

**BOCC APPROVED JULY 12, 2017**  
**BOARD OF BIDS AND CONTRACTS JULY 6, 2017**

**1. EMPLOYEE VISION BENEFITS -- HUMAN RESOURCES**

**FUNDING -- HUMAN RESOURCES**

(Request sent to 27 vendors)

RFP #17-0010 Contract

	Vision Service Plan* (VSP Plan Choice) Option One		Vision Service Plan* (VSP Plan Choice w/KidsCare) Option Two		Avesis Third Party Administrators, Inc.	
	Bi-Weekly Rate		Bi-Weekly Rate		Bi-Weekly Rate	
Single Tier	\$3.15		<b>\$3.56</b>		\$4.38	
Two person Tier	\$6.30		<b>\$7.13</b>		\$7.66	
Family Tier	\$10.14		<b>\$11.47</b>		\$11.37	
Benefit	Cost to Employee (copay)	Discount/ Allowance	Cost to Employee (copay)	Discount/ Allowance	Cost to Employee (copay)	Discount/ Allowance
Annual Eye Exam	\$10.00	\$45.00 out of network allowance	<b>\$10.00</b>	<b>\$45.00 out of network allowance</b>	\$10.00	Covered in full in network/reimbursed up to \$45.00 out of network
Annual Contact Lens Eye Exam	\$0.00		<b>\$0.00</b>		Standard covered in full Specialty covered in full after \$25.00 co-payment	Covered in full in network No coverage out of network
<b>Covered Prescription Lenses</b>						
Single Lens	\$0.00	\$30.00 out of network allowance	<b>\$0.00</b>	<b>\$30.00 out of network allowance</b>	Covered in full	Standard lenses covered in full Reimbursed up to \$40.00 out of network

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Lined Bifocal	\$0.00	\$50.00 out of network allowance	<b>\$0.00</b>	<b>\$50.00 out of network allowance</b>	Covered in full	Standard lenses covered in full Reimbursed up to \$60.00 out of network
Lined Trifocal	\$0.00	\$65.00 out of network allowance	<b>\$0.00</b>	<b>\$65.00 out of network allowance</b>	Covered in full	Standard lenses covered in full Reimbursed up to \$80.00 out of network
No Lined Bi/Tri focal	\$55.00 - \$175.00		<b>\$55.00 - \$175.00</b>		20% discount plus \$60.00 allowance	Reimbursed up to \$60.00
UV Protection	\$0.00		<b>\$0.00</b>		Covered in full	Reimbursed up to \$6.00
Scratch Coating	\$0.00		<b>\$0.00</b>		Covered in full	Reimbursed up to \$5.00
Anti-Reflective	\$41.00		<b>\$41.00</b>		Covered in full	Reimbursed up to \$45.00
Polycarbonate Lens	\$31.00 - Single vision \$35.00 - Multifocal Children - Covered in full		<b>\$31.00 - Single vision \$35.00 - Multifocal Children - Covered in full</b>		Child covered in full Adult receives 20% discount	Reimbursed up to \$10.00 for children No coverage out of network for adults
Sunglasses	\$15.00 Solid Tint	20% of a complete pair when purchased with VSP doctor. N/A out of network	<b>\$15.00 Solid Tint</b>	<b>20% of a complete pair when purchased with VSP doctor. N/A out of network</b>	Solid or gradient tint covered in full	reimbursed up to \$4.00

