



REQUEST FOR PROPOSAL (RFP)

DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION

| | |
|--|---|
| RFP NUMBER | 119081 |
| RFP TITLE | Group Voluntary Vision Insurance |
| RFP DEADLINE | October 30, 2019 2:00 p.m. (CST) Late proposals, faxed proposals, electronic mail proposals or unsigned proposals will be rejected. |
| SUBMIT PROPOSAL TO THIS ADDRESS | CITY COUNTY BUILDING DANE COUNTY PURCHASING DIVISION 210 MARTIN LUTHER KING JR BLVD ROOM 425 MADISON, WI 53703-3345 |
| DIRECT ALL INQUIRES TO | NAME Carolyn A. Clow |
| | TITLE Purchasing Agent |
| | PHONE # 608-266-4966 |
| | EMAIL Clow.carolyn@countyofdane.com |
| | WEB SITE www.danepurchasing.com |
| DATE ISSUED: September 17, 2019 | |

PROPOSAL SUBMISSION CHECKLIST

| # of Proposals | Proposal Delivery |
|---|--|
| <input type="checkbox"/> (1) original <input type="checkbox"/> (5) copies <input type="checkbox"/> (1) electronic copy of your proposal and cost proposal in PDF format on a flash drive <input type="checkbox"/> Up-to-date Vendor Registration | <input type="checkbox"/> Sealed envelope/package containing proposals and labeled with: Vendor Name Bid Number Bid Deadline Date/Time |

PROPOSALS MUST BE DATE/TIME STAMPED BY A DANE COUNTY DEPARTMENT OF ADMINISTRATION STAFF MEMBER

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1.0 GENERAL INFORMATION

1.1 Introduction

The purpose of this document is to provide interested parties with information to enable them to prepare and submit a proposal for group voluntary vision insurance for the Dane County Administration Department, Employee Relations Division according to the specifications set forth within this document.

The County intends to use the results of this process to award a contract or issue of purchase order for the product(s) and or services(s) stated.

The Dane County Purchasing Division is the sole point of contact for questions and issues that may arise during the RFP process.

1.2 Clarification of the Specifications

All inquiries concerning this RFP must be directed to the **person indicated on the cover page** of the RFP Document. (Electronic mail is the preferred method)

Any questions concerning this RFP must be submitted in writing by mail, fax or e-mail on or before the stated date on the **Calendar of Events** (Section 1.5).

Proposers are expected to raise any questions, exceptions, or additions they have concerning the RFP document at this point in the RFP process. If a proposer discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this RFP, the proposer should immediately notify the contact person of such error and request modification or clarification of the RFP document.

Proposers are prohibited from communicating directly with any employee of Dane County, except as described herein. No County employee or representative other than those individuals listed as County contacts in this RFP is authorized to provide any information or respond to any question or inquiry concerning this RFP.

1.3 Reasonable Accommodations

The County will provide reasonable accommodations, including the provision of informational material in an alternative format, for qualified individuals with disabilities upon request. If you need accommodations at a proposal opening/vendor conference, contact the Purchasing Division at (608) 266-4131 (voice) or 608/266-4941 (TTY).

1.4 Addendums and/or Revisions

In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of this RFP, revisions/amendments and/or supplements will be posted on the Purchasing Division [website](#).

It shall be the responsibility of the proposers to regularly monitor the Purchasing Division web site for any such postings. Proposers must acknowledge the receipt/review of any addendum(s) at the bottom of the Vendor Information Page.

Each proposal shall stipulate that it is predicated upon the terms and conditions of this RFP and any supplements or revisions thereof.

1.5 Calendar of Events

Listed below are specific and estimated dates and times of actions related to this RFP. The actions with specific dates must be completed as indicated unless otherwise changed by the County. In the event that the County finds it necessary to change any of the specific dates and times in the calendar of events listed below, it will do so by issuing an addendum to this RFP and posting such addendum on the Dane County [website](#). There may or may not be a formal notification issued for changes in the estimated dates and times.

| DATE | EVENT |
|----------------------------|---|
| September 17, 2019 | RFP Issued |
| September 23, 2019 | Last day to submit written inquiries (2:00 p.m. CST) |
| September 25, 2019 | Addendums or supplements to the RFP posted on the Purchasing Division website |
| October 30, 2019 | Proposals due (2:00 p.m. CST) |
| December 2019/January 2020 | Interviews (if needed) |
| January 2020 | Vendor Selection/Award |
| May 1, 2020 | Contract Start Date |

1.6 Contract Term and Funding

The contract shall be effective on the date indicated on the purchase order or the contract execution date and shall run for three (3) year(s) from that date, with an option by mutual agreement of the County and contractor, to renew for 2 additional 1-year periods. The county requires guaranteed rates for the first three years and will negotiate guaranteed rates for the additional two years if it chooses to renew. Guaranteed rates must be actual rates. The following two years can be actual rates or caps not to exceed.

1.7 Submittal Instructions

Proposals must be received in by the County Purchasing Division by the specified time stated on the cover page. All proposals must be time-stamped in by the Purchasing Division by the stated time. Proposals not so stamped will not be accepted. Proposals received in response to this solicitation will not be returned to the proposers.

Dane County is not liable for any cost incurred by proposers in replying to this RFP.

All proposals must be packaged, sealed and show the following information on the outside of the package:

- Proposer’s name and address
- Request for proposal title
- Request for proposal number
- Proposal due date

1.8 Multiple Proposals

Multiple proposals from a vendor will be permissible, however each proposal must conform fully to the requirements for proposal submission. Each such proposal must be separately submitted and labeled as Proposal #1, Proposal #2, etc.

1.9 Required Copies

Proposers must submit **an original and the required number of copies** of all materials required for acceptance as instructed on the cover page of the RFP.

All hard copies of the proposal must be on 8.5"x11" individually securely bound. **In addition, proposers must submit one complete electronic copy in Microsoft Word or PDF format saved on a Flash Drive.**

1.10 Proposal Organization and Format

Proposals should be organized to comply with the section numbers and names as shown in Section 4.0: Proposal Preparation Requirements.

1.11 Proprietary Information

All restrictions on the use of data contained within a proposal and all confidential information must be clearly stated on the Required Form – Attachment B “Designation of Confidential and Proprietary Information”. Proprietary information submitted in a proposal, or in response to the RFP, will be handled in accordance with the applicable Wisconsin State Statute(s).

To the extent permitted by law, it is the intention of Dane County to withhold the contents of the proposal from public view until such times as competitive or bargaining reasons no longer require non-disclosure, in the opinion of Dane County. At that time, all proposals will be available for review in accordance with the Wisconsin Open Records Law.

1.12 Cooperative Purchasing

Participating in cooperative purchasing gives vendors opportunities for additional sales without additional bidding. Municipalities use the service to expedite purchases. A “municipality” is defined as any county, city, village, town, school district, board of school directors, sewer district, drainage district, vocational, technical and adult education district, or any other public body having authority to award public contracts (s. 16.70(8), Wis. Stats.). Federally recognized Indian tribes and bands in this state may participate in cooperative purchasing with the state or any municipality under ss. 66.0301(1) and (20, Wis. Stats.

On the Vendor Information page, you will have the opportunity to participate in allowing other municipalities to piggyback this bid. Participation is not mandatory. A vendor’s decision on participating in this service has no effect on awarding the bid.

Dane County is not a party to these purchases or any dispute arising from these purchases and is not liable for delivery or payment of any of these purchases.

1.13 Vendor Registration Program:

All proposers are strongly encouraged to be a registered vendor with Dane County. Registering allows vendors an opportunity to receive notifications for solicitations issued by the County and provides the County with up-to-date company contact information.

Provide your Dane County Vendor # in the Vendor Information section of the proposal submission packet.

For Non-Registered Vendors:

Complete vendor registration by visiting www.danepurchasing.com. On the top menu bar, click Vendor Registration and then click Create Vendor Account. You will receive an email confirmation once your account is created and again when your vendor registration is complete. Retain your user name/email address and password for ease of re-registration in future years. Within 2-4 days of completing the registration, a vendor number will be assigned and emailed to you.

For Registered Vendors:

Check to make sure your vendor information including commodity codes is up-to-date by signing into your account at www.danepurchasing.com. On the top menu bar, click Vendor Registration and then click Vendor Log In.

1.14 Local Purchasing Ordinance

Under County ordinances, a Local Vendor is defined as a supplier or provider of equipment, materials, supplies or services that has an established place of business within the County of Dane. An established place of business means a physical office, plant or other facility. A post office box address does not qualify a vendor as a Local Vendor.

County ordinance provides that a local vendor automatically receive five points toward the evaluation score.

Vendors located within the counties adjacent to Dane County (Columbia, Dodge, Green, Iowa, Jefferson, Rock, Sauk) automatically receive two points toward the evaluation score.

1.15 Dane County Sustainability Principles

On October 18, 2012, the Dane County Board of Supervisors adopted Resolution 103, 2012-2013 establishing the following sustainability principles for the county:

- Reduce and eventually eliminate Dane County government's contribution to fossil fuel dependence and to wasteful use of scarce metals and minerals;
- Reduce and eventually eliminate Dane County government's contribution to dependence upon persistent chemicals and wasteful use of synthetic substances;
- Reduce and eventually eliminate Dane County government's contribution to encroachment upon nature and harm to life-sustaining ecosystems (e.g., land, water, wildlife, forest, soil, ecosystems);
- Reduce and eventually eliminate Dane County government's contribution to conditions that undermine people's ability to meet their basic human needs.

1.16 Fair Labor Practice Certification

Dane County Ord. 25.09 (1) is as follows:

(28) BIDDER RESPONSIBILITY. (a) Any bid, application or proposal for any contract with the county, including public works contracts regulated under chapter 40, shall include a certification indicating whether the bidder has been found by the National Labor Relations Board (NLRB) or the Wisconsin Employment Relations Committee (WERC) to have violated any statute or regulation regarding labor standards or relations within the last seven years. The purchasing manager shall investigate any such finding

SECTION 1 – GENERAL INFORMATION

and make a recommendation to the committee, which shall determine whether the conduct resulting in the finding affects the bidder's responsibility to perform the contract.

If you indicated that you have been found by the NLRB or WERC to have such a violation, you must include a copy of any relevant information regarding such violation with your proposal, bid or application.

Additional information can be found using the following links: www.nlr.gov and <http://werc.wi.gov>.

SECTION 2 – PROPOSAL SELECTION AND AWARD PROCESS

2.0 PROPOSAL SELECTION AND AWARD PROCESS

2.1 Preliminary Evaluation

The proposals will first be reviewed to determine if requirements in Section 1 and Section 4 are met. Failure to meet mandatory requirements will result in the proposal being rejected. In the event that all vendors do not meet one or more of the mandatory requirements, the County reserves the right to continue the evaluation of the proposals and to select the proposal which most closely meets the requirements specified in this RFP.

2.2 Proposal Scoring

Accepted proposals will be reviewed by an evaluation team and scored against the stated criteria. This scoring will determine the ranking of vendors based upon their written proposals. If the team determines that it is in the best interest of the County to require oral presentations, the highest-ranking vendors will be invited to make such presentations. Those vendors that participate in the interview process will then be scored, and the final ranking will be made based upon those scores.

2.3 Oral Presentations/Interview

Top ranked selected proposers may be required to make oral interview presentations and/or site visits to supplement their proposals, if requested by the County. The County will make every reasonable attempt to schedule each presentation at a time and location that is agreeable to the proposer. Failure of a proposer to conduct a presentation to the County on the date scheduled may result in rejection of the vendor's proposal.

2.4 Evaluation Criteria (Responses to Insurance questionnaire and Appendix 1 & 2)

The proposals will be scored using the following criteria:

| Proposal Requirements | Percent |
|---|----------------|
| Response to general questions (Questions 1-19) | 15% |
| Benefit design & cost (Questions 20-21 Appendix 1 & 2) | 15% |
| Reporting capabilities (Question 22-24) | 10% |
| Claim administration (Questions 25-30) | 10% |
| Cost | Percent |
| Cost (Section 5) | 50% |
| Total | 100% |

SECTION 2 – PROPOSAL SELECTION AND AWARD PROCESS

2.5 Right to Reject Proposals and Negotiate Contract Terms

The County reserves the right to reject any and all proposals and to negotiate the terms of the contract, including the award amount, with the selected proposer prior to entering into a contract. If contract negotiations cannot be concluded successfully with the highest scoring proposer, the County may negotiate a contract with the next highest scoring proposer.

2.6 Award and Final Offers

The award will be granted in one of two ways. The award may be granted to the highest scoring responsive and responsible proposer. Alternatively, the highest scoring proposer or proposers may be requested to submit final and best offers. If final and best offers are requested, they will be evaluated against the stated criteria, scored and ranked. The award will then be granted to the highest scoring proposer.

2.7 Notification of Intent to Award

As a courtesy, the County may send a notification of award memo to responding vendors at the time of the award.

SECTION 3 – PROJECT OVERVIEW AND SCOPE OF SERVICES

3.0 PROJECT OVERVIEW AND SCOPE OF SERVICES

3.1 Definitions and Links

The following definitions and links are used throughout the RFP.

County: Dane County

County Agency: Department/Division utilizing the service or product.

Proposer/Vendor/Firm/Contractor: a company submitting a proposal in response to this RFP.

Dane County Purchasing website: www.danepurchasing.com

Fair Labor Practices websites: www.nlr.gov and <http://werc.wi.gov>

3.2 Scope of Services/Specification Overview

Project Description

Offer a voluntary vision benefit program for vision hardware as specified in the current contract. The current plan offers two plan options: one with an eye exam and the second a materials only. Proposers must offer both.

If the proposer is unable to meet the current criteria then the benefits must exceed what county employees currently have.

Dane County requires the following:

- a. Provide effective and timely assistance to the county.
- b. File all reports on a timely basis that are required to be filed with the state.
- c. Meet with the COUNTY Human Resources Director quarterly or as required.
- d. Assign an account representative to the COUNTY as a primary contact on items not directly related to specific claims.
- e. Process and pay all eligible voluntary vision claims.
- f. The vendor agrees to deal directly with retirees in providing an open enrollment, notifying the retirees of such enrollment period, accepting applications, and direct billing of retirees on the plan.

The following general requirements are mandatory and must be complied with.

- Benefits must be equal to or exceed the current benefit plan. Any error or omission regarding compliance with this equivalency requirement is the sole responsibility of the proposer and to reduce the risk of error, each proposer must familiarize itself with each of the existing plans. The successful proposer will be required to hold harmless and indemnify the county and its employees for any errors or omissions as a result of failure to meet the requirements as set forth.
- Must be licensed to do business in the State of Wisconsin.
- Must accept Dane County's self-billing. Vendor must accept payment of employee premium via monthly payroll deduction to the vendor.
- Guaranteed rates as addressed below.
- Provide toll-free phone number.
- Employee booklets summarizing the plan in simple language (draft to be reviewed by M3 and Dane County Human Resources Director for approval).
- Updated inserts or new booklets as needed.

