

**ATTACHMENT 1 - VISION INSURANCE PLAN COST PROPOSAL**

**REQUEST FOR PROPOSAL NUMBER 6729 Z1**

**Bidder Name:** \_\_\_\_\_

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.

<b>Census information</b>	<b>Basic Plan</b>	<b>Premium Plan</b>
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

	<b>Initial Period Years 1 - 3</b>		<b>First Renewal Period Year 4</b>		<b>Second Renewal Period Year 5</b>		<b>Third Renewal Period Year 6</b>	
	<b>Basic Plan</b>	<b>Premium Plan</b>	<b>Basic Plan</b>	<b>Premium Plan</b>	<b>Basic Plan</b>	<b>Premium Plan</b>	<b>Basic Plan</b>	<b>Premium Plan</b>
Employee Only								
Employee + Spouse								
Employee + Dependent Child(ren)								
Employee + Spouse + Dependent Child(ren)								

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.

<b>Guarantees &amp; Credits</b>	<b>Initial Period Years 1 - 3</b>	<b>First Renewal Period Year 4</b>	<b>Second Renewal Period Year 5</b>	<b>Third Renewal Period Year 6</b>
Guaranteed Rates (Y/N)				
Enrollment Change Tolerance (+/- XX%)				
Annual Communications Credit (\$)				