## Appendix 6 – Fully Insured Vision Plan PSPM Bid Rates

1. Complete the following table. Failure to do so may result in Bidder’s disqualification from evaluation.

|  |  |
| --- | --- |
| **Plan Name** (must match plan name in Table 1 of Appendix 5 – Plan Designs) | **Per Subscriber Unit Per Month Premium** |
|  |  |
|  |  |
|  |  |

1. *Is there PSPM rate guarantee for more than the first year of the initial term of the Contract?*