SECTION 3 – PROJECT OVERVIEW AND SCOPE OF SERVICES

The successful proposer will need to provide the following as part of the contract:

- Provide necessary forms and instructions for use. Such forms are to include appropriate information necessary to file a claim with the mailing address of the primary recipient pre-printed thereon. The forms will not include social security numbers.
- Investigate, pay, adjust, or deny all such claims in conformity with the plan document as adopted.
- Provide services such as claims recovery through subrogation, claim audits, fraud detection, and usual and customary cost comparisons. Dane County is self-insured for worker's compensation. The vendor may not subrogate worker's compensation claims against the county.
- The plan document must have benefits duplicating or exceeding the present plan. Each proposal must contain benefit plans, which are equal to or exceed the existing county benefit plans. Any error or omission regarding compliance with this equivalency requirement is the sole responsibility of the proposer and to reduce the risk of error, each proposer must familiarize itself with each of the existing county benefit plans. The successful proposer will be required to hold harmless and make whole the county and its employees for any errors or omissions as a result of failure to meet the requirements of this paragraph.
- **Any exceptions to existing benefits must be clearly identified. Please indicate if possible, what the cost would be to equalize benefits. If exceptions are not listed and you are awarded the contract, contracted provider will be required to pay the benefit if the present carrier covered it.**
- Employee booklets approved by M3 and the County's Human Resources Director.
- An account representative to assist with any plan changes, other procedures and continuing support.
- Any other services normally provided by the proposer under similar plans.
- Payments will be based upon the county's payroll register and any manual changes made by the county. The county will not reconcile with the vendors paper register. The county will work with the vendor to attempt electronic reconciliations as needed.

Current Operations

Dane County employs approximately 2200 FTE positions. The current vision carrier is Anthem Blue Cross Blue Shield. The carrier currently offers two plan options: one with an eye exam and the other a materials only plan. Dane County has a different carrier for health insurance and our health plan does offer one eye exam per plan year. Census information is available via email by request to Carolyn Clow at clow.carolyn@countyofdane.com. Dane County works with M3 Insurance as our broker. The commission rates are the standard commissions.

SECTION 4 – PROPOSAL PREPARATION REQUIREMENTS

4.0 PROPOSAL PREPARATION REQUIREMENTS

Proposals should be organized to comply with the section numbers and names as shown below. Each section heading should be separated by tabs or otherwise clearly marked. Accordingly, graphics, tables and charts are encouraged, but the page limitations shall include these as well. Hardcopies shall be bound in an 8½” x 11” format, but 11”x17” pages for graphics may be included. The RFP sections which should be submitted/responded to are:

4.1 [Required Form – Attachment A – Vendor Information](#)

4.2 [Required Form – Attachment B – Designation of Confidential & Proprietary Information](#)

4.3 [Required Form – Attachment D – Insurance Questionnaire](#)

5.0 COST PROPOSAL

5.1 **General Instructions on Submitting Cost Proposals**

Proposers must submit an original and the required number of copies of the cost proposal as instructed on the **cover page of the RFP** (Special Instructions).

Cost proposal should be submitted in a separate envelope labeled **Cost Proposal** with the written proposal. (Refer to Cost Proposal Form)

The proposal will be scored using a standard quantitative calculation where the most cost criteria points will be awarded to the proposal with the lowest cost.

5.2 **Format for Submitting Cost Proposals**

See Required Form – Attachment C – Cost Proposal

5.3 **Fixed Price Period**

All prices, costs, and conditions outlined in the proposal shall remain fixed for 180 days.

| VENDOR INFORMATION | |
|---------------------------|--|
| VENDOR NAME: | |

| Vendor Information (address below will be used to confirm Local Vendor Preference) | | | |
|---|--|------------------|--|
| Address | | | |
| City | | County | |
| State | | Zip+4 | |
| Vendor Rep. Name | | Title | |
| Email | | Telephone | |
| Dane County Vendor # | | | |

| Fair Labor Practice Certification (check only 1) | |
|---|--|
| <input type="checkbox"/> | Vendor has not been found by the National Labor Relations Board (“NLRB”) or the Wisconsin Employment Relations Commission (“WERC”) to have violated any statute or regulation regarding labor standards or relations in the seven years prior to the date this bid submission is signed. |
| <input type="checkbox"/> | Vendor has been found by the National Labor Relations Board (“NLRB”) or the Wisconsin Employment Relations Commission (“WERC”) to have violated any statute or regulation regarding labor standards or relations in the seven years prior to the date this bid submission is signed. |

| Local Vendor Purchasing Preference | |
|--|--|
| Are you claiming a local purchasing preference under DCO 25.08(7)? | <input type="checkbox"/> No <input type="checkbox"/> Yes (complete remainder of this section) |
| Preference as a Dane County Business: | <input type="checkbox"/> Dane |
| Preference as a business located in a county adjacent to Dane County: | <input type="checkbox"/> Columbia <input type="checkbox"/> Sauk <input type="checkbox"/> Iowa <input type="checkbox"/> Green <input type="checkbox"/> Dodge <input type="checkbox"/> Rock <input type="checkbox"/> Jefferson |

| Cooperative Purchasing | |
|-------------------------------|---|
| <input type="checkbox"/> | I <u>agree</u> to furnish the commodities or services of this bid to other municipalities. |
| <input type="checkbox"/> | I <u>do not agree</u> to furnish the commodities or services of this bid to other municipalities. |

| Addendums – this vendor hereby acknowledges receipt/review of the following addendums, if any. | | | | |
|---|--------------------------------------|--------------------------------------|--------------------------------------|-------------------------------|
| Addendum #1 <input type="checkbox"/> | Addendum #2 <input type="checkbox"/> | Addendum #3 <input type="checkbox"/> | Addendum #4 <input type="checkbox"/> | None <input type="checkbox"/> |

| Signature Affidavit | | | |
|--|--|--------------|--|
| <p>In signing this bid, we certify that we have not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or firm to submit or not to submit a bid; that this bid has been independently arrived at without collusion with any other bidder, competitor or potential competitor; that this bid has not been knowingly disclosed prior to the opening of bids to any other bidder or competitor; that the above statement is accurate under penalty of perjury.</p> <p>The undersigned agrees to hold the County harmless for any damages arising out of the release of any material unless they are specifically identified on Attachment B. The undersigned, submitting this bid, hereby agrees with all the terms, conditions, and specifications required by the County in this Request for Bid, and declares that the attached bid and pricing are in conformity therewith.</p> | | | |
| Signature | | Title | |
| Name (Printed) | | Date | |

DESIGNATION OF CONFIDENTIAL AND PROPRIETARY INFORMATION

The attached material submitted in response to this Proposal includes proprietary and confidential information which qualifies as a trade secret, as provided in Sect 19.36(5), Wisconsin State Statutes, or is otherwise material that can be kept confidential under the Wisconsin Open Records law. As such, we ask that certain pages, as indicated below, of this proposal response be treated as confidential material and not be released without our written approval. Attach additional sheets if needed.

| Section | Page # | Topic |
|---------|--------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Proposer is not designating any information as proprietary and confidential which qualifies as trade secret.

Prices always become public information when proposals are opened, and therefore cannot be designated as confidential.

Other information cannot be kept confidential unless it is a trade secret. Trade secret is defined in Sect. 134(80)(1)(c) Wis. State Statutes, as follows: "Trade secret" means information, including a formula, pattern, compilation, program, device, method technique or process to which all of the following apply:

1. The information derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by other persons who can obtain economic value from its disclosure or use.
2. The information is the subject of efforts to maintain its secrecy that are reasonable under the circumstances.

In the event the Designation of Confidentiality of this information is challenged, proposer hereby agrees to provide legal counsel or other necessary assistance to defend the Designation of Confidentiality.

Failure to include this form in the proposal response may mean that all information provided as part of the proposal response will be open to examination or copying. The County considers other markings of confidential in the proposal document to be insufficient. The undersigned agrees to hold the County harmless for any damages arising out of the release of any material unless they are specifically identified above.

COST PROPOSAL

VENDOR NAME:

Voluntary Vision

Guaranteed rates for first 3 years

Rate for May 1, 2020 – April 30, 2023 _____

Years 4 & 5 a 'not to exceed' percentage or rate.

Cost increase for 4th contract year _____%/rate
(May 1, 2023 – April 30, 2024)

Cost increase for 5th contract year _____%/rate
(May 1, 2024 – April 30, 2025)

INSURANCE QUESTIONNAIRE

Please answer in detail on additional sheets.

GENERAL QUESTIONS

1. Where is your claims office located?
2. What is the location of your servicing group office?
3. How many employees do you have in the office(s) that will be servicing the county?
4. How many customer service representatives do you have to assist the county employees?
5. What is your toll free number?
6. How many years has your company been providing vision insurance?
7. What is the average amount of time taken to process a vision claim from date of submission to date of payment?
8. How soon after the award of the contract by the County will brochures or booklets describing the insurance coverage and claim filing procedure be available to employees?
9. Describe your process or service model explaining proper payment of vision claims.
10. Describe your process of correcting claims paid in error.
11. Describe your process in correcting errors for employees (ie. At the store and the store is unable to find employee in the system). How can we be assured of top service to our members in a situation like this?
12. Does the program have ways to ensure the quality of the work done? If so, how? Describe your auditing processes.
13. Describe the procedures you would follow to assist the county in making the transition to your company? Are you willing to provide meetings throughout the county to explain your benefits?
14. Do you have a minimum enrollment requirement? If yes, what is it?
15. At the time of renewal of the initial rate guarantee, will you offer Open Enrollment to county employees regardless of their current insurance status? How would you handle late

enrollees? Explain your policy.

16. Provide a copy of your appeal process that is given to insured's upon enrollment.

17. Please list any references of current municipal clients similar in size to Dane County. Include company name, contact name and title, address, and telephone number. *Do not list Dane County if you currently (or previously) insure the county.

18. Please provide your current financial ratings for each of the following:

- | | | | |
|---------------|-------|-------------------------|-------|
| a. A. M. Best | _____ | b. Standard's & Poor | _____ |
| c. Moody's | _____ | d. Duff & Phelps | _____ |

19. Will you be able to administer our retiree population directly without involvement from the County? Historically, once an employee is under our 'retiree' segment, the County has no involvement with them; they work directly with our vendors. Please confirm.

BENEFIT DESIGN AND COST

20. Explain the service guarantees you will offer the county within your contract.

21. List all specific benefits and contract language you are not able to match and why.

REPORTING CAPABILITIES

22. What standard management reports will you provide to the county?

23. Can these reports be manipulated by the county?

24. How soon after the end of a policy year will an annual report be provided to the County?

CLAIM ADMINISTRATION

25. Please answer the following in regards to your telephonic claim intake capabilities:

- a. Will you provide the county with a dedicated 1-800 intake number at no charge?
- b. What are the hours of operation for telephonic intake?
- c. How are after hours calls handled?

SECTION 6 – REQUIRED FORM – ATTACHMENT D

26. Please provide the following statistics for your intake center. Include your standard/goal for each category as well as actual results for 2018.

- a. Call abandonment rate;
- b. Average speed to answer;
- c. Percentage of calls answered within 20 seconds;
- d. CSR turnover rate.

27. Describe the claim filing process and procedure. Include your role, the county's role, information required, etc.

28. How will your company distinguish Dane County employees and benefits from other employers? Please describe.

29. From what office(s) would routine administration and claims be handled?

30. Provide the turnover rate for claim staff for each of the last two years for the location that will manage the county.

STANDARD TERMS AND CONDITIONS

Request for Bids/Proposals/Contracts

Rev. 03/2018

1.0 **APPLICABILITY:** The terms and conditions set forth in this document apply to Requests for Proposals (RFP), Bids and all other transactions whereby the County of Dane acquires goods or services, or both.

1.1 **ENTIRE AGREEMENT:** These Standard Terms and Conditions shall apply to any contract, including any purchase order, awarded as a result of this request. Special requirements of a resulting contract may also apply. Said written contract with referenced parts and attachments shall constitute the entire agreement, and no other terms and conditions in any document, acceptance, or acknowledgment shall be effective or binding unless expressly agreed to in writing by the County. Unless otherwise stated in the agreement, these standard terms conditions supersede any other terms and/or conditions applicable to this agreement.

1.2 **DEFINITIONS:** As used herein, "vendor" includes a provider of goods or services, or both, who is responding to an RFP or a bid, and "bid" includes a response to either an RFP or a bid.

2.0 **SPECIFICATIONS:** The specifications herein are the minimum acceptable. When specific manufacturer and model numbers are used, they are to establish a design, type of construction, quality, functional capability or performance level, or any combination thereof, desired. When alternates are proposed, they must be identified by manufacturer, stock number, and such other information necessary to establish equivalency. Dane County shall be the sole judge of equivalency. Vendors are cautioned to avoid proposing alternates to the specifications that may result in rejection of their bid.

3.0 **DEVIATIONS AND EXCEPTIONS:** Deviations and exceptions from terms, conditions, or specifications shall be described fully in writing, signed, and attached to the bid. In the absence of such statement, the bid shall be accepted as in strict compliance with all terms, conditions, and specifications and vendor shall be held liable for injury resulting from any deviation.

4.0 **QUALITY:** Unless otherwise indicated in the request, all material shall be first quality. No pre-owned, obsolete, discontinued or defective materials may be used.

5.0 **QUANTITIES:** The quantities shown herein are based on estimated needs. The County reserves the right to increase or decrease quantities to meet actual needs.

6.0 **DELIVERY:** Deliveries shall be FOB destination freight prepaid and included unless otherwise specified. County will reject shipments sent C.O.D. or freight collect.

7.0 **PRICING:** Unit prices shown on the bid shall be the price per unit of sale as stated on the request or contract. For any given item, the quantity multiplied by the unit price shall establish the extended price, the unit price shall govern in the bid evaluation and contract administration.

7.1 Prices established in continuing agreements and term contracts may be lowered due to market conditions, but prices

shall not be subject to increase for the term specified in the award. Vendor shall submit proposed increases to the Purchasing Division thirty (30) calendar days before the proposed effective date of the price increase. Proposed increases shall be limited to fully documented cost increases to the vendor that are demonstrated to be industry wide. Price increases may not be granted unless they are expressed in bid documents and contracts or agreements.

7.2 Submission of a bid constitutes bidder's certification that no financial or personal relationship exists between the bidder and any county official or employee except as specially set forth in writing attached to and made a part of the bid. The successful bidder shall disclose any such relationship which develops during the term of the contract.

8.0 **ACCEPTANCE-REJECTION:** Dane County reserves the right to accept or reject any or all bids, to waive any technicality in any bid submitted and to accept any part of a bid as deemed to be in the best interests of the County. Submission of a proposal or a bid constitutes the making of an offer to contract and gives the County an option valid for 60 days after the date of submission to the County.

