## Appendix 5 – Plan Designs

Use the template in Table 1 to propose the Bidder’s SEBB account plan designs. The options listed in Table 1 should be considered examples of what a plan design could include. Only those options italicized must be covered by the Bidder. If there are options in the list that the Bidder does not include in their plan(s), please mark it as “N/A.” The Bidder is free to add to Table 1 as needed in order to provide HCA with the plan designs the Bidder wants to propose.

Table 1

|  |
| --- |
| **“Plan Name”** |
| *Identify here if plan is fully insured or self-insured* |
| **Description** | **In-Network** | **Out-of-Network**  |
|  | Member Cost | Member Cost or Reimbursements (identify which) |
| **Exam Options** |  |  |
| *Routine Eye Exam* |  |  |
| *Contact Lens evaluation, fit and follow-up care* |  |  |
| *Out-of-Network Routine Eye Exam* |  |  |
| **Eyeglass Benefit – Frames** |  |  |
| *Frames*  |  |  |
| **Eyeglass Benefit – Spectacle Lenses** |  |  |
| *Single* |  |  |
| *Bifocal* |  |  |
| *Trifocal* |  |  |
| *Lenticular* |  |  |
| **Eyeglass Benefit – Lens Options** |  |  |
| Tinting (Solid and Gradient) |  |  |
| Scratch-Resistant Coating |  |  |
| Polycarbonate Lenses – Adults |  |  |
| Polycarbonate Lenses – Kids under 19 |  |  |
| Ultraviolet Coating |  |  |
| Anti-Reflective (AR) Coating (Standard) |  |  |
| Anti-Reflective (AR) Coating (Premium) |  |  |
| Photochromatic/Transition Lenses |  |  |
| Polarized |  |  |
| Blue Light Filtering |  |  |
| High-Index Lenses |  |  |
| **Contact Lens Benefit** *(identify if in lieu of any of the eyeglass benefit (lenses and/or frames)* |  |  |
| *Conventional* |  |  |
| Disposable |  |  |
| *Medically Necessary* |  |  |
| **Laser Vision Correction** |  |  |
| LASIK or PRK |  |  |
| **Additional Add-ons** |  |  |
| Additional glasses (Eyeglasses or Sunglasses) |  |  |
| Non-prescription Sunglasses |  |  |
| Retinal Imaging |  |  |
| **Frequency** |  |  |
| *Routine Eye Exam* | *12 months* |  |
| *Spectacle Lenses* | *12 months* |  |
| *Frame* | *24 months* |  |
| *Contact Lens Evaluation, Fit and Follow-up Care (identify if in lieu of eyeglasses)* | *12 months* |  |
| *Contact Lenses (identify if in lieu of eyeglasses)* | *12 months* |  |