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Covered Frames	\$130.00 retail allowance, plus extra \$20.00 on featured frames	20% discount off coverage (in network) \$70.00 out of network allowance	<b>\$180.00 retail allowance, plus extra \$20.00 on featured frames</b>	<b>20% discount off coverage (in network) \$80.00 out of network allowance</b>	\$50.00 wholesale frame allowance (\$130.00 retail average)	Reimbursed up to \$50.00 out of network
Contact Lens	\$150.00 allowance	\$105.00 out of network allowance	<b>\$160.00 allowance</b>	<b>\$105.00 out of network allowance</b>	\$150.00 allowance	Reimbursed up to \$130.00 out of network
Other	\$0.00 - Standard progressives		<b>\$0.00 - Standard progressives</b>		Up to 25% off refractive surgery plus \$150.00 allowance	reimbursed up to \$150.00 out of network
	United Health Care		Davis Vision, Inc. Option One*		Davis Vision, Inc. Option Two*	
	Bi-Weekly Rate		Bi-Weekly Rate		Bi-Weekly Rate	
Single Tier	\$3.88		\$3.14		\$3.75	
Two Person Tier	\$8.08		\$6.08		\$7.27	
Family Tier	\$12.57		\$8.95		\$10.68	
<b>Benefit</b>	<b>Cost to Employee (copay)</b>	<b>Discount/ Allowance</b>	<b>Cost to Employee (copay)</b>	<b>Discount/ Allowance</b>	<b>Cost to Employee (copay)</b>	<b>Discount/ Allowance</b>
Annual Eye Exam	\$10.00	100% after copay	\$10.00	100% after copay	\$10.00	100% after copay
Annual Contact Lens Eye Exam			Standard lenses: Covered Specialty Lenses: Up to \$60.00 allowance	15% discount after the allowance	Standard lenses: Covered Specialty Lenses: Up to \$60.00 allowance	15% discount after the allowance
<b>Covered Prescription Lenses</b>						
Single Lens	Covered		Covered		Covered	
Lined Bifocal	Covered		Covered		Covered	
Lined Trifocal	Covered		Covered		Covered	
No Lined Bi/Tri focal			Progressive: Standard \$50.00, Premium \$90.00, Ultra \$140.00		Progressive: Standard \$50.00, Premium \$90.00, Ultra \$140.00	
UV Protection	Covered		\$12.00		\$12.00	
Scratch Coating	Covered		Covered		Covered	
Anti-Reflective			Standard \$35.00 Premium \$48.00 Ultra \$60.00		Standard \$35.00 Premium \$48.00 Ultra \$60.00	

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Polycarbonate Lens	Covered for children up to age 19		Child \$0.00 Adult \$30.00		Child \$0.00 Adult \$30.00	
Sunglasses			Covered as above when used as primary benefit Second pairs are 50% off at Visionworks 30% off at most other providers		Covered as above when used as primary benefit Second pairs are 50% off at Visionworks 30% off at most other providers	
Covered Frames	Up to \$130.00 for in network Up to \$65.00 for out of network	30% discount after allowance	Up to \$130.00 or a free frame at Visionworks or members may choose from exclusive Davis Vision Collection: Fashion/Designer Covered, Premier \$25.00 copay	20% discount on any amount over retail allowance	Up to \$180.00 or a free frame at Visionworks or members may choose from exclusive Davis Vision Collection covered in full	20% discount on any amount over retail allowance
Contact Lens	Up to \$150.00 for in network Up to \$105.00 for out of network		\$150.00 allowance or members may be prescribed lenses from the Exclusive Collection. Lenses and evaluation and fitting would be covered in full.	15% discount on any amount over retail allowance	\$150.00 allowance or members may be prescribed lenses from the Exclusive Collection. Lenses and evaluation and fitting would be covered in full.	15% discount on any amount over retail allowance

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Other -	Covered tent  Covered medically necessary contact lenses for in network Up to \$210.00 for out of network		\$39.00 retinal imaging  Free one year breakage warranty			
	HealthSmart Benefit Solutions Option One		HealthSmart Benefit Solutions Option Two		HealthSmart Benefit Solutions Option Three	
	Bi-Weekly Rate		Bi-Weekly Rate		Bi-Weekly Rate	
Single Tier	\$0.83		\$0.86		\$0.95	
Two Person Tier	\$1.16		\$1.21		\$1.40	
Family Tier	\$1.41		\$1.48		\$1.74	
Benefit	Cost to Employee (copay)	Discount/ Allowance	Cost to Employee (copay)	Discount/ Allowance	Cost to Employee (copay)	Discount/ Allowance
Annual Eye Exam	\$10.00		\$10.00		\$30.00	
Annual Contact Lens Eye Exam		15% savings on exam		15% savings on exam		15% savings on exam
Covered Prescription Lenses	\$10.00		\$25.00		Included	
Single Lens	Included		Included		Included	
Lined Bifocal	Included		Included		Included	
Lined Trifocal	Included		Included		Included	
No Lined Bi/Tri focal	Included		Included		Included	
UV Protection		Avg. savings of 20-25%		Avg. savings of 20%		Avg. savings of 20-25%
Scratch Coating		Avg. savings of 20-25%		Avg. savings of 20%		Avg. savings of 20-25%
Anti-Reflective		Avg. savings of 20-25%		Avg. savings of 20%		Avg. savings of 20-25%
Polycarbonate Lens		Avg. savings of 20-25%		Avg. savings of 20%		Avg. savings of 20-25%
Sunglasses		Avg. savings of 20-25%		Avg. savings of 20%		Avg. savings of 20-25%
Covered Frames	\$10.00	\$130.00 Allowance 20% savings on amount over allowance	\$25.00	\$130.00 Allowance 20% savings on amount over allowance		\$150.00 Allowance 20% savings on amount over allowance
Contact Lens		\$130.00 allowance		\$130.00 allowance		\$200.00 allowance