8.1 Bids **MUST** be dated and time stamped by the Dane County Purchasing Division Office on or before the date and time that the bid is due. Bids deposited or time stamped in another office will be rejected. Actual receipt in the office of the purchasing division is necessary; timely deposit in the mail system is not sufficient. **THERE WILL BE NO EXCEPTIONS TO THIS POLICY.**

9.0 **METHOD OF AWARD:** Award shall be made to the lowest responsible responsive bidder conforming to specifications, terms, and conditions, or to the most advantageous bid submitted to the County on a quality versus price basis.

10.0 **ORDERING/ACCEPTANCE:** Written notice of award to a vendor in the form of a purchase order or other document, mailed or delivered to the address shown on the bid will be considered sufficient notice of acceptance of bid. A formal contract containing all provisions of the contract signed by both parties shall be used when required by the Dane County Purchasing Division.

11.0 **PAYMENT TERMS AND INVOICING:** Unless otherwise agreed, Dane County will pay properly submitted vendor invoices within thirty (30) days of receipt of goods and services. Payment will not be made until goods or services are delivered, installed (if required), and accepted as specified. Invoices presented for payment must be submitted in accordance with instructions contained on the purchase order.

11.1 **NO WAIVER OF DEFAULT:** In no event shall the making of any payment or acceptance of any service or product required by this Agreement constitute or be construed as a waiver by County of any breach of the covenants of the Agreement or a waiver of any default of the successful vendor, and the making of any such payment or acceptance of any such

service or product by County while any such default or breach shall exist shall in no way impair or prejudice the right of County with respect to recovery of damages or other remedy as a result of such breach or default.

12.0 TAXES: The County and its departments are exempt from payment of all federal tax and Wisconsin state and local taxes on its purchases except Wisconsin excise taxes as described below. The State of Wisconsin Department of Revenue has issued tax exempt number ES41279 to Dane County.

12.1 The County is required to pay the Wisconsin excise or occupation tax on its purchase of beer, liquor, wine, cigarettes, tobacco products, motor vehicle fuel and general aviation fuel. The County is exempt from Wisconsin sales or use tax on these purchases. The County may be subject to other states' taxes on its purchases in that state depending on the laws of that state. Vendors performing construction activities are required to pay state use tax on the cost of materials.

13.0 GUARANTEED DELIVERY: Failure of the vendor to adhere to delivery schedules as specified or to promptly replace rejected materials shall render the vendor liable for all costs in excess of the contract price when alternate procurement is necessary. Excess costs shall include administrative costs.

14.0 APPLICABLE LAW AND VENUE: This contract shall be governed under the laws of the State of Wisconsin, and venue for any legal action between the parties shall be in Dane County Circuit Court. The vendor shall at all times comply with and observe all federal and state laws, local laws, ordinances, and regulations which are in effect during the period of this contract and which in any manner affect the work or its conduct.

15.0 ASSIGNMENT: No right or duty in whole or in part of the vendor under this contract may be assigned or delegated without the prior written consent of Dane County.

16.0 NONDISCRIMINATION/AFFIRMATIVE ACTION: During the term of this Agreement the vendor agrees, in accordance with sec. 111.321, Wis. Stats., and Chapter 19 of the Dane County Code of Ordinances, not to discriminate against any person, whether an applicant or recipient of services, an employee or applicant for employment, on the basis of age, race, ethnicity, religion, color, gender, disability, marital status, sexual orientation, national origin, cultural differences, ancestry, physical appearance, arrest record or conviction record, military participation or membership in the national guard, state defense force or any other reserve component of the military forces of the United States, or political beliefs. The vendor shall provide a harassment-free work environment. These provisions shall include, but not be limited to, the following: employment, upgrading, demotion, transfer, recruitment, advertising, layoff, termination, training, including apprenticeships, rates of pay or other forms of compensation.

16.1 Vendors who have twenty (20) or more employees and a contract of twenty thousand dollars (\$20,000) or more must submit a written affirmative action plan to the County's Contract Compliance Officer within fifteen (15) working days of the effective date of the contract. The County may elect to accept a copy of the current affirmative action plan filed with and approved by a federal, state or local government unit.

16.2 The vendor agrees to post in conspicuous places, available for employees and applicants for employment, notices

setting forth the provisions of this Agreement as they relate to affirmative action and nondiscrimination.

16.3 Failure to comply with these Terms and Conditions may result in the vendor being debarred, termination of the contract and/or withholding of payment.

16.4 The vendor agrees to furnish all information and reports required by Dane County's Contract Compliance Officer as the same relate to affirmative action and nondiscrimination, which may include any books, records, or accounts deemed appropriate to determine compliance with Chapter 19, D.C. Ords. and the provisions of this Agreement.

16.5 AMERICANS WITH DISABILITIES ACT: The vendor agrees to the requirements of the ADA, providing for physical and programmatic access to service delivery and treatment in all programs and activities.

17.0 PATENT, COPYRIGHT AND TRADEMARK INFRINGEMENT: The vendor guarantees goods sold to the County were manufactured or produced in accordance with applicable federal labor laws, and that the sale or use of the articles described herein do not infringe any patent, copyright or trademark. The vendor covenants that it will, at its own expense, defend every suit which shall be brought against the County (provided that such vendor is promptly notified of such suit, and all papers therein are delivered to it) for any alleged infringement of any patent, copyright or trademark by reason of the sale or use of such articles, and agrees that it will pay all costs, damages, and profits recoverable in any such suit.

18.0 SAFETY REQUIREMENTS: All materials, equipment, and supplies provided to the County must fully comply with all safety requirements as set forth by the Wisconsin Department of Commerce and all applicable OSHA Standards.

18.1 MATERIAL SAFETY DATA SHEET: If any item(s) on an order(s) resulting from this award(s) is a hazardous chemical, as defined under 29 CFR 1910.1200, provide one (1) copy of the Material Safety Data Sheet for each item with the shipped container(s) and one (1) copy with the invoice(s).

19.0 WARRANTY: Unless specifically expressed otherwise in writing, goods and equipment purchased as a result of this request shall be warranted against defects by the vendor for one (1) year from date of receipt. An equipment manufacturer's standard warranty shall apply as a minimum and must be honored by the vendor.

20.0 INDEMNIFICATION & INSURANCE.

20.1. Vendor shall indemnify, hold harmless and defend County, its boards, commissions, agencies, officers, employees and representatives against any and all liability, loss (including, but not limited to, property damage, bodily injury and loss of life), damages, costs or expenses which County, its officers, employees, agencies, boards, commissions and representatives may sustain, incur or be required to pay by reason of vendor furnishing the services or goods required to be provided under this Agreement, provided, however, that the provisions of this paragraph shall not apply to liabilities, losses, charges, costs, or expenses caused by or resulting from the acts or omissions of County, its agencies, boards, commissions, officers, employees or representatives. The obligations of vendor under this paragraph shall survive the expiration or termination of this Agreement.

20.2. In order to protect itself and County its officers, boards, commissions, agencies, agents, volunteers, employees and representatives under the indemnity provisions of the subparagraph above, vendor shall, at vendor's own expense, obtain and at all times during the term of this Agreement keep in full force and effect the insurance coverages, limits, and endorsements listed below. When obtaining required insurance under this Agreement and otherwise, vendor agrees to preserve County's subrogation rights in all such matters that may arise that are covered by vendor's insurance. Neither these requirements nor the County's review or acceptance of vendor's certificates of insurance is intended to limit or qualify the liabilities or obligations assumed by the vendor under this Agreement. The County expressly reserves the right to require higher or lower insurance limits where County deems necessary.

20.2.1. Commercial General Liability.

Vendor agrees to maintain Commercial General Liability insurance at a limit of not less than \$1,000,000 per occurrence. Coverage shall include, but not be limited to, Bodily Injury and Property Damage to Third Parties, Contractual Liability, Personal Injury and Advertising Injury Liability, Premises-Operations, Independent vendors and Subcontractors, and Fire Legal Liability. The policy shall not exclude Explosion, Collapse, and Underground Property Damage Liability Coverage. The policy shall list DANE COUNTY as an Additional Insured.

20.2.2. Commercial/Business Automobile Liability.

Vendor agrees to maintain Commercial/Business Automobile Liability insurance at a limit of not less than \$1,000,000 Each Occurrence. Vendor further agrees coverage shall include liability for Owned, Non-Owned & Hired automobiles. In the event vendor does not own automobiles, vendor agrees to maintain coverage for Hired & Non-Owned Auto Liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Business Auto Liability policy.

20.2.3. Environmental Impairment (Pollution) Liability

Vendor agrees to maintain Environmental Impairment (Pollution) Liability insurance at a limit of not less than \$1,000,000 per occurrence for bodily injury, property damage, and environmental cleanup costs caused by pollution conditions, both sudden and non-sudden. This requirement can be satisfied by either a separate environmental liability policy or through a modification to the Commercial General Liability policy. Evidence of either must be provided.

20.2.4. Workers' Compensation.

Vendor agrees to maintain Workers Compensation insurance at Wisconsin statutory limits.

20.2.5. Umbrella or Excess Liability.

Vendor may satisfy the minimum liability limits required above for Commercial General Liability and Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum Per Occurrence limit of liability under the Umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for the Commercial General Liability and Business Auto Liability. Vendor agrees to list DANE COUNTY as an "Additional Insured" on its Umbrella or Excess Liability policy.

20.3. Upon execution of this Agreement, vendor shall furnish County with a Certificate of Insurance listing County as an additional insured and, upon request, certified copies of the required insurance policies. If vendor's insurance is underwritten on a claims-made basis, the retroactive date shall

be prior to or coincide with the date of this Agreement, the Certificate of Insurance shall state that professional malpractice or errors and omissions coverage, if the services being provided are professional services coverage is claims-made and indicate the retroactive date, vendor shall maintain coverage for the duration of this Agreement and for six (6) years following the completion of this Agreement. Vendor shall furnish County, annually on the policy renewal date, a Certificate of Insurance as evidence of coverage. It is further agreed that vendor shall furnish the County with a 30-day notice of aggregate erosion, in advance of the Retroactive Date, cancellation, or renewal. It is also agreed that on claims-made policies, either vendor or County may invoke the tail option on behalf of the other party and that the extended reporting period premium shall be paid by vendor. In the event any action, suit or other proceeding is brought against County upon any matter herein indemnified against, County shall give reasonable notice thereof to vendor and shall cooperate with vendor's attorneys in the defense of the action, suit or other proceeding. Vendor shall furnish evidence of adequate Worker's Compensation Insurance. In case of any sublet of work under this Agreement, vendor shall furnish evidence that each and every subcontractor has in force and effect insurance policies providing coverage identical to that required of vendor. In case of any sublet of work under this Agreement, vendor shall furnish evidence that each and every subcontractor has in force and effect insurance policies providing coverage identical to that required of vendor.

20.4. The parties do hereby expressly agree that County, acting at its sole option and through its Risk Manager, may waive any and all requirements contained in this Agreement, such waiver to be in writing only. Such waiver may include or be limited to a reduction in the amount of coverage required above. The extent of waiver shall be determined solely by County's Risk Manager taking into account the nature of the work and other factors relevant to County's exposure, if any, under this Agreement.

21.0 CANCELLATION: County reserves the right to terminate any Agreement due to non-appropriation of funds or failure of performance by the vendor. This paragraph shall not relieve County of its responsibility to pay for services or goods provided or furnished to County prior to the effective date of termination.

22.0 PUBLIC RECORDS ACCESS: It is the intention of the County to maintain an open and public process in the solicitation, submission, review, and approval of procurement activities. Bid openings are public unless otherwise specified. Records are not available for public inspection prior to issuance of the notice of intent to award or the award of the contract. Bid results may be obtained by visiting the Dane County Purchasing Office Monday – Friday, between 8:00 a.m. and 4:00 p.m. Prior appointment is advisable.

22.1 PROPRIETARY INFORMATION: If the vendor asserts any of its books and records of its business practices and other matters collectively constitute a trade secret as that term is defined in s. 134.90(1)(c), Wis. Stats., County will not release such records to the public without first notifying the vendor of the request for the records and affording the vendor an opportunity to challenge in a court of competent jurisdiction the requester's right to access such records. The entire burden of maintaining and defending the trade secret designation shall be upon the vendor. The vendor acknowledges and agrees that if the vendor shall fail, in a timely manner, to initiate legal action to defend the trade secret designation or be unsuccessful in its defense of that

designation, County shall be obligated to and will release the records.

22.2 Any material submitted by the vendor in response to this request that the vendor considers confidential and proprietary information and which vendor believes qualifies as a trade secret, as provided in section 19.36(5), Wis. Stats., must be identified on a designation of Confidential and Proprietary Information form. Pricing will not be held confidential after award of contract.

22.3 Data contained in a bid, all documentation provided therein, and innovations developed as a result of the contracted commodities or services cannot be copyrighted or patented. All data, documentation, and innovations shall be the property of the County.

23.0 RECYCLED MATERIALS: Dane County is required to purchase products incorporating recycled materials whenever technically and economically feasible. Vendors are encouraged to bid products with recycled content which meet specifications.

24.0 PROMOTIONAL ADVERTISING: Reference to or use of Dane County, any of its departments or sub-units, or any county official or employee for commercial promotion is prohibited.

25.0 ANTITRUST ASSIGNMENT: The vendor and the County of Dane recognize that in actual economic practice, overcharges resulting from antitrust violation are in fact usually borne by the Purchaser. Therefore, the successful vendor hereby assigns to the County of Dane any and all claims for such overcharges as to goods, materials or services purchased in connection with this contract.

26.0 RECORDKEEPING AND RECORD RETENTION-COST REIMBURSEMENT CONTRACTS: Where payment to the vendor is based on the vendor's costs, vendor shall establish and maintain adequate records of all expenditures incurred under the contract. All records must be kept in accordance with generally accepted accounting procedures. The County contracting agency shall have the right to audit, review, examine, copy, and transcribe any pertinent records or documents relating to any contract resulting from this bid/proposal held by the vendor. The vendor will retain all documents applicable to the contract for a period of not less than three (3) years after final payment is made.

27.03 COMPLIANCE WITH FAIR LABOR STANDARDS. During the term of this Agreement, vendor shall report to the Controller, within ten (10) days, any allegations to, or findings by the National Labor Relations Board (NLRB) or Wisconsin Employment Relations commission (WERC) that vendor has violated a statute or regulation regarding labor standards or relations within the seven years prior to entering this Agreement. If an investigation by the Controller results in a final determination that the matter adversely affects vendor's responsibilities under this Agreement, and which recommends termination, suspension or cancellation of this agreement, the County may take such action.

