

**Vision RFP Analysis
2015**

Vendor Name		Superior Vision - CURRENT	Superior Vision - Renewal Option	Ameritas Life Insurance Corp.	Block Vision of Texas, Inc.	Cigna	Davis Vision - Comprehensive Plan Option I	Dental Select - Voluntary Choice Vision 7	Lincoln Financial	MetLife	The Standard	United Healthcare
			RECOMMENDED									
		Buy Up Plan - In-Network	Buy Up Plan - In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Proposed Vision Plan Design												
Exam with Dilatation as Necessary		\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	Covered In Full	100% (\$10 Copay)
Materials Copay		\$10 Copay	\$10 Copay	\$10	\$10	\$10	\$10 Copay	Declining balance Allowance (may be used on multiple)	\$10	\$10	N/A	\$10
Standard Plastic Lenses												
Single Vision Bifocal Trifocal Lenticular												
	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in Full	Covered in Full	\$25	Covered in Full	Covered in Full	Covered in full	100%
	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in Full	Covered in Full	\$25	Covered in Full	Covered in Full	Covered in full	100%
	Covered in full	Covered in full	20% discount	Covered in full	Covered in full	Covered in Full	Covered in Full	20% Discount	Covered in Full	Covered in Full	Covered in full	100%
Frames		\$100 retail allowance	\$100 retail allowance	\$130 allowance	Up to: \$100 retail value*	\$100 allowance	Up to \$100 (or up to \$150 at Visionworks) with a 20% discount on any overage.	\$0 CoPay, \$130 allowance; 20% off balance over \$130	Covered in Full	\$100 retail allowance	N/A	Retail (Up to \$100)
Lens Options												
UV Coating	Up to \$15	Up to \$15 (max OOP)	\$15	Up to: 20% discount	Min. 20% save	\$12 (max OOP)	\$0			Covered in Full	\$15	\$16 Copay
										Available with "not to exceed" pricing/maximum copay	\$15	\$15 Copay
	Up to \$25	Up to \$25 (max OOP)	\$15 - Tin (Solid & Gradient)	Up to: 20% discount	Min. 20% save	Covered in Full	\$0			Available with "not to exceed" pricing/maximum copay	\$15	Covered in Full
	UP to \$13	UP to \$13 (max OOP)	\$15	Up to: 20% discount	Min. 20% save	Covered in Full	\$0	Covered in Full		Available with "not to exceed" pricing/maximum copay		
										Available with "not to exceed" pricing/maximum copay for adults. Covered after the eyewear copay for child up to age 18.	\$40	\$30 Copay
	Up to \$40	Up to \$40 (maxOOP)	\$40	Up to: 20% discount	for children under 18, Min. 20% save	\$0 for Children, monocular patients and patients with prescriptions +-6.00 or greater \$30 for all others	\$0			Available with "not to exceed" pricing/maximum copay	\$65 + lens deductible	\$70 Copay
	Covered at the lined trifocal level	Covered at the lined trifocal level	\$65 + lens deductible	Member pays difference between trifocal and progressive	Covered up to bifocal amount, with 20% savings on the difference	\$50 co-pay	\$0			Available with "not to exceed" pricing/maximum copay		
Up to \$50	Up to \$50	\$45	Up to: 20% discount	Min. 20% save	\$35 co-pay	\$45			Available with "not to exceed" pricing/maximum copay	\$45	\$40 Copay	
Other Add-ons and Services			See proposal	Up to: 20% discount		Polarized \$75; Photosensitive \$65	20% Discount			Photochromic - Available with "not to exceed" pricing/maximum copay	20% discount on items not covered by the plan	See Proposal Exhibit
Contact Lens Fitting Exam (Total Cost)			\$25 Copay for Standard Lenses; Up to \$50 Allowance for Specialty Lenses	Fit & Follow Up - Exams: Standard-Member cost up to \$55, Premium- 10% off of retail			\$25 Copay for Standard Lenses; Up to \$60 Allowance for Specialty Lenses	Declining Balance Allowance		covered in full with a copay not to exceed \$60		
Conventional	Covered in full	\$120 allowance	Up to \$130	Up to \$120	\$120 allowance	\$120 allowance or Included w/ 2 boxes Davis Collection Lenses	\$0 CoPay: \$150 Allowance; 15% off balance over \$150	Covered in Full	Covered up to \$100 allowance	N/A	Up to \$125	
	Disposables	Covered in full	Covered in full	Up to \$130	Up to \$120	Covered under allowance	\$120 allowance or Included w/ 4 boxes Davis Collection Lenses	\$0 CoPay: \$150 Allowance; member responsible for balance over \$150	Covered in Full	Covered up to \$100 allowance	N/A	Up to 4 boxes
Medically Necessary	\$50 retail allowance	Covered in full	Covered in full	Covered in full	Covered in Full	Covered in Full	\$0 CoPay: Paid in Full	Covered in Full	Covered after eyewear copay	N/A	100%	
Laser Correction							Up to 25% off usual & customary or 5% discount on advertised special in-network		Not Included	Discounts averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK, and Customer LASIK. Discounts on available from MetLife participating facilities.		Laser Vision Network of America