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Other -	Up to \$39.00 for retinal screening	Avg. 15% off regular price or 5% off promotional price	Up to \$39.00 for retinal screening	Avg. 15% off regular price or 5% off promotional price	Up to \$39.00 for retinal screening	Avg. 15% off regular price or 5% off promotional price
	National Vision Administrators, LLC		Metropolitan Life Insurance Company dba MetLife		Aetna Life Insurance Company	
	Bi-Weekly Rate		Bi-Weekly Rate		Bi-Weekly Rate	
Single Tier	\$3.13		\$4.60		\$3.94	
Two Person Tier	\$6.10		\$8.91		\$7.63	
Family Tier	\$8.90		\$13.10		\$11.22	
<b>Benefit</b>	<b>Cost to Employee (copay)</b>	<b>Discount/ Allowance</b>	<b>Cost to Employee (copay)</b>	<b>Discount/ Allowance</b>	<b>Cost to Employee (copay)</b>	<b>Discount/ Allowance</b>
Annual Eye Exam	\$10.00 in network \$35.00 out of network		\$10.00	\$45.00 allowance	\$10.00 in network \$34.00 reimbursement out of network	
Annual Contact Lens Eye Exam			Covered in full with a maximum copay of \$60.00		\$0.00 in network \$40.00 reimbursement out of network	10% off retail price, then apply \$40.00 allowance
Covered Prescription Lenses						
Single Lens	\$0.00		\$0.00	\$30.00 allowance	\$0.00 in network \$29.00 reimbursement out of network	
Lined Bifocal	\$0.00		\$0.00	\$50.00 allowance	\$0.00 in network \$43.00 reimbursement out of network	
Lined Trifocal	\$0.00		\$0.00	\$65.00 allowance	\$0.00 in network \$53.00 reimbursement out of network	
No Lined Bi/Tri focal	\$30.00		Not included	Not included	\$65.00 in network \$43.00 reimbursement out of network	20% off retail minus \$120.00 plan allowance plus \$65.00
UV Protection	\$12.00		Covered in full	Applied to the allowance for the applicable corrective lens	\$15.00 discounted fee for in network not covered for out of network	

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Scratch Coating	\$10.00 (Standard)		Covered in full	Applied to the allowance for the applicable corrective lens	\$15.00 discounted fee for in network not covered for out of network	
Anti-Reflective	\$40.00 Anti-reflective		Covered in full	Applied to the allowance for the applicable corrective lens		\$45.00 discount fee for in network Not covered for out of network
Polycarbonate Lens	\$25.00 Single Vision \$30.00 Multifocal		Covered in full (Child up to age 18)	Applied to the allowance for the applicable corrective lens	\$0.00 for children to age 19 in network \$35.00 reimbursement for out of network \$40.00 discounted fee for in network not covered for out of network	
Sunglasses	N/A		Not included	Not included	Frame allowance in network \$65.00 reimbursement for out of network	20% off balance over the allowance
Covered Frames	\$130.00 retail allowance	80% of balance over \$130.00	\$150.00 allowance Costco: \$85.00 allowance	\$70.00 allowance	\$130.00 allowance in network \$65.00 reimbursement for out of network	20% off balance over the allowance
Contact Lens	150.00 retail allowance	Conventional: 85% of balance over \$150.00 Disposable: 90% of balance over \$150.00	\$150.00 allowance	\$105.00 allowance	\$150.00 allowance for in network \$65.00 reimbursement for out of network	20% off balance over the allowance