27.04 VENDOR may appeal any adverse finding by the Controller as set forth in sec. 25.08(20)(c) through (e).

27.05 VENDOR shall post the following statement in a prominent place visible to employees: "As a condition of receiving and maintaining a contract with Dane County, this employer shall comply with federal, state and all other applicable laws prohibiting retaliation for union organizing"

Comparison of Proposed Plan Benefits to Current Plan Benefits, With Eye Exam

The two grids below are the Summary of the Benefits provided in our vision coverage (Routine Eye Exam Plan and No Exam- Materials Only Plan). Please list the coverage you will offer under the proposer coverage section.

| SUMMARY FOR ELIGIBLE PARTICIPANTS OF COUNTY OF DANE, WISCONSIN | | | | |
|---|--|---------------------------------|-------------------|------------------------------|
| A Brief Summary of Benefits | Routine Eye Exam Plan | | Proposer coverage | |
| | Network Benefit | Out-of-Network Reimbursement | Network Benefit | Out-of-Network Reimbursement |
| COMPREHENSIVE SPECTACLE EXAM (once every 12 months from last date of exam) | Member pays \$0, plan pays balance | \$42 allowance | | |
| CONTACT LENS FIT and 2 FOLLOW -UP VISITS: STANDARD - Standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement. Counts towards member's \$150 contact allowance | Member pays \$0 | \$55 allowance | | |
| PREMIUM - Premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal. | 10% discount off retail, plus \$55 allowance | \$55 allowance | | |
| FRAMES - Any available frame at provider location (once every 24 months from last date of purchase) | \$150 allowance, then 20% off balance | \$45 allowance | | |
| Eyeglass Lenses (Standard); Polycarbonate lenses and Transition lenses included for children under age 19; You may receive any one of the following lenses (once every 12 months from last date of purchase) | | | | |
| Single Vision (1 pair) | Member pays \$0, plan pays balance | \$40 allowance | | |
| Bifocal (1 pair) | Member pays \$0, plan pays balance | \$60 allowance | | |
| Trifocal (1 pair) | Member pays \$0, plan pays balance | \$80 allowance | | |
| Lenticular (1 pair) | Member pays \$0, plan pays balance | \$80 allowance | | |
| Eyeglass Lens Upgrades | Member Cost for Upgrades | Member Cost for Upgrades | | |
| UV coating | Member pays \$15 | no allowance | | |
| Tint (solid & gradient) | Member pays \$15 | no allowance | | |
| Factory scratch coating | Member pays \$0 | \$11 allowance | | |
| Standard polycarbonate | Member pays \$40 | no allowance | | |
| Transition Lenses | Member pays \$75 | no allowance | | |
| Standard progressive Lenses | Member pays \$65 | no allowance | | |
| Progressive lenses Premium Tier 1 | \$91 | no allowance | | |
| Progressive lenses Premium Tier 2 | \$97 | no allowance | | |
| Progressive lenses Premium Tier 3 | \$103 | no allowance | | |
| Standard anti-reflective coating | Member pays \$45 | no allowance | | |

SECTION 8 – APPENDIX 1

| | | | | |
|--|--|--|--|--|
| Premium Tier 1 Anti-Reflective Coating | \$57 | no allowance | | |
| Premium Tier 2 Anti-Reflective Coating | \$68 | no allowance | | |
| Other add-ons and services | 20% off retail price | Discounts on lens upgrades are not available | | |
| CONTACT LENSES: Contact lens allowance covers materials only | | | | |
| Elective Conventional Lenses | \$150 allowance, then 15% off balance | \$150 Allowance | | |
| Elective Disposable Lenses | \$150 allowance (no additional discount) | \$150 Allowance | | |
| Non Elective Contact Lenses (Medically necessary), No amount over the allowance may be carried forward to subsequent materials in the same or the following calendar year | Covered in full | \$210 Allowance | | |
| LASER VISION CORRECTION - LASIK | | | | |
| | 10%-15% off retail price | | | |
| Frequency - Exams / Lenses / Contact Lenses / Frames (both lenses and contacts may be purchased each year, not in lieu of) | 12 / 12 / 12 / 24 months | | | |
| Dependent age limitation - dependents covered to end-of-year age 26 | | | | |
| ADDITIONAL IN-NETWORK DISCOUNTS | | | | |
| 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to Eye-Med provider's professional services. | | | | |
| Members also receive a 40% discount off complete eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used. | | | | |
| After initial purchase, replacement contact lenses maybe obtained via the Internet at a substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com | | | | |
| The contact lens benefit discounts do not apply for benefits provided by other group benefit plans. | | | | |
| | | | | |
| EXAM PLAN | | | | |
| Employee | \$8.60 | | | |
| Employee + Spouse | \$17.18 | | | |
| Employee + Child(ren) | \$18.90 | | | |
| Family | \$24.93 | | | |

Comparison of Proposed Plan Benefits to Current Plan Benefits, Materials Only (No Eye Exam)

| A Brief Summary of Benefits | No Exam Plan (Materials only) | | Proposer coverage | |
|---|---------------------------------------|---------------------------------|-------------------|------------------------------|
| | Network Benefit | Non-Network Reimbursement | Network Benefit | Out-of-Network Reimbursement |
| COMPREHENSIVE SPECTACLE EXAM (once every 12 months from last date of exam) | N/A | N/A | | |
| CONTACT LENS FIT and 2 FOLLOW -UP VISITS: STANDARD - Standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement. | N/A | N/A | | |
| PREMIUM - Premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal. | N/A | N/A | | |
| FRAMES - Any available frame at provider location (once every 24 months from last date of purchase) | \$150 allowance, then 20% off balance | \$45 allowance | | |
| Eyeglass Lenses (Standard); Polycarbonate lenses and Transition lenses included for children under age 19; You may receive any one of the following lenses (once every 12 months from last date of purchase) | | | | |
| Single Vision (1 pair) | Member pays \$0, plan pays balance | \$40 allowance | | |
| Bifocal (1 pair) | Member pays \$0, plan pays balance | \$60 allowance | | |
| Trifocal (1 pair) | Member pays \$0, plan pays balance | \$80 allowance | | |
| Lenticular (1 pair) | Member pays \$0, plan pays balance | \$80 allowance | | |
| Eyeglass Lens Upgrades | Member Cost for Upgrades | Member Cost for Upgrades | | |
| UV coating | Member pays \$15 | no allowance | | |
| Tint (solid & gradient) | Member pays \$15 | no allowance | | |
| Factory scratch coating | Member pays \$0 | \$11 allowance | | |
| Standard polycarbonate | Member pays \$40 | no allowance | | |
| Transition Lenses | Member pays \$75 | no allowance | | |
| Standard progressive Lenses | Member pays \$65 | no allowance | | |
| Progressive lenses Premium Tier 1 | \$91 | no allowance | | |

SECTION 8 – APPENDIX 2

| | | | | |
|---|--|--|--|--|
| Progressive lenses Premium Tier 2 | \$97 | no allowance | | |
| Progressive lenses Premium Tier 3 | \$103 | no allowance | | |
| Standard anti-reflective coating | Member pays \$45 | no allowance | | |
| Premium Tier 1 Anti-Reflective Coating | \$57 | no allowance | | |
| Premium Tier 2 Anti-Reflective Coating | \$68 | no allowance | | |
| Other add-ons and services | 20% off retail price | Discounts on lens upgrades are not available | | |
| CONTACT LENSES: Contact lens allowance covers materials only | | | | |
| Elective Conventional Lenses | \$150 allowance, then 15% off balance | \$150 Allowance | | |
| Elective Disposable Lenses | \$150 allowance (no additional discount) | \$150 Allowance | | |
| Non Elective Contact Lenses (Medically necessary). No amount over the allowance may be carried forward to subsequent materials in the same or the following calendar year | Paid in full | \$210 Allowance | | |
| LASER VISION CORRECTION - LASIK | | | | |
| | 10%-15% off retail price | | | |
| Frequency - Exams / Lenses / Contact Lenses / Frames (both lenses and contacts may be purchased each yr, not in lieu of) | 12 / 12 / 12 / 24 months | | | |

Dependent age limitation - dependents covered to end-of-year age 26

ADDITIONAL IN-NETWORK DISCOUNTS

20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to Eye-Med provider's professional services.

Members also receive a 40% discount off complete eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.

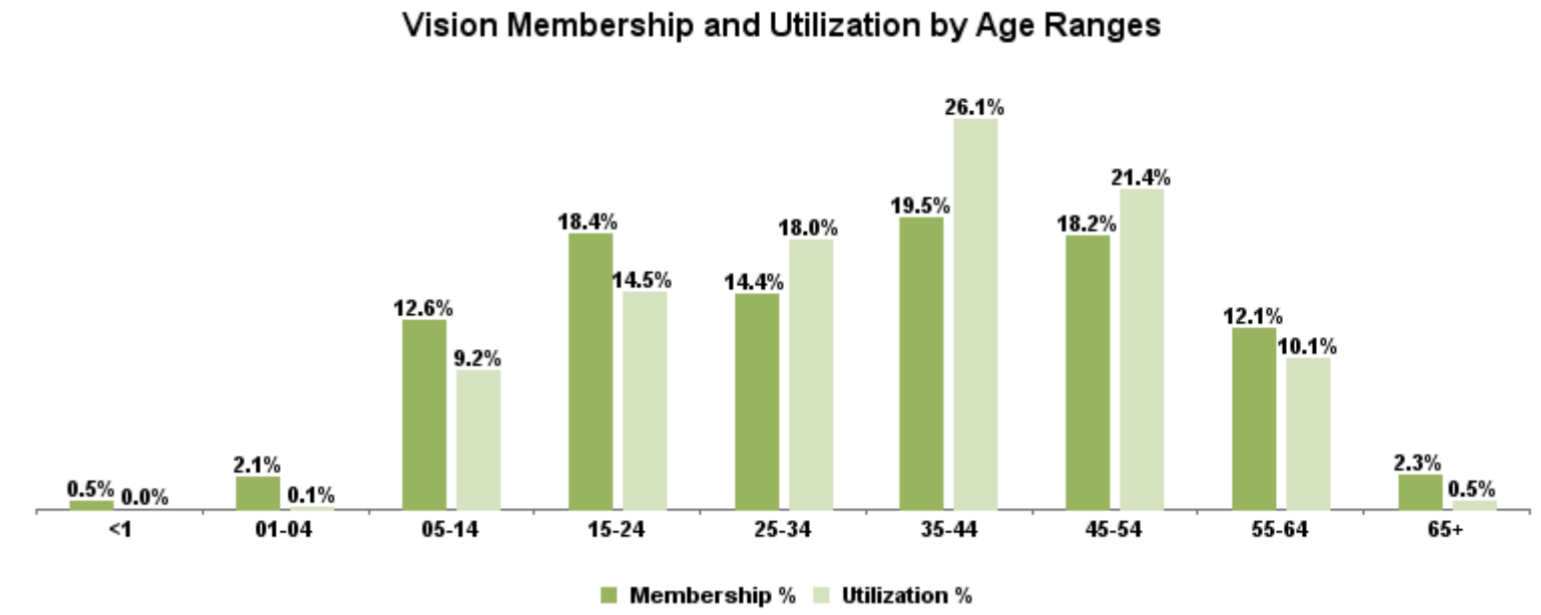
After initial purchase, replacement contact lenses may be obtained via the Internet at a substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com

| | | | | |
|-----------------------|----------------|--|--|--|
| | Materials Only | | | |
| Employee | \$6.22 | | | |
| Employee + Spouse | \$12.44 | | | |
| Employee + Child(ren) | \$13.69 | | | |
| Family | \$18.05 | | | |

Vision Membership

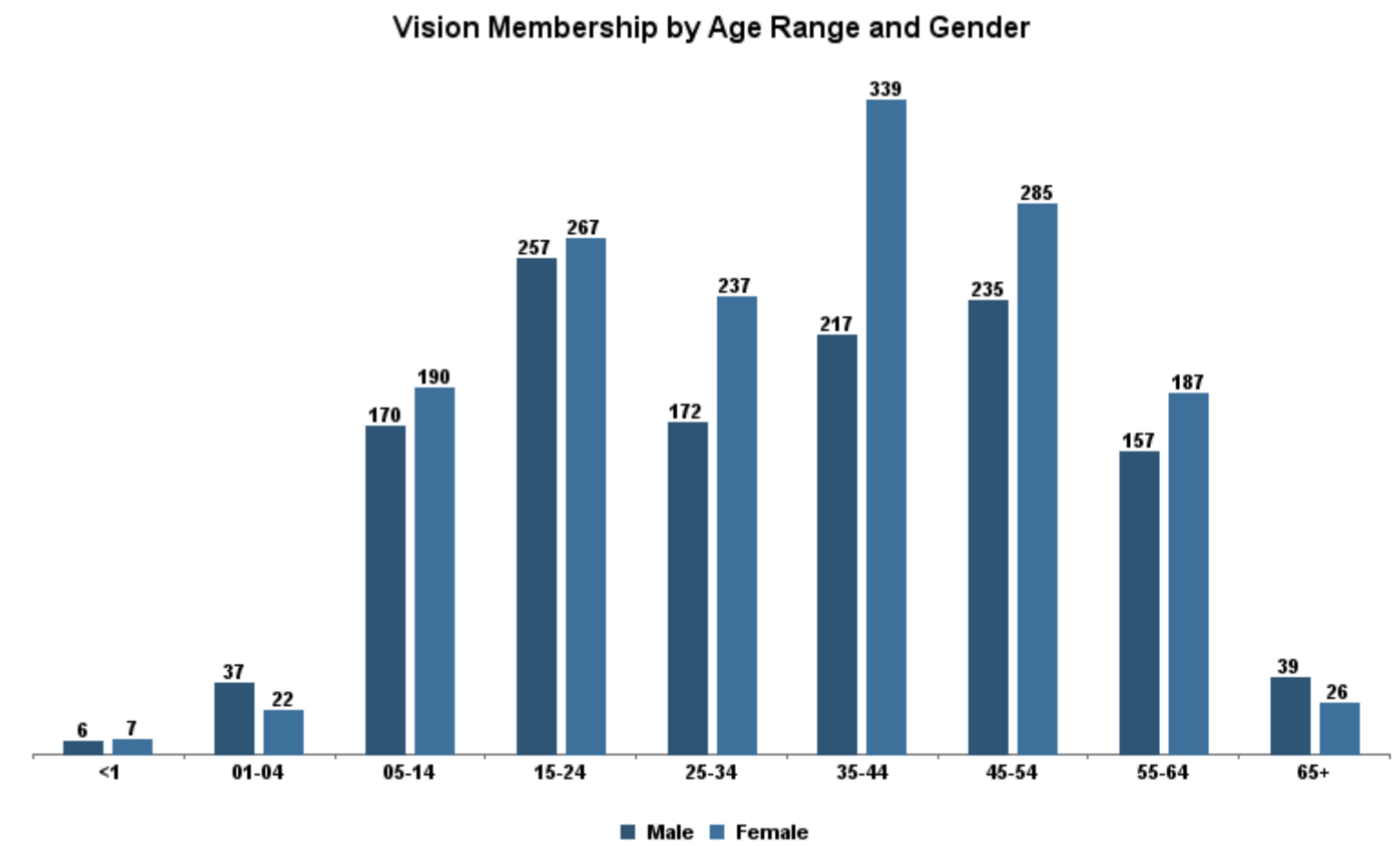
Membership by Contract Type

| Contract Type | Average Current Period | Average Prior Period | Percent Change |
|-------------------------------|------------------------|----------------------|----------------|
| Subscriber | 470 | 407 | 15.5% |
| Subscriber & Spouse/Dependent | 578 | 527 | 9.8% |
| Subscriber & Child/Children | 427 | 365 | 17.0% |
| Family | 1,249 | 1,163 | 7.4% |
| Other | 0 | 0 | 0.0% |
| Total Members | 2,723 | 2,461 | 10.7% |
| Total Contracts | 1,203 | 1,080 | 11.5% |
| Average Members per Contract | 2.3 | 2.3 | -0.7% |



