

Vision Plan Design	Network	Non-Network
Benefit		
Examination		
Basic Plan	\$10 copayment for annual exam; two annual exams covered for dependent children to age 18	Reimbursed up to \$45
Premium Plan	\$10 copayment for annual exam; two annual exams covered for dependent children to age 18	Reimbursed up to \$45
Lenses and Frames¹		
Lenses- single vision		
Basic Plan	\$25 copayment per pair	Reimbursed up to \$30 per pair
Premium Plan	\$25 copayment per pair	Reimbursed up to \$30 per pair
Lenses- bifocal		
Basic Plan	\$25 copayment per pair	Reimbursed up to \$50 per pair
Premium Plan	\$25 copayment per pair	Reimbursed up to \$50 per pair
Lenses- trifocal		
Basic Plan	\$25 copayment per pair	Reimbursed up to \$65 per pair
Premium Plan	\$25 copayment per pair	Reimbursed up to \$65 per pair
Lenses- lenticular		
Basic Plan Network	\$25 copayment per pair	Reimbursed up to \$100 per pair
Premium Plan Network	\$25 copayment per pair	Reimbursed up to \$100 per pair
Polycarbonate		
Basic Plan	\$25 copayment per pair; applies to dependent children only	Not covered
Premium Plan	\$25 copayment per pair; applies to dependent children only	Not covered
Anti-Reflective Coating		
Basic Plan	Discount applied to all lens options	Cosmetic extras not covered
Premium Plan	\$30 copayment per pair	Cosmetic extras not covered
Progressive multi-focal		
Basic Plan	Discount applied to all lens options	Cosmetic extras not covered
Premium Plan	\$50 copayment per pair	Cosmetic extras not covered
Frames		
Basic Plan	Once every two calendar years for adults; once every 12 months for dependent children to age 18; \$25 copayment (up to \$125 + 20% discount on any out-of-pocket costs). One \$25 copayment for lenses and frames when purchased together.	Reimbursed up to \$70

Premium Plan	Once every 24 months for adults; once every 12 months for dependent children to age 18; \$25 copayment (up to \$175 + 20% discount on any out-of-pocket costs). One \$25 copayment for lenses and frames when purchased together.	Reimbursed up to \$70
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Contact Lenses²

Elective lenses

Basic Plan	\$10 copayment for exam. Up to \$125 retail allowance for contact lenses and 15% discount off conventional or 10% discount off disposable remaining balance	Reimbursed up to \$45 for exam. Contact lenses, evaluation, design and fitting reimbursed up to \$105
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Premium Plan	\$10 copayment for exam. Up to \$175 retail allowance for contact lenses and 15% discount off conventional or 10% discount off disposable remaining balance	Reimbursed up to \$45 for exam. Contact lenses, evaluation, design and fitting reimbursed up to \$105
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Medically Necessary

Basic Plan	\$10 copayment for exam. Additional costs covered at 100% with prior approval	Reimbursed up to \$45 for exam. Contact lenses, evaluation, design and fitting reimbursed up to \$210
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Premium Plan	\$10 copayment for exam. Additional costs covered at 100%	Reimbursed up to \$45 for exam. Contact lenses, evaluation, design and fitting reimbursed up to \$210
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Fitting and Evaluation

Basic Plan	\$20 copayment for daily contact lenses; \$30 copayment for extended contact lenses; \$50 copayment for specialty contact lenses	Reimbursed up to: \$20 for daily contact lenses; \$30 for extended contact lenses; \$30 for specialty contact lenses
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Premium Plan	\$20 copayment for daily contact lenses; \$30 copayment for extended contact lenses; \$50 copayment for specialty contact lenses	Reimbursed up to: \$20 for daily contact lenses; \$30 for extended contact lenses; \$30 for specialty contact lenses
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Corrective Laser Surgery

PRK

Basic Plan	Maximum amount paid by member is \$1,500 per eye	Not covered
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Premium Plan	Maximum amount paid by member is \$1,500 per eye	Not covered
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LASIK