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Other -	\$50.00 Standard Progressive				Discounted fee of \$15.00 for in network not covered for out of network Tint (solid and gradient)	Pays 80% of retail for in network not covered for out of network polarized  Pays 80% of retail for in network not covered for out of network Photochromic/transitions plastic
	\$100.00 Premium Progressive					
	\$75.00 polarized					
	\$65.00 Single vision standard transition					
	\$70.00 Multifocal standard transition					
	\$55.00 High index					
	\$10.00 Solid tint					
	\$12.00 Fashion gradient					
	\$20.00 Single vision glass photogrey					
	\$30.00 Multifocal glass photogrey					
	Surency Life and Health Insurance Company Option One	Surency Life and Health Insurance Company Option Two	EyeMed Vision Care, LLC*			
	Bi-Weekly Rate	Bi-Weekly Rate	Bi-Weekly Rate			
Single Tier	\$4.32	\$3.67	\$4.04			
Two Person Tier	\$8.38	\$7.12	\$7.82			
Family Tier	\$12.31	\$10.47	\$11.50			



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Benefit	Cost to Employee (copay)	Discount/ Allowance	Cost to Employee (copay)	Discount/ Allowance	Cost to Employee (copay)	Discount/ Allowance
Annual Eye Exam	\$10.00		\$10.00		\$10.00	N/A
Annual Contact Lens Eye Exam	\$0.00		\$0.00		\$0.00	N/A
Covered Prescription Lenses						
Single Lens	\$0.00		\$25.00		\$0.00	N/A
Lined Bifocal	\$0.00		\$25.00		\$0.00	N/A
Lined Trifocal	\$0.00		\$25.00		\$0.00	N/A
No Lined Bi/Tri focal	\$65.00		\$65.00 + \$25.00 Bi/Tri focal copay		\$0.00	N/A
UV Protection	\$15.00		\$15.00		\$0.00	N/A
Scratch Coating	\$15.00		\$15.00		\$0.00	N/A
Anti-Reflective	\$45.00		\$45.00		\$0.00	N/A
Polycarbonate Lens	\$0.00 for dependents under 19		\$0.00 - Dependents under 19		\$0.00 Kids \$40.00 Adults	N/A
Sunglasses		\$20.00 discount		\$20.00 discount	N/A	Can use frame and lens benefit for prescription sunglasses
Covered Frames	\$150.00 allowance	20% off balance over \$150.00	\$150.00 allowance	20% off balance over \$150.00	\$0.00	\$130.00 allowance, 20% off balance over \$130.00
Contact Lens	\$150.00 allowance		\$150.00 allowance		\$0.00	\$150.00 allowance 15% off balance over \$150.00 for conventional lenses only Medically necessary: paid in full

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Other	\$65.00 + 80% off retail, less \$120.00 for premium progressive	20% discount  40% discount off second pair of glasses	\$65.00 + 80% off retail, less \$120.00 for premium progressive	20% discount  40% discount off second pair of glasses	Standard Progressive Lenses \$65.00	
	Significa Benefit Services, Inc.		Superior Vision Services, Inc.			
	Bi-Weekly Rate		Bi-Weekly Rate			
Single Tier	\$2.29		\$4.60			
Two Person Tier	Included		\$8.91			
Family Tier	Included		\$13.10			
Benefit	Cost to Employee (copay)	Discount/ Allowance	Cost to Employee (copay)	Discount/ Allowance		
Annual Eye Exam	Balance after \$10.00 discount	\$10.00	\$10.00	Up to \$34.00 Out of network Ophthalmologist Up to \$26.00 Out of network Optometrist		
Annual Contact Lens Eye Exam	Balance after \$10.00 discount	\$10.00	100% covered for in network			
Covered Prescription Lenses						
Single Lens	\$35.00		100% covered for in network	Up to \$29.00 out of network allowance		
Lined Bifocal	\$55.00		100% covered for in network	Up to \$43.00 out of network allowance		
Lined Trifocal	\$70.00		100% covered for in network			