Membership by Age/Gender

| Age Range | Current | | | Prior | | |
|-------------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | Male | Female | Total | Male | Female | Total |
| <1 | 6 | 7 | 13 | 6 | 6 | 12 |
| 01-04 | 37 | 22 | 59 | 34 | 20 | 54 |
| 05-14 | 170 | 190 | 360 | 175 | 192 | 367 |
| 15-24 | 257 | 267 | 524 | 222 | 232 | 454 |
| 25-34 | 172 | 237 | 409 | 147 | 244 | 391 |
| 35-44 | 217 | 339 | 556 | 195 | 292 | 487 |
| 45-54 | 235 | 285 | 520 | 234 | 267 | 501 |
| 55-64 | 157 | 187 | 344 | 146 | 169 | 315 |
| 65+ | 39 | 26 | 65 | 31 | 17 | 48 |
| Total Members | 1,290 | 1,560 | 2,850 | 1,190 | 1,439 | 2,629 |
| Members Avg Age | 34.0 | 34.8 | 34.4 | 34.0 | 34.5 | 34.2 |
| Average Age - Benchmark | 35.5 | 36.3 | 35.9 | 34.8 | 35.4 | 35.1 |



Benchmark based on total Vision large group block of business

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Membership and Paid Amount by Month

Specialty Products

| Month | Member Months | | | | Paid Amounts | | | | | |
|------------|--------------------|----------------|--------------------|----------------|------------------|------------------|------------------|------------------|--------------|--------------|
| | Dental Subscribers | Dental Members | Vision Subscribers | Vision Members | Dental Paid PMPM | Dental Paid PEPM | Vision Paid PMPM | Vision Paid PEPM | Total Dental | Total Vision |
| Aug 2016 | 0 | 0 | 923 | 2,128 | \$0.00 | \$0.00 | \$5.72 | \$13.18 | \$0 | \$12,163 |
| Sep 2016 | 0 | 0 | 935 | 2,142 | \$0.00 | \$0.00 | \$4.21 | \$9.66 | \$0 | \$9,028 |
| Oct 2016 | 0 | 0 | 942 | 2,165 | \$0.00 | \$0.00 | \$5.21 | \$11.97 | \$0 | \$11,278 |
| Nov 2016 | 0 | 0 | 943 | 2,164 | \$0.00 | \$0.00 | \$4.48 | \$10.27 | \$0 | \$9,687 |
| Dec 2016 | 0 | 0 | 949 | 2,173 | \$0.00 | \$0.00 | \$4.71 | \$10.79 | \$0 | \$10,244 |
| Jan 2017 | 0 | 0 | 951 | 2,175 | \$0.00 | \$0.00 | \$5.70 | \$13.04 | \$0 | \$12,401 |
| Feb 2017 | 0 | 0 | 951 | 2,179 | \$0.00 | \$0.00 | \$3.92 | \$8.99 | \$0 | \$8,552 |
| Mar 2017 | 0 | 0 | 942 | 2,165 | \$0.00 | \$0.00 | \$4.21 | \$9.67 | \$0 | \$9,106 |
| Apr 2017 | 0 | 0 | 943 | 2,165 | \$0.00 | \$0.00 | \$5.49 | \$12.59 | \$0 | \$11,877 |
| May 2017 | 0 | 0 | 978 | 2,261 | \$0.00 | \$0.00 | \$4.28 | \$9.88 | \$0 | \$9,667 |
| Jun 2017 | 0 | 0 | 994 | 2,277 | \$0.00 | \$0.00 | \$3.26 | \$7.47 | \$0 | \$7,427 |
| Jul 2017 | 0 | 0 | 1,014 | 2,316 | \$0.00 | \$0.00 | \$4.91 | \$11.21 | \$0 | \$11,371 |
| Aug 2017 | 0 | 0 | 1,022 | 2,331 | \$0.00 | \$0.00 | \$4.40 | \$10.04 | \$0 | \$10,258 |
| Sep 2017 | 0 | 0 | 1,033 | 2,358 | \$0.00 | \$0.00 | \$5.26 | \$12.00 | \$0 | \$12,394 |
| Oct 2017 | 0 | 0 | 1,040 | 2,375 | \$0.00 | \$0.00 | \$6.10 | \$13.94 | \$0 | \$14,498 |
| Nov 2017 | 0 | 0 | 1,055 | 2,406 | \$0.00 | \$0.00 | \$4.34 | \$9.89 | \$0 | \$10,437 |
| Dec 2017 | 0 | 0 | 1,069 | 2,441 | \$0.00 | \$0.00 | \$4.62 | \$10.56 | \$0 | \$11,287 |
| Jan 2018 | 0 | 0 | 1,073 | 2,450 | \$0.00 | \$0.00 | \$6.90 | \$15.74 | \$0 | \$16,893 |
| Feb 2018 | 0 | 0 | 1,079 | 2,456 | \$0.00 | \$0.00 | \$2.80 | \$6.38 | \$0 | \$6,879 |
| Mar 2018 | 0 | 0 | 1,086 | 2,466 | \$0.00 | \$0.00 | \$5.08 | \$11.53 | \$0 | \$12,519 |
| Apr 2018 | 0 | 0 | 1,087 | 2,458 | \$0.00 | \$0.00 | \$5.05 | \$11.42 | \$0 | \$12,409 |
| May 2018 | 0 | 0 | 1,124 | 2,567 | \$0.00 | \$0.00 | \$3.75 | \$8.56 | \$0 | \$9,623 |
| Jun 2018 | 0 | 0 | 1,138 | 2,597 | \$0.00 | \$0.00 | \$4.16 | \$9.49 | \$0 | \$10,799 |
| Jul 2018 | 0 | 0 | 1,150 | 2,629 | \$0.00 | \$0.00 | \$5.11 | \$11.68 | \$0 | \$13,427 |
| Aug 2018 | 0 | 0 | 1,160 | 2,651 | \$0.00 | \$0.00 | \$4.47 | \$10.22 | \$0 | \$11,861 |
| Sep 2018 | 0 | 0 | 1,169 | 2,663 | \$0.00 | \$0.00 | \$3.99 | \$9.10 | \$0 | \$10,635 |
| Oct 2018 | 0 | 0 | 1,170 | 2,660 | \$0.00 | \$0.00 | \$4.31 | \$9.80 | \$0 | \$11,468 |
| Nov 2018 | 0 | 0 | 1,175 | 2,667 | \$0.00 | \$0.00 | \$4.85 | \$11.01 | \$0 | \$12,942 |
| Dec 2018 | 0 | 0 | 1,184 | 2,678 | \$0.00 | \$0.00 | \$5.54 | \$12.54 | \$0 | \$14,846 |
| Jan 2019 | 0 | 0 | 1,197 | 2,704 | \$0.00 | \$0.00 | \$4.03 | \$9.11 | \$0 | \$10,908 |
| Feb 2019 | 0 | 0 | 1,204 | 2,715 | \$0.00 | \$0.00 | \$3.46 | \$7.80 | \$0 | \$9,392 |
| Mar 2019 | 0 | 0 | 1,205 | 2,713 | \$0.00 | \$0.00 | \$4.13 | \$9.29 | \$0 | \$11,199 |
| Apr 2019 | 0 | 0 | 1,206 | 2,714 | \$0.00 | \$0.00 | \$4.80 | \$10.80 | \$0 | \$13,030 |
| May 2019 | 0 | 0 | 1,245 | 2,823 | \$0.00 | \$0.00 | \$4.26 | \$9.66 | \$0 | \$12,030 |
| Jun 2019 | 0 | 0 | 1,259 | 2,842 | \$0.00 | \$0.00 | \$3.52 | \$7.95 | \$0 | \$10,005 |
| Jul 2019 | 0 | 0 | 1,266 | 2,850 | \$0.00 | \$0.00 | \$4.35 | \$9.78 | \$0 | \$12,386 |
| 2019 YTD | 0 | 0 | 8,582 | 19,361 | \$0.00 | \$0.00 | \$4.08 | \$9.20 | \$0 | \$78,948 |
| QTR 3 2018 | 0 | 0 | 2,329 | 5,314 | \$0.00 | \$0.00 | \$4.23 | \$9.66 | \$0 | \$22,496 |



Membership and Paid Amount by Month

Specialty Products

| Month | Member Months | | | | Paid Amounts | | | | | |
|------------|--------------------|----------------|--------------------|----------------|------------------|------------------|------------------|------------------|--------------|--------------|
| | Dental Subscribers | Dental Members | Vision Subscribers | Vision Members | Dental Paid PMPM | Dental Paid PEPM | Vision Paid PMPM | Vision Paid PEPM | Total Dental | Total Vision |
| QTR 4 2018 | 0 | 0 | 3,529 | 8,005 | \$0.00 | \$0.00 | \$4.90 | \$11.12 | \$0 | \$39,257 |
| QTR 1 2019 | 0 | 0 | 3,606 | 8,132 | \$0.00 | \$0.00 | \$3.87 | \$8.73 | \$0 | \$31,498 |
| QTR 2 2019 | 0 | 0 | 3,710 | 8,379 | \$0.00 | \$0.00 | \$4.18 | \$9.45 | \$0 | \$35,065 |
| QTR 3 2019 | 0 | 0 | 1,266 | 2,850 | \$0.00 | \$0.00 | \$4.35 | \$9.78 | \$0 | \$12,386 |

Note: Quarterly summaries are based on the most current rolling 12 months (Aug 2018 - Jul 2019), causing some quarters to include less than 3 calendar months of data.

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Vision - Monthly Member Utilization Detail

| Reporting Period | Subscribers | Members | Unique Claimants | Exams | | | Eyewear Materials | | | Contact Lenses Materials | | | Total Materials | | | |
|------------------|--------------|--------------|------------------|------------|---------------------------|-------------------|-------------------|-----------------------------|---------------------|--------------------------|------------------------------|----------------------|-----------------|-------------------------------|-----------------------|-------------------|
| | | | | Exams | Percent Utilization Exams | Paid Amount Exams | Eyewear | Percent Utilization Eyewear | Paid Amount Eyewear | Contact Lenses | Percent Utilization Contacts | Paid Amount Contacts | Total Materials | Percent Utilization Materials | Paid Amount Materials | Total Paid Amount |
| Aug 2018 | 1,160 | 2,651 | 89 | 30 | 1.1% | \$1,525 | 43 | 57.3% | \$4,605 | 34 | 45.3% | \$5,731 | 75 | 2.8% | \$10,336 | \$11,861 |
| Sep 2018 | 1,169 | 2,663 | 77 | 22 | 0.8% | \$1,115 | 40 | 58.0% | \$4,482 | 30 | 43.5% | \$5,038 | 69 | 2.6% | \$9,520 | \$10,635 |
| Oct 2018 | 1,170 | 2,660 | 91 | 32 | 1.2% | \$1,685 | 48 | 61.5% | \$4,924 | 30 | 38.5% | \$4,860 | 78 | 2.9% | \$9,783 | \$11,468 |
| Nov 2018 | 1,175 | 2,667 | 92 | 34 | 1.3% | \$1,735 | 51 | 59.3% | \$5,350 | 36 | 41.9% | \$5,857 | 86 | 3.2% | \$11,207 | \$12,942 |
| Dec 2018 | 1,184 | 2,678 | 107 | 36 | 1.3% | \$1,860 | 59 | 60.2% | \$6,259 | 40 | 40.8% | \$6,727 | 98 | 3.7% | \$12,986 | \$14,846 |
| Jan 2019 | 1,197 | 2,704 | 82 | 32 | 1.2% | \$1,723 | 47 | 67.1% | \$4,907 | 24 | 34.3% | \$4,277 | 70 | 2.6% | \$9,185 | \$10,908 |
| Feb 2019 | 1,204 | 2,715 | 73 | 29 | 1.1% | \$1,408 | 43 | 66.2% | \$4,024 | 24 | 36.9% | \$3,960 | 65 | 2.4% | \$7,984 | \$9,392 |
| Mar 2019 | 1,205 | 2,713 | 86 | 34 | 1.3% | \$1,765 | 49 | 67.1% | \$5,300 | 24 | 32.9% | \$4,134 | 73 | 2.7% | \$9,434 | \$11,199 |
| Apr 2019 | 1,206 | 2,714 | 97 | 33 | 1.2% | \$1,630 | 68 | 75.6% | \$7,067 | 25 | 27.8% | \$4,333 | 90 | 3.3% | \$11,400 | \$13,030 |
| May 2019 | 1,245 | 2,823 | 87 | 40 | 1.4% | \$2,125 | 35 | 47.9% | \$3,495 | 38 | 52.1% | \$6,410 | 73 | 2.6% | \$9,905 | \$12,030 |
| Jun 2019 | 1,259 | 2,842 | 73 | 35 | 1.2% | \$1,765 | 25 | 43.9% | \$2,284 | 35 | 61.4% | \$5,956 | 57 | 2.0% | \$8,240 | \$10,005 |
| Jul 2019 | 1,266 | 2,850 | 87 | 31 | 1.1% | \$1,525 | 44 | 55.7% | \$4,654 | 37 | 46.8% | \$6,206 | 79 | 2.8% | \$10,861 | \$12,386 |
| Total | 1,203 | 2,723 | 901 | 387 | 14.2% | \$19,861 | 546 | 60.2% | \$57,351 | 377 | 41.6% | \$63,488 | 907 | 33.3% | \$120,840 | \$140,701 |

