30

Monthly Rate is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. The Plan reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866-939-3633.

PLAN DETAILS

Quote for group situated in the State of NE and will be valid until the 07/01/2023 implementation date. Date Quoted 11/30/2022. Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group. Percentage discounts are not part of the insurance benefit. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-146, form number M-9184. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

PLAN EXCLUSIONS/LIMITATIONS

No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state.

Saving our members some extra green

We're committed to keeping money in our members' pockets.

That's why we offer our members additional discounts above the proposed plan benefits.

ADDITIONAL DISCOUNTS

VISION CARE SERVICES

IN-NETWORK MEMBER COST

DISCOUNTED EXAM SERVICES

Retinal Imaging

Up to \$39

CONTACT LENS FIT AND FOLLOW-UP

(Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)

Fit and Follow-up - Standard

Up to \$40

Fit and Follow-up - Premium

10% off retail price

DISCOUNTED LENS OPTIONS

Anti Reflective Coating - Standard

\$45

Anti Reflective Coating - Premium Tier 1

\$57

Anti Reflective Coating - Premium Tier 2

\$68

Anti Reflective Coating - Premium Tier 3

20% off retail price

Photochromic - Non-Glass

\$75

Polycarbonate - Standard

\$40

Scratch Coating - Standard Plastic

\$15

Tint - Solid or Gradient

\$15

UV Treatment

\$15

OTHER ADD-ON SERVICES AND MATERIALS

20% off retail price

Savings for Members

40% off

additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used – an industry exclusive

20% off

any item not covered by the plan, including non-prescription sunglasses

Lasik

Lasik or PRK from US Laser Network 15% off retail price or 5% off promotional price

Hearing Care

Through Amplifon Hearing Health Care Network, members receive up to 64% off hearing aids, an extended warranty, and free batteries

DISCOUNT DETAILS

Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits.

B. Payment Schedule

1. PREMIUM REMITTANCE

a. The State requires a self-bill billing process.

Confirmed. You can continue to self-bill as you do today. As a reminder, your self-bill process involves the following:

- State of Nebraska submits a count and tier summary reconciliation file along with each payment - it must include payment coverage month and group/subgroup ID
- Payments should take all tiers and fees into account and be delivered to us by the end of each calendar month
- State of Nebraska submits a full-file eligibility to us each month before payment is calculated and disbursed

i. The State deducts premiums through payroll deduction.

Confirmed.

ii. Premiums for COBRA and pre-65 retirees are collected through a third-party administrator and sent to the State. (The Contractor is not responsible for providing data to the TPA COBRA provider.)

Confirmed.

iii. Monthly, the State will remit 100% of the premiums collected to a bank account determined by the contractor, via ACH.

Confirmed. Since we already have a process in place, there won't be any disruption to receiving your premiums.

b. The contractor will be responsible for reconciling the funds received each month.

Confirmed. Our disbursement process is managed through a single account that is reconciled on a monthly basis.

If we happen to receive a mispayment, we'll let your benefit administrators know so that we can reconcile the discrepancy.