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No Lined Bi/Tri focal	\$50.00 + bifocal/trifocal charge		Covered up to the retail tri-focal level	Up to \$53.00 out of network allowance	
UV Protection	\$12.00		100% covered for in network	Not covered	
Scratch Coating	\$15.00		100% covered for in network	Not covered	
Anti-Reflective	\$45.00		100% covered for in network	Not covered	
Polycarbonate Lens	\$35.00		100% covered in network for dependent children up to age 19	Not covered	
Sunglasses	\$75.00 Polarized		Covered if prescription lenses and only as the 1st pair. Discounts available on them as a 2nd pair at participating providers.		
Covered Frames		35% off retail	100% covered before \$130.00 allow	Up to \$65.00 Out of network	
Contact Lens		15% off retail for conventional lenses	100% covered before \$150.00 allow	Up to \$100.00 Out of network	
Other		10% off retail for contact lens disposable	100% covered for in network Medically necessary contract lenses	Up to \$210.00 out of network medically necessary contact lenses	
		10% off retail for contact lens fitting/follow up	100% covered for in network standard contact lens fitting \$50.00 retail allowance for in network specialty contact lens fitting	Not covered	
No Bids	Advantica		Humana		

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\*Negotiated prices

On the recommendation of Kara Kingsley, on behalf of the Division of Human Resources, Richard Powell moved to **accept the proposal from Vision Service Plan Option Two and establish contract pricing at the rates listed above for two (2) years with three (3) one (1) year options to renew.** Linda Kizzire seconded the motion. The motion passed unanimously.

A committee comprised of Heather Poorman, Rebecca Page - Human Resources, Jeana Morgan - Public Works and Kara Kingsley - Purchasing reviewed and scored the responses based on criteria set forth in the RFP. Davis Vision, Inc., Vision Service Plan, EyeMed Vision Care, LLC, and Superior Vision Services, Inc. were shortlisted and were asked for their best and final offer, additional questions and clarifications, and a disruption report was configured. The committee unanimously decided to recommend Vision Service Plan for award.

Vision benefit services are offered by Sedgwick County to the full-time active population of approximately 2,800 total eligible employees, 250 employees classified as "permanent" part-time employees, and all COBRA eligible employees. As of March 2017, there are 2,061 employees, 3,240 spouses and dependent children under age 26, 195 COBRA and Retirees covered under Sedgwick County's current Vision Plan.

HealthSmart Benefit Solutions was not considered due to higher prices for lens options, additional co-pays, and Sedgwick County would be responsible to distribute cards and booklets.

National Vision Administrators, LLC was not considered due to their network of doctors that didn't include Grene Vision Group.

Significa Benefit Services, Inc. was not considered due to their poor response and that they provided a discount plan not a vision benefit plan.

Superior Vision Services, Inc. is our current vendor.

***Questions and Answers***

Talaya Schwartz: I just have a comment and then a question. This is extensive work so I appreciate the Review Committee and Purchasing working on this. I sat in on one too many review committees and can't imagine having to read all these responses so thank you for that. Can you tell me what questions were asked to the shortlisted vendors?

Kara Kingsley: They ranged depending on their response and our questions. I don't have it with me. I can include that in the response later.

Thomas Stolz: We shortlisted. Did we then send a list of questions back to them electronically or did we bring anybody in physically to talk to them?

Kara Kingsley: It was all electronic.

Thomas Stolz: It sounds like you had a pretty extensive review so we didn't have to bring anybody in physically to talk to them?

Kara Kingsley: Correct, there wasn't a website we needed to demo.

Thomas Stolz: And the questions that were shot back out were not uniform in nature, they were individualized?

Talaya Schwartz: Based on each proposal?

Kara Kingsley: Correct.

Thomas Stolz: Superior – did they bid?

Heather Poorman, Benefits Manager: Yes.

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Thomas Stolz: The vendor we choose outperformed them?

Heather Poorman: Superior was the highest bid that we received and they didn't do a best and final offer.

Talaya Schwartz: Is there any key highlight that are different than the current plan that we have?

Heather Poorman: With VSP they offer a...I believe it's called kid care, where children up to the age of 19 can receive glasses or contacts every year, versus right now it's every other year for like frames and glasses so that was one of the key points with VSP.

Talaya Schwartz: Any benefits we lost?

Heather Poorman: There is a 15% disruption in member service as there are 5,496 members on the Vision Plan and 849 are currently seeing providers out of VSP's network. We would ask VSP reach out to the providers our members are currently using who are not in VSP's network to see if they would join the network.

Thomas Stolz: Has the county historically had VSP?

Heather Poorman: Yes.