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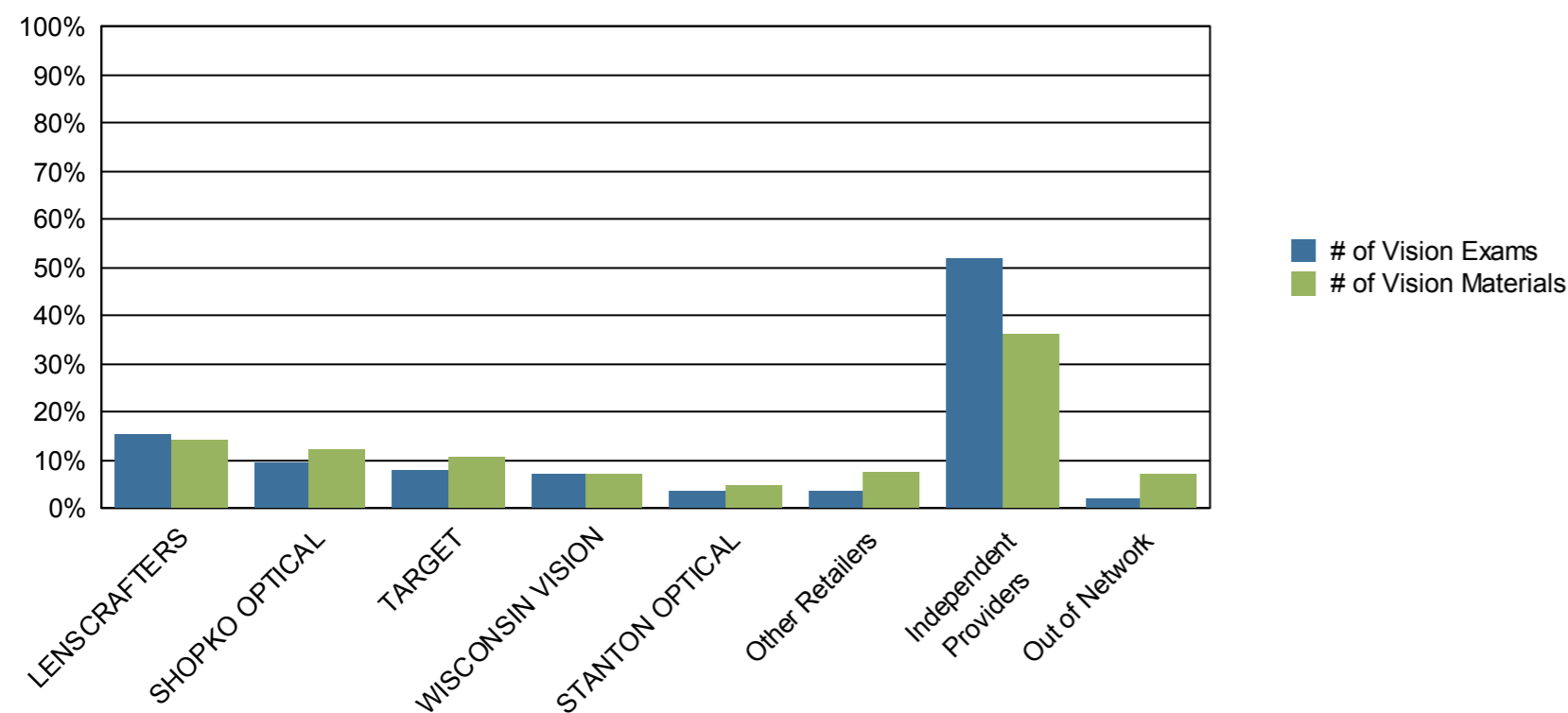


Vision - Network Utilization

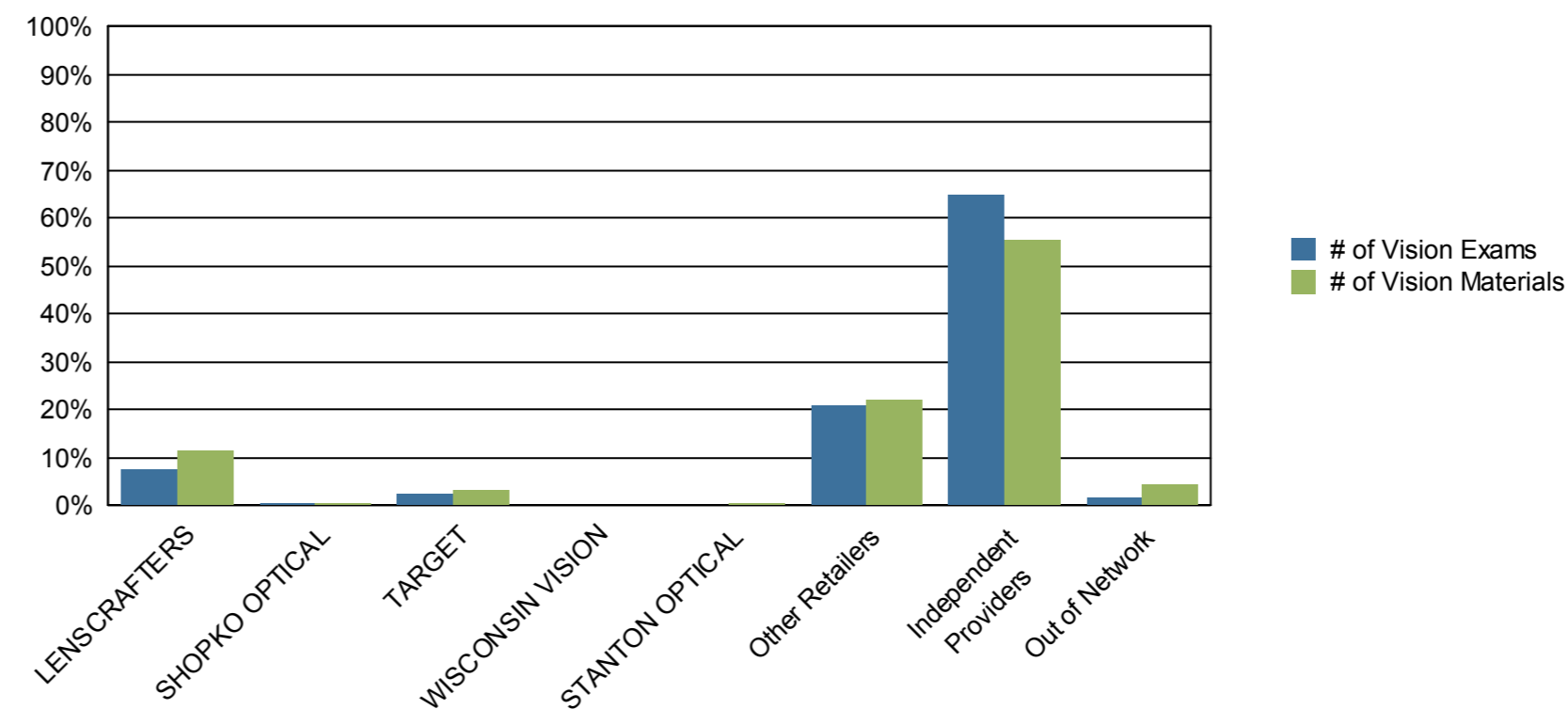
| Network Choice | | | | | | | | | |
|---------------------------|---------------------|-------------------------|----------------------------|---------------------|-------------------------|----------------------------|-------------|-------------------------|---------------------|
| Network | Current | | | Prior | | | Variance | Benchmark | |
| | Network Utilization | Network Savings Dollars | Network Savings Percentage | Network Utilization | Network Savings Dollars | Network Savings Percentage | | Network Savings Dollars | Network Utilization |
| In Network | 93.5% | \$77,737 | 35.3% | 94.9% | \$74,366 | 33.9% | 4.5% | 96.2% | 46.3% |
| All Retailers | 52.4% | \$40,803 | 34.2% | 58.6% | \$46,787 | 34.3% | -12.8% | 34.3% | 44.6% |
| All Independent Providers | 41.1% | \$36,934 | 36.7% | 36.4% | \$27,579 | 33.2% | 33.9% | 61.8% | 47.3% |
| Out of Network | 6.5% | \$0 | 0.0% | 5.1% | \$0 | 0.0% | 0.0% | 3.8% | -0.4% |
| Total | 100.0% | \$77,737 | 33.9% | 100.0% | \$74,366 | 32.8% | 4.5% | 100.0% | 45.5% |

| Network | Number of Exams | Paid Amount Exams | Percent Paid Amount of Total Exams | Materials | Paid Amount Materials | Percent Paid Amount of Total Materials | Percent of Transactions on Weekends |
|------------------------------|-----------------|-------------------|------------------------------------|------------|-----------------------|--|-------------------------------------|
| Retailers | | | | | | | |
| LENSCRAFTERS | 59 | \$2,610 | 13.1% | 130 | \$16,912 | 14.0% | 31.2% |
| SHOPKO OPTICAL | 36 | \$1,620 | 8.2% | 112 | \$14,473 | 12.0% | 10.3% |
| TARGET | 30 | \$1,560 | 7.9% | 97 | \$13,161 | 10.9% | 30.7% |
| WISCONSIN VISION | 27 | \$1,485 | 7.5% | 65 | \$8,845 | 7.3% | 15.1% |
| STANTON OPTICAL | 14 | \$656 | 3.3% | 44 | \$4,089 | 3.4% | 33.9% |
| Other Retailer | 13 | \$645 | 3.2% | 67 | \$8,662 | 7.2% | 23.7% |
| Independent Providers | | | | | | | |
| CLEMENTS JEFFREY | 15 | \$900 | 4.5% | 23 | \$3,707 | 3.1% | 11.1% |
| WILSON EMMYLOU | 19 | \$1,045 | 5.3% | 18 | \$3,123 | 2.6% | 14.3% |
| ZARWELL LISA | 11 | \$660 | 3.3% | 17 | \$2,724 | 2.3% | 0.0% |
| WRIGHT RICHARD | 5 | \$300 | 1.5% | 22 | \$2,839 | 2.3% | 24.0% |
| HUNT TAMI | 8 | \$440 | 2.2% | 16 | \$2,217 | 1.8% | 11.8% |
| Other Independent Provider | 143 | \$7,865 | 39.6% | 231 | \$32,040 | 26.5% | 4.6% |
| Out of Network | 7 | \$75 | 0.4% | 65 | \$8,047 | 6.7% | 20.0% |
| Total | 387 | \$19,861 | 100.0% | 907 | \$120,840 | 100.0% | 17.2% |

