BOCC APPROVAL OCTOBER 21, 2021 BOARD OF BIDS AND CONTRACTS OCTOBER 14, 2021

4. EMPLOYEE ANCILLARY BENEFITS - VISION -- HUMAN RESOURCES

FUNDING --- HUMAN RESOURCES

(Request sent to 164 vendors)

RFP #21-0052 Contract

		VSP	Avesis Third Party Administrators, Inc. dba Avesis	EyeMed Vision Care, LLC	Humana dba Humana Insurance Company
Cost Sharing				· · · · · ·	
Network		VSP	Avesis	EyeMed	EyeMed
Exam Copay		\$10.00	\$10.00	\$10.00	\$10.00
Exam Frequency		12 months	12 months	12 months	12 months
Materials Copay		\$0.00	\$0.00	\$0.00	\$0.00
Lens Frequency		12 months	12 months	12 months	12 months
Frame Frequency		24 months	24 months	24 months	24 months
Contacts Frequency		12 months	12 months	12 months	12 months
In-Network Benefits					
Medically Necessary Contact Lenses		Covered in Full	Covered in Full	Covered in Full	Covered in Full
Elective (Cosmetic) Contact Lenses		Up to \$160.00	Up to \$160.00	Up to \$160.00	Up to \$160.00
Contact Lens Fitting		\$40.00	\$25.00 Standard / \$50.00 Custom	\$40.00	Did Not Provide
Standard Frames		Up to \$180.00	Up to \$180.00	Up to \$180.00	Up to \$180.00
Single Vision Lenses		Covered in Full	Covered in Full	Covered in Full	Covered in Full
Bifocal Lenses			Covered in Full	Covered in Full	Covered in Full
		Covered in Full			
Trifocal Lenses		Covered in Full	Covered in Full	Covered in Full	Covered in Full
Enrollment & Cost					
Single	711	\$7.72	\$6.98	\$8.74	\$10.58
Two-Person	488	\$15.44	\$14.96	\$17.48	\$21.15
Family	805	\$24.86	\$23.90	\$25.36	\$34.06
			Surency Life & Health Insurance Company dba		United Handleh Company and the Harted
		Metropolitan Life Insurance Company dba MetLife	Surency Life & Freath Insurance Company doa Surency	Standard Insurance Company dba The Standard	United HealthCare Services, Inc. dba United HealthCare
Cost Sharing		Metropolitan Life Insurance Company dba MetLife		Standard Insurance Company dba The Standard	
Cost Sharing Network		Metropolitan Life Insurance Company dba MetLife Superior		Standard Insurance Company dba The Standard VSP	
8			Surency		HealthCare
Network		Superior	Surency EyeMed	VSP	HealthCare UHC
Network Exam Copay		Superior \$10.00	Surency EyeMed \$10.00	VSP \$10.00	HealthCare UHC \$10.00
Network Exam Copay Exam Frequency		Superior \$10.00 12 months	Surency EyeMed \$10.00 12 months	VSP \$10.00 12 months	HealthCare UHC \$10.00 12 months
Network Exam Copay Exam Frequency Materials Copay		Superior \$10.00 12 months \$0.00	Surency EyeMed \$10.00 12 months \$0.00	VSP \$10.00 12 months \$0.00	HealthCare UHC \$10.00 12 months \$0.00
Network Exam Copay Exam Frequency Materials Copay Lens Frequency		Superior \$10.00 12 months \$0.00 12 months	Surency EyeMed \$10.00 12 months \$0.00 12 months	VSP \$10.00 12 months \$0.00 12 months	UHC \$10.00 12 months \$0.00 12 months
Network Exam Copay Exam Frequency Materials Copay Lens Frequency Frame Frequency		Superior \$10.00 12 months \$0.00 12 months \$24 months	Surency EyeMed \$10.00 12 months \$0.00 12 months \$24 months	VSP \$10.00 12 months \$0.00 12 months 24 months	UHC \$10.00 12 months \$0.00 12 months \$24 months
Network Exam Copay Exam Frequency Materials Copay Lens Frequency Frame Frequency Contacts Frequency		Superior \$10.00 12 months \$0.00 12 months \$24 months	Surency EyeMed \$10.00 12 months \$0.00 12 months \$24 months	VSP \$10.00 12 months \$0.00 12 months 24 months	UHC \$10.00 12 months \$0.00 12 months \$24 months
Network Exam Copay Exam Frequency Materials Copay Lens Frequency Frame Frequency Contacts Frequency In-Network Benefits		Superior \$10.00 12 months \$0.00 12 months 24 months 12 months	Surency EyeMed \$10.00 12 months \$0.00 12 months 24 months 12 months	VSP \$10.00 12 months \$0.00 12 months 24 months 12 months	HealthCare UHC \$10.00 12 months \$0.00 12 months 24 months 12 months
Network Exam Copay Exam Frequency Materials Copay Lens Frequency Frame Frequency Contacts Frequency In-Network Benefits Medically Necessary Contact Lenses		Superior \$10.00 12 months \$0.00 12 months 24 months 12 months Covered in Full	Surency EyeMed \$10.00 12 months \$0.00 12 months 24 months 12 months Covered in Full	VSP \$10.00 12 months \$0.00 12 months 24 months 12 months Covered in Full	HealthCare UHC \$10.00 12 months \$0.00 12 months 24 months 12 months 12 months