Basic Plan	Maximum amount paid by member is \$1,800 per eye	Not covered
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Premium Plan	Maximum amount paid by member is \$1,800 per eye	Not covered
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Custom LASIK

Basic Plan	Maximum amount paid by member is \$2,300 per eye	Not covered
Premium Plan	Maximum amount paid by member is \$2,300 per eye	Not covered

Other

Cosmetic

Basic Plan Network	Discount applied to all lens options	Cosmetic extras not covered
Premium Plan Network	Discount applied to all lens options	Cosmetic extras not covered

¹ Once every 12 months

² Once every 12 months in lieu of eye glass lenses

2019 MCHCP Vision RFP Pricing

Instructions

	Notes
Instructions	
Premium	Bidders must propose a firm, fixed monthly premium for CY2019 and not-to-exceed monthly premiums for CY2020 and CY2021 for State and Public Entity employees/retirees. Bidders must also submit pricing for both plan designs.
Sole Contractor	Bidders must use the worksheets labeled "Sole Contractor" to indicate premiums if only one contract is awarded.
Multiple Contractors	Bidders must use the worksheets labeled "Multiple Contractors" to indicate premiums if more than one contract is awarded.
Renewal	Renewal pricing for future contract years is due no later than May 15 of the prior year.
COBRA	For each COBRA participant, the additional 2 percent of total monthly premium will be retained by MCHCP.
Supplemental Pricing	Bidders may use Supplemental Pricing for any optional services that are not included in the premium. Optional services that could be listed include an on-line reporting utility, ID card customization costs, etc. Include the basis for payment (PEPM, one-
Supplemental Pricing	Any increases in supplemental pricing for future years should be included in the Basis for Payment column.

State Rates - Sole Contractor

	2019 Basic Plan Monthly Rate	2019 Premium Plan Monthly Rate	2020 Basic Plan Monthly Rate	2020 Premium Plan Monthly Rate	2021 Basic Plan Monthly Rate	2021 Premium Plan Monthly Rate
Active Employees						
Employee Only						
Employee + Spouse						
Employee + Child(ren)						
Employee + Family						
Retirees						
Retiree Only						
Retiree+Spouse						
Retiree+Child(ren)						
Retiree+Family						

State Rates - Multiple Contractors

	2019 Basic Plan Monthly Rate	2019 Premium Plan Monthly Rate	2020 Basic Plan Monthly Rate	2020 Premium Plan Monthly Rate	2021 Basic Plan Monthly Rate	2021 Premium Plan Monthly Rate
Active Employees						
Employee Only						
Employee + Spouse						
Employee + Child(ren)						
Employee + Family						
Retirees						
Retiree Only						
Retiree+Spouse						
Retiree+Child(ren)						
Retiree+Family						

Public Entity Rates - Sole Contractor

	2019 Basic Plan Monthly Rate	2019 Premium Plan Monthly Rate	2020 Basic Plan Monthly Rate	2020 Premium Plan Monthly Rate	2021 Basic Plan Monthly Rate	2021 Premium Plan Monthly Rate
Active Employees						
Employee Only						
Employee + Spouse						
Employee + Child(ren)						
Employee + Family						
Retirees						
Retiree Only						
Retiree+Spouse						
Retiree+Child(ren)						
Retiree+Family						

Public Entity Rates - Multiple Contractors

	2019 Basic Plan Monthly Rate	2019 Premium Plan Monthly Rate	2020 Basic Plan Monthly Rate	2020 Premium Plan Monthly Rate	2021 Basic Plan Monthly Rate	2021 Premium Plan Monthly Rate
Active Employees						
Employee Only						
Employee + Spouse						
Employee + Child(ren)						
Employee + Family						
Retirees						
Retiree Only						
Retiree+Spouse						
Retiree+Child(ren)						
Retiree+Family						

Supplemental Pricing

	Describe Service	Cost of Service	Basis for Payment (PEPM, one-time fee, etc.)
Service 1			
Service 2			
Service 3			
Service 4			
Service 5			