Exams and Materials by Provider



Benchmark Exams and Materials by Provider



Benchmark based on total Vision large group block of business

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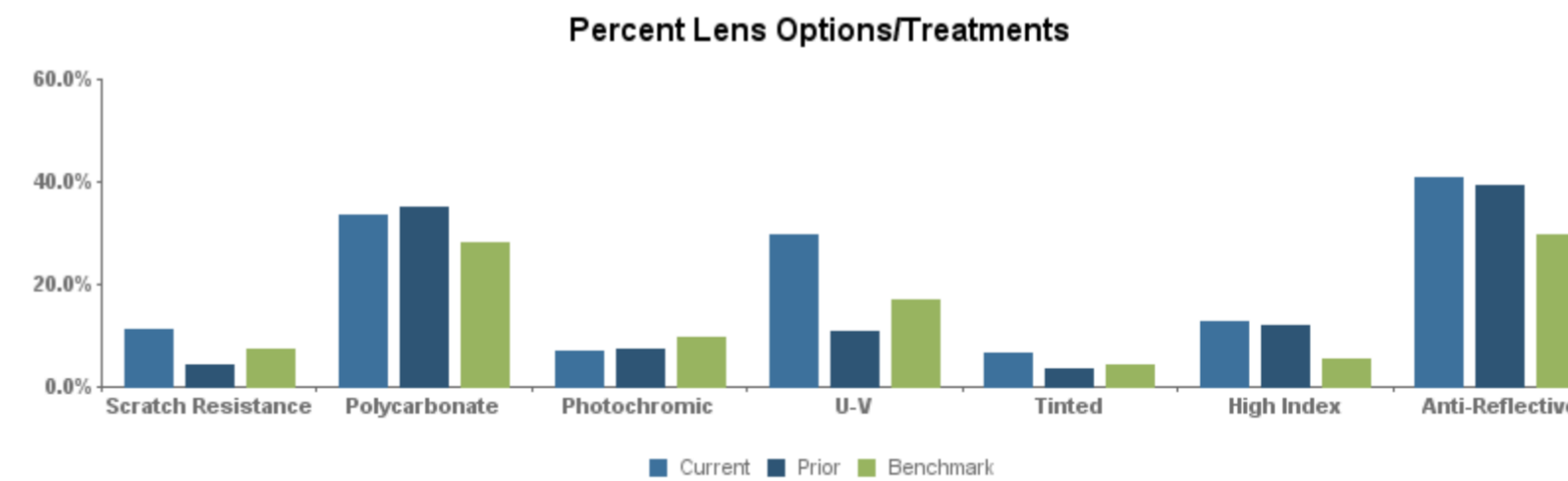
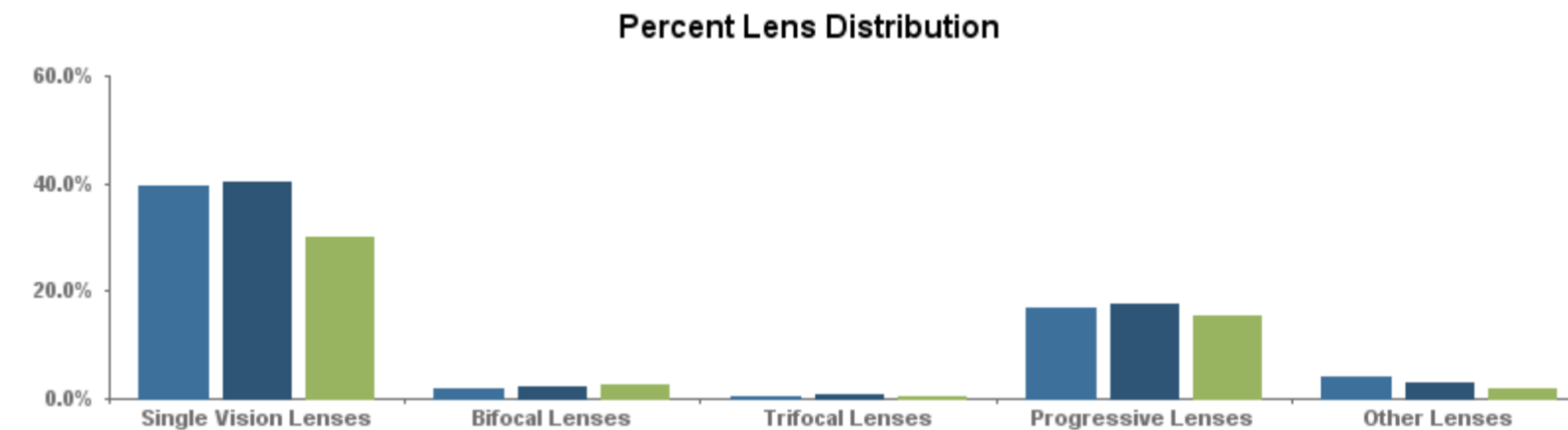
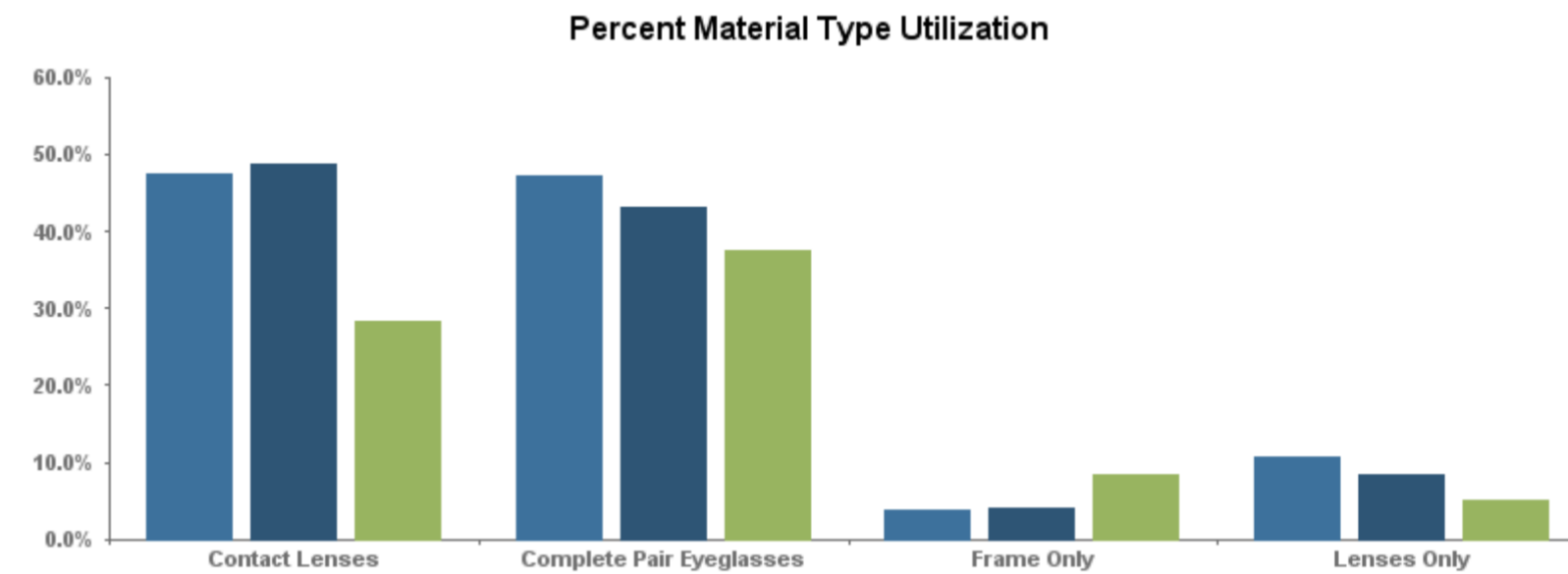
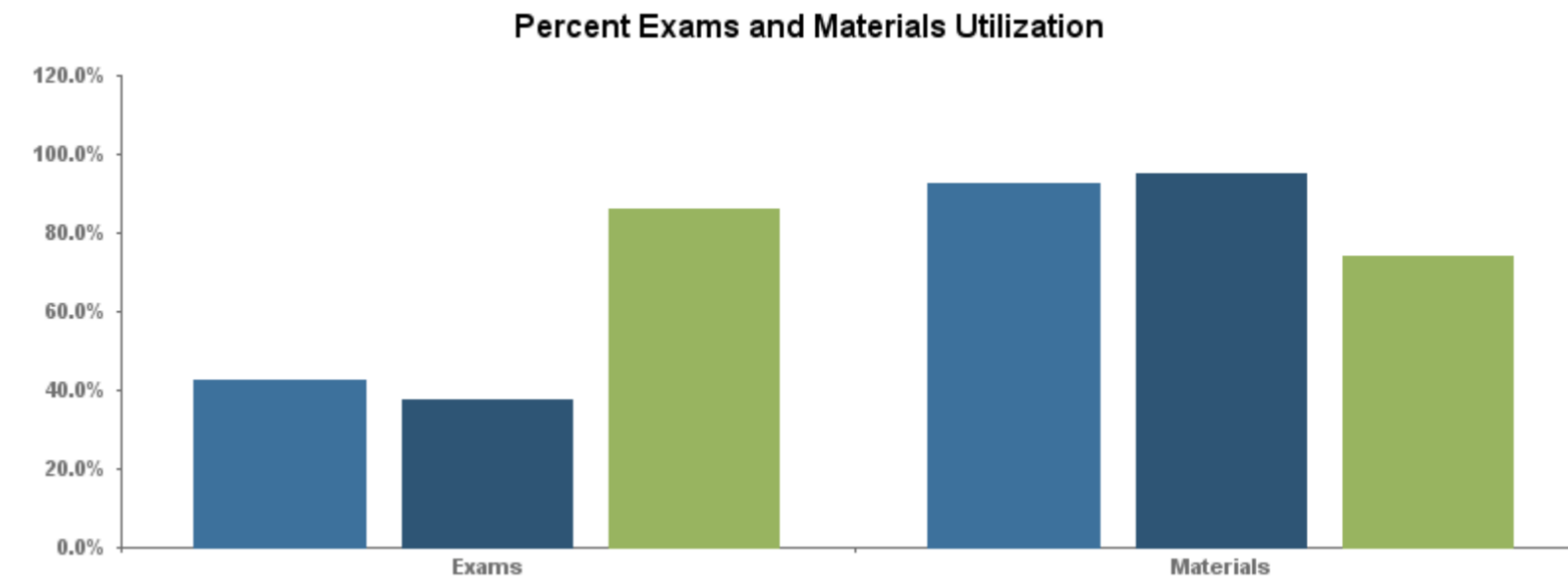
Vision - Utilization Summary

| Key Indicators | Current | Prior |
|----------------------------------|---------|--------|
| Members | 2,723 | 2,461 |
| Member Months | 32,680 | 29,534 |
| Unique Claimants | 901 | 876 |
| Average Paid Amount per Claimant | \$156 | \$161 |

| Percent Claimants Receiving Services | Current | Prior | Benchmark |
|--------------------------------------|---------|-------|-----------|
| Exams | 42.6% | 37.6% | 86.1% |
| Materials | 92.6% | 94.9% | 74.0% |
| Contact Lenses | 47.5% | 48.7% | 28.3% |
| Complete Pair Eyeglasses | 47.3% | 43.0% | 37.6% |
| Frame Only | 3.9% | 4.1% | 8.4% |
| Lenses Only | 10.7% | 8.3% | 5.0% |
| Single Vision Lenses | 39.5% | 40.3% | 30.1% |
| Bifocal Lenses | 1.9% | 1.9% | 2.4% |
| Trifocal Lenses | 0.1% | 0.6% | 0.3% |
| Progressive Lenses | 16.8% | 17.5% | 15.4% |
| Other Lenses | 4.0% | 3.0% | 1.7% |

| Percent Lens Options/Treatments | Current | Prior | Benchmark |
|---------------------------------|---------|-------|-----------|
| Scratch Resistance | 11.0% | 4.0% | 7.4% |
| Scratch Resistance - Children | 2.6% | 0.3% | 1.2% |
| Polycarbonate | 33.4% | 35.0% | 28.9% |
| Polycarbonate - Children | 9.5% | 10.5% | 6.4% |
| Photochromic | 6.7% | 7.3% | 9.6% |
| Photochromic - Children | 1.3% | 1.5% | 1.7% |
| U-V | 29.4% | 10.7% | 17.3% |
| Tinted | 6.5% | 3.5% | 4.4% |
| High Index | 12.8% | 11.8% | 5.5% |
| Anti-Reflective | 40.6% | 39.2% | 30.1% |

| | Frame Purchases Distribution by Retail Price | | | | | | | Total |
|----------------------|--|--------------|--------------|--------------|-------------|-------------|-------------|---------------|
| | \$0-\$100 | \$101-\$130 | \$131-\$160 | \$161-\$190 | \$191-\$220 | \$221-\$250 | \$251+ | |
| Total Frames | 12 | 5 | 6 | 5 | 2 | 2 | 3 | 35 |
| Percent Total | 34.3% | 14.3% | 17.1% | 14.3% | 5.7% | 5.7% | 8.6% | 100.0% |



Benchmark based on total Vision large group block of business

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County of Dane
 Revenue and Enroll Report
 Report Period: Sep 1, 2018 - Aug 31, 2019

| Plan | Revenue Type | 201809 | 201810 | 201811 |
|--------------|--------------|--------------------|--------------------|--------------------|
| VISION 1 | PREM | \$5,919.01 | \$5,617.39 | \$5,741.10 |
| VISION 2 | PREM | \$8,949.35 | \$8,699.96 | \$8,662.47 |
| TOTAL | | \$14,868.36 | \$14,317.35 | \$14,403.57 |

| Plan | Product | 201809 | 201810 | 201811 |
|----------|---------|--------------------|--------------------|--------------------|
| VISION 1 | VIS | \$4,916.15 | \$5,371.81 | \$6,900.72 |
| VISION 2 | VIS | \$5,899.01 | \$6,511.98 | \$6,621.85 |
| | | \$10,815.16 | \$11,883.79 | \$13,522.57 |

| Plan | 201809 | 201810 | 201811 | 201812 |
|----------|--------|--------|--------|--------|
| VISION 1 | 464 | 467 | 473 | 481 |
| VISION 2 | 753 | 751 | 749 | 750 |

| Plan | 201809 | 201810 | 201811 | 201812 |
|----------|--------|--------|--------|--------|
| VISION 1 | 1,027 | 1,033 | 1,044 | 1,055 |
| VISION 2 | 1,718 | 1,711 | 1,704 | 1,704 |

Revenue

| 201812 | 201901 | 201902 | 201903 | 201904 | 201905 | 201906 | 201907 |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| \$5,848.83 | \$5,910.42 | \$6,394.82 | \$5,355.44 | \$5,714.48 | \$6,203.00 | \$5,994.16 | \$5,944.94 |
| \$8,663.15 | \$8,703.05 | \$8,709.60 | \$8,674.16 | \$8,690.89 | \$8,925.31 | \$8,951.60 | \$8,944.09 |
| \$14,511.98 | \$14,613.47 | \$15,104.42 | \$14,029.60 | \$14,405.37 | \$15,128.31 | \$14,945.76 | \$14,889.03 |

Claims

| 201812 | 201901 | 201902 | 201903 | 201904 | 201905 | 201906 | 201907 |
|--------------------|--------------------|-------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| \$8,581.59 | \$6,512.73 | \$5,737.44 | \$7,101.94 | \$7,251.93 | \$7,131.86 | \$6,694.87 | \$8,028.85 |
| \$6,693.12 | \$4,899.93 | \$3,814.88 | \$4,792.72 | \$6,060.38 | \$5,085.61 | \$3,517.98 | \$4,813.68 |
| \$15,274.71 | \$11,412.66 | \$9,552.32 | \$11,894.66 | \$13,312.31 | \$12,217.47 | \$10,212.85 | \$12,842.53 |

Vision Subscribers

| 201901 | 201902 | 201903 | 201904 | 201905 | 201906 | 201907 | 201908 |
|--------|--------|--------|--------|--------|--------|--------|--------|
| 492 | 499 | 499 | 500 | 527 | 537 | 542 | 550 |
| 752 | 751 | 752 | 752 | 769 | 771 | 773 | 773 |

Vision Members

| 201901 | 201902 | 201903 | 201904 | 201905 | 201906 | 201907 | 201908 |
|--------|--------|--------|--------|--------|--------|--------|--------|
| 1,078 | 1,089 | 1,087 | 1,087 | 1,152 | 1,164 | 1,168 | 1,184 |
| 1,707 | 1,704 | 1,703 | 1,701 | 1,761 | 1,763 | 1,767 | 1,767 |

| 201908 | Total Revenue |
|--------------------|----------------------|
| \$8,185.11 | \$72,828.70 |
| \$8,963.86 | \$105,537.49 |
| \$17,148.97 | \$178,366.19 |

| 201908 | Total Paid |
|--------------------|---------------------|
| \$8,405.92 | \$82,635.81 |
| \$4,598.94 | \$63,310.08 |
| \$13,004.86 | \$145,945.89 |

| Ttl Subs |
|-----------------|
| 6,031 |
| 9,096 |

| Ttl Mbrs |
|-----------------|
| 13,168 |
| 20,710 |

**INTRODUCING
BLUE VIEW VISION!**

Good news—Blue View Vision is very flexible and easy to use. This summary outlines the basic components of your plan, including quick answers about what's covered and much more!



Blue View VisionSM

Custom Summary for Dane County

Materials Only Plan

Blue View Vision offers you one of the largest vision care networks in the industry, with a wide selection of experienced ophthalmologists, optometrists, and opticians. Blue View Vision's network also includes convenient retail locations, many with evening and weekend hours, including LensCrafters®, Target® Optical, JCPenney Optical, Sears Optical and Pearle Vision® locations. Best of all – when you purchase your eyewear from a Blue View Vision participating provider, you can maximize your benefits and money-saving discounts. Members may call Blue View Vision toll-free at (866) 723-0515 with questions about vision benefits or provider locations.

Out-of-network services

Did we mention we're flexible? You can choose to receive care outside of the Blue View Vision network. You simply get an allowance toward your eyewear purchases and you pay the rest. (In-network benefits and discounts will not apply.) Just pay in full at the time of purchase and then file a claim for reimbursement.

YOUR BLUE VIEW VISION PLAN AT-A-GLANCE

EYEWEAR MATERIALS AND LENS TREATMENT OPTIONS

Eyeglass frames

You may select an eyeglass frame and receive the following allowance toward the purchase price (*once every 24 months from last date of purchase*):

Eyeglass lenses (Standard)

Polycarbonate lenses included for children under 19 years old.

Transitions lenses included for children under 19 years old.

You may receive any one of the following lenses (*once every 12 months from last date of purchase*):

- Standard plastic single vision lenses (1 pair)
- Standard plastic bifocal lenses (1 pair)
- Standard plastic trifocal lenses (1 pair)
- Standard plastic lenticular lenses (1 pair)

Eyeglass lens upgrades

When receiving services from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.

Lens Options

- UV Coating
- Tint (Solid and Gradient)
- Factory Scratch Coating
- Standard Polycarbonate
- **Transitions** lenses
- Progressive Lenses¹
 - Standard
 - Premium Tier 1
 - Premium Tier 2
 - Premium Tier 3
- Standard Anti-Reflective Coating²
- Premium Tier 1 Anti-Reflective Coating²
- Premium Tier 2 Anti-Reflective Coating²
- Other Add-ons and Services

¹ Please ask your provider for his/her recommendation as well as the progressive brands by tier.

² Please ask your provider for his/her recommendation as well as the coating brands by tier.

Contact lenses

Prefer contacts and glasses? You may choose to receive contact lenses and eyeglass lenses in the same benefit period. (*once every 12 months from last date of purchase*)

Your contact lens allowance must be used at the time of initial service.