Lasik or PRK Form	Discount available	Discount available	Average discount of 15% off retail price	\$200 allowance	Discounted through Healthy Rewards			15% off retail price-or 5% off promotional price		See above	15% off retail price	N/A
US Laser Network	Discount available	Discount available	5% off promotional price		Discounted through Healthy Rewards			15% off retail price-or 5% off promotional price		See above	5% off promotional price	N/A
Frequency												
Examination Frame Lenses or Contact Lenses	12 months	12 months	12 months	12 months	12 months	12 months	12 months	Once every 12 months	12 Months	12 months	12 months	12 months
	12 months	12 months	12 months	12 months	12 months	12 months	12 months	Once every 12 months	24 Months	12 months	N/A	24 months
	12 months	12 months	12 months	12 months	12 months	12 months	12 months	Once every 12 months	12 Months	12 months	N/A	12 months
Additional Benefit Information		Yes	Yes	Yes	Yes	No	Yes	No	Yes	No	Yes	Yes
Does your plan offer discounts on members		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Does your plan offer discounts on purchases		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Rates and Guarantees for Exam Only Plan			4 Years	2 Years	3 Years	3 Years	4 Years	4 Years	2 Years	3 Years	1 Year	3 Years
Employee Only	73	\$1.98	\$1.98	\$1.88	\$1.77	\$1.51	\$1.57	\$3.10	DNQ	\$0.00	\$2.12	\$1.22
Employee + Spouse	12	\$3.94	\$3.94	\$3.76	\$3.00	\$3.02	\$3.13	\$5.90	DNQ	\$0.00	\$4.22	\$2.42
Employee + Child(ren)	29	\$3.58	\$3.58	\$3.40	\$3.18	\$3.05	\$2.85	\$6.21	DNQ	\$0.00	\$3.83	\$2.20
Employee + Family	33	\$5.90	\$5.90	\$5.60	\$4.77	\$4.86	\$4.69	\$9.31	DNQ	\$0.00	\$6.32	\$3.63
Estimated Annual Premiums - Year 1	\$5,884	\$5,884	\$5,589	\$4,978	\$4,741	\$4,675	\$9,413	DNQ	\$0	\$6,300	\$3,620	
Estimated Annual Premiums - Year 2		\$5,884	\$5,589	\$4,978	\$4,741	\$4,675	\$9,413	DNQ	\$0	\$6,930	\$3,620	
Estimated Annual Premiums - Year 3		\$5,884	\$6,148	\$4,978	\$4,741	\$4,675	\$9,413	DNQ	\$0	\$7,277	\$3,620	
Estimated Annual Premiums - Year 4		\$5,884	\$6,148	\$5,476	\$5,215	\$4,675	\$9,413	DNQ	\$0	\$7,641	\$3,982	
Total Contract over 4 Years		\$23,536	\$17,326	\$14,934	\$14,224	\$14,025	\$28,239			\$20,508	\$10,861	
Rates and Guarantees for Materials			4 Years	2 Years	3 Years	3 Years	4 Years	4 Years	2 Years	3 Years	1 Year	3 Years
Employee Only	119	\$7.24	\$7.24	\$6.88	\$6.51	\$6.89	\$5.79	\$7.83	\$8.38	\$6.33	\$7.75	\$6.41
Employee + Spouse	108	\$14.56	\$14.56	\$13.80	\$11.10	\$13.77	\$11.65	\$14.88	\$15.89	\$12.68	\$15.59	\$12.88
Employee + Child(ren)	151	\$12.72	\$12.72	\$12.08	\$11.75	\$13.91	\$10.18	\$15.67	\$18.65	\$10.74	\$13.62	\$11.25
Employee + Family	162	\$21.36	\$21.36	\$20.24	\$17.60	\$22.20	\$17.10	\$23.50	\$26.23	\$17.72	\$22.87	\$18.90
Estimated Annual Premiums - Year 1	\$108,594	\$108,594	\$103,028	\$92,699	\$109,900	\$86,899	\$120,516	\$134,309	\$92,447	\$116,266	\$96,089	
Estimated Annual Premiums - Year 2		\$108,594	\$103,028	\$92,699	\$109,900	\$86,899	\$120,516	\$134,309	\$92,447	\$127,893	\$96,089	
Estimated Annual Premiums - Year 3		\$108,594	\$113,331	\$92,699	\$109,900	\$86,899	\$120,516	\$147,740	\$92,447	\$134,287	\$96,089	
Estimated Annual Premiums - Year 4		\$108,594	\$113,331	\$101,969	\$120,890	\$86,899	\$120,516	\$147,740	\$101,691	\$141,002	\$105,697	
Total Contract over 4 Years		\$434,375	\$319,387	\$278,098	\$329,701	\$260,697	\$361,547	\$416,359	\$277,340	\$378,446	\$288,266	
TOTAL - EXAM AND MATERIALS PLAN												
Estimated Annual Premiums - Year 1	\$114,478	\$114,478	\$108,617	\$97,677	\$114,642	\$91,574	\$129,929	Exam - Materials C	\$92,447	\$122,566	\$99,709	
Estimated Annual Premiums - Year 2		\$114,478	\$108,617	\$97,677	\$114,642	\$91,574	\$129,929	Exam - Materials C	\$92,447	\$134,823	\$99,709	
Estimated Annual Premiums - Year 3		\$114,478	\$119,479	\$97,677	\$114,642	\$91,574	\$129,929	Exam - Materials C	\$92,447	\$141,564	\$99,709	
Estimated Annual Premiums - Year 4		\$114,478	\$119,479	\$107,445	\$126,106	\$91,574	\$129,929	Exam - Materials C	\$101,691	\$148,642	\$109,680	
Total Contract over 4 Years		\$457,911	\$456,193	\$400,477	\$470,030	\$366,297	\$519,715	Exam - Materials C	\$379,031	\$547,596	\$408,806	
SCORING												
Services Offered (Scale of 1 - 5) - 40 pts		4	3	3	3	3	3	3	1	2	2	3
References (Scale of 1-5) - 20 pts		4	3	3	3	3	3	3	3	3	3	3
Fees (Scale of 1 - 5) - 40 pts		3	3	4	2	2	4	2	1	2	1	3
OVERALL SCORE		3.60	3.00	3.40	2.60	3.40	2.60	2.60	1.40	2.20	1.80	3.00