

## Exhibit H – Plan Design, Covered Services and Cost (350 points total)

HCA will evaluate and may present to the SEB Board both fully insured and self-insured plan design options and rates. Therefore, HCA is requesting that Bidder's propose up to two (2) fully insured and two (2) self-insured plan options for the 2020 plan year. The plans submitted must meet the needs of the SEBB Member population based on your previous School Employee and/or other market experience. The Bidder should provide along with their proposed plans an explanation on why the plans submitted are most appropriate for the SEBB Member population.

### 1. Plan Design(s) (50 points)

- a. Bidders must use the template in Appendix 5 – *Plan Designs* to propose their plans on. If the Bidder wants to propose additional covered services within their plan(s) the Bidder may add additional rows as needed. At a minimum the plans must (40 points):
  - i. Cover at 100%, one comprehensive eye health examination per Member every 12 months;
  - ii. Cover prescription lenses, frames, and contact lenses; and
  - iii. Include a pediatric benefit that complies with the Affordable Care Act's (ACA) pediatric vision care requirements (include the maximum dollar amount for one pair of prescription lenses and frames a year).
- b. Describe whether the plan(s) submitted are customizable if changes need to be made. (10 points)

### 2. Covered Services (Other than the covered services proposed in the Bidder's plan design(s) using the Table 1 in Appendix 5 – Plan Design(s)) (50 points)

Please limit response to four (4) pages, excluding any requested flow charts, examples, etc.

- a. What tests are performed and services provided when a Member receives their annual comprehensive eye health examination? Please list all that apply and give a brief description. (10 points)
- b. How does the Bidder control the Member's out-of-pocket costs? (10 points)
- c. Is there a selection of frames that have no out-of-pocket costs to the Member? (10 points)
- d. Is there a selection of contact lenses that have no out-of-pocket costs to the Member? (10 points)
- e. Do eyeglasses come with a warranty? If yes, what is the warranty? (10 points)

### 3. Cost(s) (250 points)

It is unknown at this time whether the premium costs for vision benefits will be fully borne by the employer or the employee, or split by the employer and employee. It also unknown whether or not this is a voluntary or mandatory benefit. For the purposes of submitting costs for each of the plans submitted using Table 1 in *Appendix 5 – Plan Designs*, please assume this will be a mandatory benefit for the School Employee, and a voluntary benefit for the School Employee's Dependents.

- a. For the **fully insured** plans submitted by the Bidder, complete *Appendix 6 – Fully Insured Vision Plan PSPM Bid Rate*. The Bidder must provide a monthly per Subscriber per month (PSPM) Proposal for each Vision Plan design submitted, for the first year of the initial term of the Contract. The cost Proposal(s) should include all costs related to administering and covering services provided by the Vision Plan(s). Bidders may describe any concerns they have regarding risk

management associated with bid rates on a PSPM basis. All Proposals submitted in response to this Exhibit must align with the information provided in the Bidder's Proposal.

The Bidder should include in the proposed PSPM rate any and all amounts needed to cover the implementation costs described in the Bidder's Response to Exhibit F – Operations, section 9, *Implementation Plan*. Payment will not be made to the ASB until the Benefits Start Date.

All bid rate components must be rounded to the whole penny. The enrollment assumptions provided within the RFP will be used uniformly across all Bidders for evaluation of Cost Proposals relative to a target cost. The enrollment assumptions are non-binding and used for evaluation purposes only.

If the rate is not guaranteed from 1/1/2020 to 12/31/2023, then it will be renegotiated every year during the annual request for renewal process. If the rate is guaranteed from 1/1/2020 through 12/31/2023, then all plan years after 2023 will be renegotiated by the HCA and the ASB prior to the start of each plan year.

- b. For each of the **self-insured** plans submitted by the Bidder, complete *Appendix 7 – Self-insured Vision Plan PSPM Administrative Fee*. The Proposals should include all costs related to administering the proposed Vision Plan(s), in sufficient detail to facilitate future discussions or Contract amendments affecting the scope of these services. All Proposals submitted in response to this Exhibit must align with the information provided in the Bidder's Proposal and should include all costs on a PSPM basis for each administrative service listed in the Excel template for *Appendix 7 – Self-insured Vision Plan PSPM Administrative Fee*.

Proposed fees must be on a "mature" basis such that, when the Contract is terminated, no additional charges will be incurred to provide for the processing of sixty (60) months of run-out Claims, and all associated customer service and provider network support activities. HCA will not pay Administrative Fees to two administrators during the run-out period following the termination of the Contract. The Bidder's proposed fees should not include charges for any processing of run-in Claims from a prior TPA.

The Bidder should include in their proposed PSPM fees any and all amounts needed to cover the implementation costs described in the Bidder's Response to Exhibit F – Operations, section 9, *Implementation Plan*. Payment will not be made to the ASB until the Benefits Start Date.

All fee components must be rounded to the whole penny. The enrollment assumptions provided within the RFP will be used uniformly across all Bidders for evaluation of fee Proposals relative to a target cost. The enrollment assumptions are non-binding and used for evaluation purposes only.

If the Administrative Fee(s) are not guaranteed from 1/1/2020 to 12/31/2023, then the PSPM Administrative Fee will be renegotiated every year during the annual request for renewal process, but will not exceed a 2% increase from the year before. If the rate is guaranteed from 1/1/2020 through 12/31/2023, then all plan years after 2023 will be renegotiated by the HCA and the ASB prior to the start of each plan year.