- Elective Conventional Lenses
- Elective Disposable Lenses
- Non-Elective Contact Lenses
No amount over the allowance may be carried forward to subsequent materials in the same or the following calendar year.

| IN-NETWORK | OUT-OF-NETWORK |
|--|---|
| \$150 allowance then 20% off remaining balance | \$45 allowance |
| \$0 copay, then covered in full | \$40 allowance |
| \$0 copay, then covered in full | \$60 allowance |
| \$0 copay, then covered in full | \$80 allowance |
| \$0 copay, then covered in full | \$80 allowance |
| Member cost for upgrades | |
| \$15 | No allowance |
| \$15 | No allowance |
| \$0 | \$11 allowance |
| \$40 | No allowance |
| \$75 | No allowance |
| \$65 | No allowance |
| \$91 | No allowance |
| \$97 | No allowance |
| \$103 | No allowance |
| \$45 | No allowance |
| \$57 | No allowance |
| \$68 | No allowance |
| 20% off retail price | Discounts on lens upgrades are not available out-of-network |
| \$150 allowance then 15% off the remaining balance | \$150 allowance |
| \$150 allowance <i>(no additional discount)</i> | \$150 allowance |
| Covered in full | \$210 allowance |

The frame allowance or discounts associated with this vision plan may not apply to some frames where the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Members may submit an out-of-network claim for reimbursement on such frames up to the scheduled amount indicated in the members benefit summary/certificate of coverage. Discounts are subject to change without notice.

Transitions and the swirl are registered trademarks of Transitions Optical, Inc. Photochromic performance is influenced by temperature, UV exposure and lens material.

Discounts – Savings on additional eyewear and accessories – After you use your initial frame or contact lens allowance, you can take advantage of discounts on additional prescription eyeglasses, conventional contact lenses, and eyewear accessories courtesy of Blue View Vision network providers.

| | | |
|---|--|---|
| <p>BLUE VIEW VISION ADDITIONAL SAVINGS</p> <p>Additional Pair of Complete Eyeglasses</p> <p>Contact Lenses - Conventional <i>(Discount applied to materials only)</i></p> <p>Eyewear Accessories Includes some non-prescription sunglasses, lens cleaning supplies, contact lens solutions and eyeglass cases, etc.</p> <p><small>*Items purchased separately are discounted 20% off the retail price. Blue View Vision's Additional Savings Program is subject to change without notice.</small></p> | <p>MEMBER SAVINGS</p> <p>40% discount off retail*</p> <p>15% off retail price</p> <p>20% off retail price</p> | <p>LASER VISION CORRECTION SURGERY Glasses or contacts may not be the answer for everyone. That's why we offer further savings with preferred pricing and/or discounts of 10% to 15% on LASIK vision correction from network providers. For more information, go to SpecialOffers at anthem.com and select vision care.</p> <p>USING YOUR BLUE VIEW VISION PLAN The Blue View Vision network is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network.</p> <p>OUT-OF-NETWORK If you choose an out-of-network provider, please complete the out-of-network claim form and submit it along with your itemized receipt to the below fax number, email address, or mailing address. When visiting an out-of-network provider, you are responsible for payment of services and/or eyewear materials at the time of service.</p> <p>To Fax: 866-293-7373 To Email: oonclaims@eyewearspecialoffers.com To Mail: Blue View Vision Attn: OON Claims P.O. Box 8504 Mason, OH 45040-7111</p> |
|---|--|---|

EXCLUSIONS & LIMITATIONS

This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. Covered materials that are lost or broken will be replaced only at normal service intervals indicated in the plan design; however, these materials and any items not covered below may be purchased at preferred pricing from Blue View Vision providers. In addition, benefits are payable only for expenses incurred while the group and insured person's coverage is in force.

Combined Offers. Not combined with any offer, coupon, or in-store advertisement.

Experimental or Investigative. Any experimental or investigative services or materials.

Crime or Nuclear Energy. Conditions that result from: (1) insured person's commission of or attempt to commit a felony; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available

Uninsured. Services received before insured person's effective date or after coverage ends.

Excess Amounts. Any amounts in excess of covered vision expense.

Routine Exams or Tests. Routine examinations required by an employer in connection with insured person's employment.

Work-Related. Work-related conditions if benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if insured person does not claim those benefits.

Government Treatment. Any services actually given to the insured person by a local, state or federal government agency, except when payment under this plan is expressly required by federal or state law. We will not cover payment for these services if insured person is not required to pay for them or they are given to the insured person for free.

Services of Relatives. Professional services or supplies received from a person who lives in insured person's home or who is related to insured person by blood or marriage.

Voluntary Payment. Services for which insured person is not legally obligated to pay. Services for which insured person is not charged. Services for which no charge is made in the absence of insurance coverage.

Private Contracts. Services or supplies provided pursuant to a private contract between the insured person and a provider, for which reimbursement under the Medicare program is prohibited, as specified in Section 1802 (42 U.S.C. 1395a) of Title XVIII of the Social Security Act.

Eye Surgery. Any medical or surgical treatment of the eyes and any diagnostic testing. Any eye surgery solely or primarily for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia) and/or astigmatism. Contact lenses and eyeglasses required as a result of this surgery.

Sunglasses. Sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

Hospital Care. Inpatient or outpatient hospital vision care.

Orthoptics. Orthoptics or vision training and any associated supplemental testing.

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames, unless insured person has reached a new benefit period.

Frames: Discount is not available on certain frame brands in which the manufacturer imposes a no discount policy.

Disclaimer

This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's Policy, which shall control in the event of a conflict with this overview.

Not Specifically Listed. Services not specifically listed in this plan as covered services.

This information is intended to be a brief outline of plan benefits. The most detailed description of benefits, exclusions, and restrictions can be found in the Certificate of Coverage.

| Monthly Rates | | | |
|------------------------------|-----------------------------------|---------------------------------------|-----------------------------------|
| Employee Only: \$6.22 | Employee + Spouse: \$12.44 | Employee + Child(ren): \$13.69 | Employee + Family: \$18.05 |

In Indiana: Anthem Blue Cross and Blue Shield is a trade name of Anthem Insurance Companies, Inc. In Kentucky: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. In Ohio: Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWI") underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation ("CompCare") underwrites or administers the HMO policies; and CompCare and BCBSWI collectively underwrite or administer the POS policies. In Missouri: Anthem Blue Cross and Blue Shield is the trade name RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC) and HMO Missouri, Inc. use to do business in most of Missouri. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. Independent licensee of the Blue Cross and Blue Shield Association. ® Blue Cross and Blue Shield are registered marks of the Blue Cross and Blue Shield Association.

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BLUE VIEW VISION!**

Good news—Blue View Vision is very flexible and easy to use. This summary outlines the basic components of your plan, including quick answers about what's covered and much more!



Blue View VisionSM

Custom Summary for Dane County

Full Service Plan

Blue View Vision offers you one of the largest vision care networks in the industry, with a wide selection of experienced ophthalmologists, optometrists, and opticians. Blue View Vision's network also includes convenient retail locations, many with evening and weekend hours, including LensCrafters®, Target® Optical, JCPenney Optical, Sears Optical and Pearle Vision® locations. Best of all – when you receive care from a Blue View Vision participating provider, you can maximize your benefits and money-saving discounts. Members may call Blue View Vision toll-free at (866) 723-0515 with questions about vision benefits or provider locations.

Out-of-network services

Did we mention we're flexible? You can choose to receive care outside of the Blue View Vision network. You simply get an allowance toward services and you pay the rest. (In-network benefits and discounts will not apply.) Just pay in full at the time of service and then file a claim for reimbursement.

YOUR BLUE VIEW VISION PLAN AT-A-GLANCE

VISION CARE SERVICES

Routine eye exam *(once every 12 months from last date of exam)*

Eyeglass frames

You may select an eyeglass frame and receive the following allowance toward the purchase price *(once every 24 months from last date of purchase)*:

Eyeglass lenses *(Standard)*

Polycarbonate lenses included for children under 19 years old.

Transitions lenses included for children under 19 years old.

You may receive any one of the following lenses *(once every 12 months from last date of purchase)*:

- Standard plastic single vision lenses *(1 pair)*
- Standard plastic bifocal lenses *(1 pair)*
- Standard plastic trifocal lenses *(1 pair)*
- Standard plastic lenticular lenses *(1 pair)*

Eyeglass lens upgrades

When receiving services from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.

Lens Options

- UV Coating
- Tint (Solid and Gradient)
- Factory Scratch Coating
- Standard Polycarbonate
- **Transitions** lenses
- Progressive Lenses¹
 - Standard
 - Premium Tier 1
 - Premium Tier 2
 - Premium Tier 3
- Standard Anti-Reflective Coating²
- Premium Tier 1 Anti-Reflective Coating²
- Premium Tier 2 Anti-Reflective Coating²
- Other Add-ons and Services

¹ Please ask your provider for his/her recommendation as well as the progressive brands by tier.

² Please ask your provider for his/her recommendation as well as the coating brands by tier.

Contact lenses

Prefer contacts and glasses? You may choose to receive contact lenses and eyeglass lenses in the same benefit period. *(once every 12 months from last date of purchase)*

Your contact lens allowance must be used at the time of initial service.

- Elective Conventional Lenses
 - Elective Disposable Lenses
 - Non-Elective Contact Lenses
- No amount over the allowance may be carried forward to subsequent materials in the same or the following calendar year.*

The frame allowance or discounts associated with this vision plan may not apply to some frames where the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Members may submit an out-of-network claim for reimbursement on such frames up to the scheduled amount indicated in the members benefit summary/certificate of coverage. Discounts are subject to change without notice.

| IN-NETWORK | OUT-OF-NETWORK |
|--|---|
| \$0 copayment | \$42 allowance |
| \$150 allowance then 20% off remaining balance | \$45 allowance |
| \$0 copay, then covered in full | \$40 allowance |
| \$0 copay, then covered in full | \$60 allowance |
| \$0 copay, then covered in full | \$80 allowance |
| \$0 copay, then covered in full | \$80 allowance |
| Member cost for upgrades | |
| \$15 | No allowance |
| \$15 | No allowance |
| \$0 | \$11 allowance |
| \$40 | No allowance |
| \$75 | No allowance |
| \$65 | No allowance |
| \$91 | No allowance |
| \$97 | No allowance |
| \$103 | No allowance |
| \$45 | No allowance |
| \$57 | No allowance |
| \$68 | No allowance |
| 20% off retail price | Discounts on lens upgrades are not available out-of-network |
| \$150 allowance then 15% off the remaining balance | \$150 allowance |
| \$150 allowance <i>(no additional discount)</i> | \$150 allowance |
| Covered in full | \$210 allowance |

VISION CARE SERVICES

Contact lens fitting and follow-up

A contact lens fitting and two follow-up visits are available to you once a comprehensive eye exam has been completed.

Standard contact fitting*

Premium contact lens fitting**

**IN-NETWORK
Member Cost**

Covered in Full

10% off retail price,
plus \$55 allowance

**OUT-OF
NETWORK**

\$55 allowance

\$55 allowance

* Standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

** Premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Discounts – Savings on additional eyewear and accessories – After you use your initial frame or contact lens allowance, you can take advantage of discounts on additional prescription eyeglasses, conventional contact lenses, and eyewear accessories courtesy of Blue View Vision network providers.

| BLUE VIEW VISION ADDITIONAL SAVINGS | MEMBER SAVINGS | LASER VISION CORRECTION SURGERY |
|--|---------------------------------|--|
| <p>Additional Pair of Complete Eyeglasses</p> | <p>40% discount off retail*</p> | <p>Glasses or contacts may not be the answer for everyone. That's why we offer further savings with preferred pricing and/or discounts of 10% to 15% on LASIK vision correction from network providers. For more information, go to SpecialOffers at anthem.com and select vision care.</p> |
| <p>Contact Lenses - Conventional <i>(Discount applied to materials only)</i></p> | <p>15% off retail price</p> | <p>USING YOUR BLUE VIEW VISION PLAN The Blue View Vision network is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network.</p> |
| <p>Eyewear Accessories Includes some non-prescription sunglasses, lens cleaning supplies, contact lens solutions and eyeglass cases, etc.</p> | <p>20% off retail price</p> | <p>OUT-OF-NETWORK If you choose an out-of-network provider, please complete the out-of-network claim form and submit it along with your itemized receipt to the below fax number, email address, or mailing address. When visiting an out-of-network provider, you are responsible for payment of services and/or eyewear materials at the time of service.</p> |
| <p>*Items purchased separately are discounted 20% off the retail price. Blue View Vision's Additional Savings Program is subject to change without notice.</p> | | <p>To Fax: 866-293-7373 To Email: oonclaims@eyewearspecialoffers.com To Mail: Blue View Vision Attn: OON Claims P.O. Box 8504 Mason, OH 45040-7111</p> |

EXCLUSIONS & LIMITATIONS

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Experimental or Investigative. Any experimental or investigative services or materials.

Crime or Nuclear Energy. Conditions that result from: (1) insured person's commission of or attempt to commit a felony; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available

Uninsured. Services received before insured person's effective date or after coverage ends.

Excess Amounts. Any amounts in excess of covered vision expense.

Routine Exams or Tests. Routine examinations required by an employer in connection with insured person's employment.

Work-Related. Work-related conditions if benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if insured person does not claim those benefits.

Government Treatment. Any services actually given to the insured person by a local, state or federal government agency, except when payment under this plan is expressly required by federal or state law. We will not cover payment for these services if insured person is not required to pay for them or they are given to the insured person for free.

Services of Relatives. Professional services or supplies received from a person who lives in insured person's home or who is related to insured person by blood or marriage.

Voluntary Payment. Services for which insured person is not legally obligated to pay. Services for which insured person is not charged. Services for which no charge is made in the absence of insurance coverage.

Private Contracts. Services or supplies provided pursuant to a private contract between the insured person and a provider, for which reimbursement under the Medicare program is prohibited, as specified in Section 1802 (42 U.S.C. 1395a) of Title XVIII of the Social Security Act.

Eye Surgery. Any medical or surgical treatment of the eyes and any diagnostic testing. Any eye surgery solely or primarily for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia) and/or astigmatism. Contact lenses and eyeglasses required as a result of this surgery.

Sunglasses. Sunglasses and accompanying frames.

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Frames: Discount is not available on certain frame brands in which the manufacturer imposes a no discount policy.

Disclaimer

This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's Policy, which shall control in the event of a conflict with this overview.

Not Specifically Listed. Services not specifically listed in this plan as covered services.

This information is intended to be a brief outline of plan benefits. The most detailed description of benefits, exclusions, and restrictions can be found in the Certificate of Coverage.

Monthly Rates

Employee Only: **\$8.60**

Employee + Spouse: **\$17.18**

Employee + Child(ren): **\$18.90**

Employee + Family: **\$24.93**