



Cost Proposal Overview

Attachment 1 – Vision Insurance Plan Cost Proposal

VSP Advantage Plan and Rate Summary (Current Plan)

VSP Advantage Plan and Rate Summary (Alternate Plan)

ATTACHMENT 1 - VISION INSURANCE PLAN COST PROPOSAL

REQUEST FOR PROPOSAL NUMBER 6729 Z1

Bidder Name: VSP Vision Care

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	4.80	7.46	4.80	7.46				
Employee + Spouse	7.68	11.92	7.68	11.92				
Employee + Dependent Child(ren)	7.88	12.22	7.88	12.22				
Employee + Spouse + Dependent Child(ren)	12.68	19.66	12.68	19.66				

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		
Enrollment Change Tolerance (+/- XX%)	NA	NA		
Annual Communications Credit (\$)	\$75,000	\$25,000		



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4 Year Rate Guarantee July 1, 2023 – June 30, 2027	VSP Basic Plan Current Plan	VSP Premium Plan Current Plan
Frequencies	Advantage Plan A \$10 Exam/\$10 Materials	Advantage Plan C \$10 Exam/\$10 Materials
Examination	Every 12 Months	Every 12 Months
Lenses	Every 24 Months	Every 12 Months
Frame	Every 24 Months	Every 12 Months
Benefits with a VSP® Network Provider		
Comprehensive Eye Examination	Covered in Full After Copay	Covered in Full After Copay
Contact Lens Examination	Up to \$40 Contact Lens Fitting & Evaluation	Up to \$40 Contact Lens Fitting & Evaluation
Retinal Exam	Up to \$39 Copay	Up to \$39 Copay
Lenses		
Single Vision, Bifocal, Trifocal, Lenticular	Covered in Full After Copay	Covered in Full After Copay
Standard Progressives	Covered in Full	Covered in Full
Polycarbonate Lenses	Covered in Full for Dependent Children Up to age 26	Covered in Full for Dependent Children Up to age 26
Allowances		
Retail Frame Allowance	\$105	\$120
Featured Frame Brand Allowance	\$155	\$170
Costco Equivalent Frame	\$55	\$65
Elective Contact Lenses	\$105	\$130
Necessary Contact Lenses	Covered in Full	Covered in Full
Additional Pairs	Within 12 months of exam: 40% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor. 50% Discount on additional pair at Visionworks	
Laser Vision Program	Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase	
Non-VSP Provider Allowances		
Examination	\$40	\$40
Single Vision, Bifocal, Trifocal, Lenticular	\$30/50/60/75	\$30/50/60/75
Frame	\$50	\$50
Elective Contact Lenses	\$90	\$100
Necessary Contact Lenses	\$210	\$210
RATES – Fully Insured	VSP Rates – Basic Plan	VSP Rates – Premium Plan
Employee Only	\$4.80	\$7.46
Employee + 1	\$7.68	\$11.92
Employee + Child(ren)	\$7.88	\$12.22
Employee + Family	\$12.68	\$19.66



Save up to \$3,000

With Exclusive Member Extras, members can save more than \$3,000 with special offers and deals through VSP and other leading industry brands.



Get up to \$250 back

Members can save big with VSP exclusive mail-in rebates on eligible popular contact lens brands like Bausch + Lomb.



\$1,000 savings on LASIK

Members can save up to \$1,000 on LASIK at Lasik**Plus**, NVISION Eye Center, TLC Laser Eye Centers and The LASIK Vision Institute.

[LEARN MORE. VISIT VSP.COM/OFFERS.](https://www.vsp.com/offers)

Implementation Credit

Changing carriers can seem like a heavy lift – we get it! That’s why State of Nebraska will receive support and investment from VSP, from the very start. We understand there may be costs related to implementing a new plan, like modifying membership reporting systems, adjusting file feeds, and updating communication channels. And those are just a few examples. To help offset, we’re delighted to offer a one-time implementation credit of \$100,000. We’ll provide these funds to State of Nebraska upon contract award in 2023, but you’re welcome to spend the money through the course of your contract. We simply ask that State of Nebraska provide receipts to VSP for actual expenses as they’re incurred.

Rate Details

Rates are based on 16,780 eligible employees, are guaranteed for four years, and are valid until June 30, 2023. Coverage offered: 100% employee paid. Includes NET of commission. Rates include any applicable taxes and health assessment fees known as of the date of the proposal.

Disclaimers and Exclusions

*Covered in full materials and services are less any applicable copay. Based on applicable laws, benefits and savings may vary by doctor location. Benefits may also vary at participating retail chains. Promotions like special offers and rebates are continually evaluated and subject to change without notice. Promotions and featured frame brands do not apply at Costco® Optical, Sam’s Club, or Walmart Optical. Costco® Optical allowance of \$105 is equivalent to the frame allowance at VSP doctor locations and participating retail chains.

The following items are not covered under this plan: plano lenses (lenses with refractive correction of less than ± .50 diopter), two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics; vision training or supplemental testing.

The following items are not covered as contact lens benefits: insurance policies or service agreements; Refitting of contact lenses after the initial (90-day) fitting period, artistically painted or non-prescription lenses; additional lens pathology; contact lens modification, polishing or cleaning.

Please read your Schedule of Benefits for details regarding the exclusions and limitations of your coverage. In the event of a conflict between this information and your organization’s contract with VSP, the terms of the contract will prevail.



State of Nebraska RFP 6729 Z1 2023 VSP Vision Proposal



4 Year Rate Guarantee July 1, 2023 – June 30, 2027	VSP Basic Plan Alternate Option Increase Allowance	VSP Premium Plan Alternate Option Increase Allowance
Frequencies	Advantage Plan A \$10 Exam/\$10 Materials	Advantage Plan C \$10 Exam/\$10 Materials
Examination	Every 12 Months	Every 12 Months
Lenses	Every 24 Months	Every 12 Months
Frame	Every 24 Months	Every 12 Months
Benefits with a VSP® Network Provider		
Comprehensive Eye Examination	Covered in Full After Copay	Covered in Full After Copay
Contact Lens Examination	Up to \$40 Contact Lens Fitting & Evaluation	Up to \$40 Contact Lens Fitting & Evaluation
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Lenses		
Single Vision, Bifocal, Trifocal, Lenticular	Covered in Full After Copay	Covered in Full After Copay
Standard Progressives	Covered in Full	Covered in Full
Polycarbonate Lenses	Covered in Full for Dependent Children Up to age 26	Covered in Full for Dependent Children Up to age 26
Allowances		
Retail Frame Allowance	\$130	\$175
Featured Frame Brand Allowance	\$180	\$225
Costco Equivalent Frame	\$70	\$95
Elective Contact Lenses	\$130	\$175
Necessary Contact Lenses	Covered in Full	Covered in Full
Additional Pairs	Within 12 months of exam: 40% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor. 50% Discount on additional pair at Visionworks	
Laser Vision Program	Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase	
Non-VSP Provider Allowances		
Examination	\$40	\$40
Single Vision, Bifocal, Trifocal, Lenticular	\$30/50/60/75	\$30/50/60/75
Frame	\$50	\$50
Elective Contact Lenses	\$100	\$100
Necessary Contact Lenses	\$210	\$210
RATES – Fully Insured		
Employee Only	\$5.34	\$9.02
Employee + 1	\$8.56	\$14.44
Employee + Child(ren)	\$8.76	\$14.80
Employee + Family	\$14.10	\$23.82



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