Network Exam Copay Exam Frequency Materials Copay Lens Frequency Frame Frequency Contacts Frequency In-Network Benefits Medically Necessary Contact Lenses Elective (Cosmetic) Contact Lenses		Superior \$10.00 12 months \$0.00 12 months 24 months 12 months 12 months Covered in Full Up to \$160.00	Surency EyeMed \$10.00 12 months \$0.00 12 months 24 months 12 months Covered in Full Up to \$160.00	VSP \$10.00 12 months \$0.00 12 months 24 months 12 months Covered in Full Up to \$160.00	HealthCare UHC \$10.00 12 months \$0.00 12 months 24 months 12 months 12 months UHC Up to \$175.00
Network Exam Copay Exam Frequency Materials Copay Lens Frequency Frame Frequency Contacts Frequency In-Network Benefits Medically Necessary Contact Lenses Elective (Cosmetic) Contact Lenses Contact Lens Fitting		Superior \$10.00 12 months \$0.00 12 months 24 months 12 months 12 months Covered in Full Up to \$160.00 \$25.00	Surency EyeMed \$10.00 12 months \$0.00 12 months 24 months 12 months Covered in Full Up to \$160.00 \$25.00 Standard / 10% off Retail Custom	VSP \$10.00 12 months \$0.00 12 months 24 months 12 months 12 months Up to \$160.00 \$60.00	HealthCare UHC S10.00 12 months S0.00 12 months 24 months 12 months Covered in Full Up to \$175.00 \$40.00
Network Exam Copay Exam Frequency Materials Copay Lens Frequency Frame Frequency Contacts Frequency In-Network Benefits Medically Necessary Contact Lenses Elective (Cosmetic) Contact Lenses Contact Lens Fitting Standard Frames		Superior \$10.00 12 months \$0.00 12 months 24 months 12 months 12 months Covered in Full Up to \$160.00 \$25.00 Up to \$180.00	Surency EyeMed Strency EyeMed Strency	VSP \$10.00 12 months \$0.00 12 months 24 months 12 months 12 months 24 months 12 months 0 12 months 12 months 12 months 12 months 0 0 0 0 0 0 \$60.00 Up to \$180.00	HealthCare UHC S10.00 12 months S0.00 12 months 24 months 12 months 12 months Covered in Full Up to \$175.00 \$40.00 Up to \$200.00
Network Exam Copay Exam Frequency Materials Copay Lens Frequency Frame Frequency Contacts Frequency In-Network Benefits Medically Necessary Contact Lenses Elective (Cosmetic) Contact Lenses Contact Lens Fitting Standard Frames Single Vision Lenses		Superior \$10.00 12 months \$0.00 12 months 24 months 12 months 12 months Covered in Full Up to \$160.00 \$25.00 Up to \$180.00 Covered in Full	Surency EyeMed Strency EyeMed Strency	VSP \$10.00 12 months \$0.00 12 months 24 months 12 months 12 months 24 months 12 months 12 months 12 months 12 months 12 months 0 12 months 0	HealthCare UHC \$10.00 12 months \$0.00 12 months 24 months 12 months Covered in Full Up to \$175.00 \$40.00 Up to \$200.00 Covered in Full
Network Exam Copay Exam Frequency Materials Copay Lens Frequency Frame Frequency Contacts Frequency In-Network Benefits Medically Necessary Contact Lenses Elective (Cosmetic) Contact Lenses Contact Lens Fitting Standard Frames Single Vision Lenses Bifocal Lenses Trifocal Lenses		Superior \$10.00 12 months \$0.00 12 months 24 months 12 months Covered in Full Up to \$160.00 \$25.00 Up to \$180.00 Covered in Full Covered in Full Covered in Full Covered in Full	Surency EyeMed \$10.00 12 months \$0.00 12 months 24 months 12 months 24 months 12 months 25.00 Standard / 10% off Retail Custom Up to \$180.00 Covered in Full	VSP \$10.00 12 months \$0.00 12 months 24 months 12 months 12 months 24 months 12 months 0 12 months 12 months 0<	HealthCare UHC \$10.00 \$12 months \$0.00 12 months 24 months 12 months 12 months Que to \$175.00 \$40.00 Up to \$175.00 \$40.00 Covered in Full
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Network Exam Copay Exam Frequency Materials Copay Lens Frequency Frame Frequency Contacts Frequency In-Network Benefits Medically Necessary Contact Lenses Elective (Cosmetic) Contact Lenses Contact Lens Fitting Standard Frames Single Vision Lenses Bifocal Lenses Trifocal Lenses	711 488	Superior \$10.00 12 months \$0.00 12 months 24 months 12 months Covered in Full Up to \$160.00 \$25.00 Up to \$180.00 Covered in Full Covered in Full Covered in Full	Surency EyeMed \$10.00 12 months \$0.00 12 months 24 months 12 months 12 months 24 months 12 months 25.00 Standard / 10% off Retail Custom Up to \$160.00 \$25.00 Standard / 10% off Retail Custom Up to \$180.00 Covered in Full	VSP \$10.00 12 months \$0.00 12 months 24 months 12 months Covered in Full Up to \$160.00 \$60.00 Up to \$180.00 Covered in Full Covered in Full Covered in Full Covered in Full	HealthCare UHC \$10.00 12 months \$0.00 12 months 24 months 12 months 12 months 24 months 12 months 24 months 12 months 24 months 12 months 24 months 12 months Covered in Full Up to \$175.00 \$40.00 Up to \$200.00 Covered in Full Covered in Full Covered in Full Covered in Full Covered in Full

No Bids	AxisPlus Benefits	Blue Cross & Blue Shield of Kansas	Charlesworth Consulting, LLC	EMPAC
	Gallagher Benefits	Hays Companies of Kansas	Hub International Insurance Service	Kansas Health Insurance Cooperative
	Krueger Insurance Management, Inc.	MGT of America	Providers Care Network	Securian Financial Services, Inc.
	Sun Life	The Hartford	Tim Nuckolls Agencies	WIBA Insurance

On the recommendation of Joe Thomas, on behalf of the Division of Human Resources, Randy Bargdill moved to accept the proposal from VSP at the rates listed above starting January 1, 2022 for a period of three (3) years ending December 31, 2024 with two (2) one (1) year options to renew. Russell Leeds seconded the motion. The motion passed unanimously.

An evaluation committee comprised of Lorien Showalter Arie - Budget; Wendy Hummell - Sheriff's Office; Karen Bailey - County Clerk's Office; Sarah Meek, Connie McAfee, Anna Meyerhoff Cole, and Sheena Schmutz - Division of Human Resources; and Joe Thomas - Purchasing evaluated the proposal responses based on the criteria set forth in the RFP. Based on scoring, VSP was chosen for award.

Vision services are offered as a benefit to eligible employees. This is a completely elective benefit option that the employee covers the cost for coverage. The current vendor is VSP and the committee recommends continuing services with this vendor as the rates and services remain the same.

Notes:

This is a proposal and not a bid. Proposals are scored based on criteria set forth in our RFP. There are six (6) components to this RFP:

Component	Points
A. Meeting all proposal requirements and instructions	20
B. Network access	20
C. Customer Service and member experience	20
D. Administrative Services (Claims Processing, Reporting, Billing, etc.)	15
E. Experience and Qualifications working with government entities	15
F. Overall cost of solution	10
Total Points	100

Questions and Answers

Randy Bargdill: Why VSP? It appears across the top that Avesis, EyeMed, and Humana are all about the same price. In contact lens fitting it's even a little higher.

Sheena Schmutz: The committee looked at all of those and with Vision, they were very comparable. We've had good service with VSP. Our employees have had good service with VSP as well. Looking at Avesis on the contact lens fitting, it can range between \$25.00 up to \$50.00. So we all agreed the \$40.00 with the rates remaining the same was a good fit.

Randy Bargdill: We've worked with them and we're happy with them?

Sheena Schmutz: Yes.