

**VENDOR'S OFFER**

**Vendor's Offer**  
**Form 201-B (RFP)**

It is required that Offeror **complete, sign and submit** the original of this form to the City Procurement Office with the proposal response offer. An unsigned "Vendor's Offer," late proposal response and/or a materially incomplete response will be considered nonresponsive and rejected.

Offeror is to type or legibly write in ink all information required below.

Company Name: AVESIS THIRD PARTY ADMINISTRATORS, INC.

Company Mailing Address: 3030 North Central Ave., Suite 300

City: Phoenix State: AZ Zip: 85012

Contact Person: Denise Ramage Meling Title: Regional Vice President of Sales

Phone No.: 602-241-3400 x351 FAX: 602-240-9103 E-mail: dramage@avesis.com

Company Tax Information:

Arizona Transaction Privilege (Sales) Tax No.: NA or

Arizona Use Tax No.: NA

Federal I.D. No.: 86-0986927

City & State Where Sales Tax is Paid: NA,

If a Tempe based firm, provide Tempe Transaction Privilege (Sales) Tax No.: NA

**THIS PROPOSAL IS OFFERED BY**

Name of Authorized Individual (type or print in ink) Denise Ramage Meling

Title of Authorized Individual (type of print in ink) Regional Vice President of Sales and Marketing

**REQUIRED SIGNATURE OF AUTHORIZED OFFEROR (must sign in ink)**

By signing this Proposal Offer, Offeror acknowledges acceptance of all terms and conditions contained herein and that prices offered were independently developed without consultation with any other Offeror or potential Offeror. In accordance with A.R.S. 35-391.06 and 35-393.06, et seq., the Offeror hereby certifies that it does not have scrutinized business operations in Iran or Sudan. Failure to sign and return this form with proposal offer will be considered nonresponsive and rejected.

Denise Ramage Meling  
 Signature of Authorized Offeror

March 2, 2010  
 Date

VENDOR INFORMATION SHEET

VENDOR INFORMATION SHEET

Organization Name:	Avesis Third Party Administrators, Inc.
Date Founded	1978
Contact Person's Name	Denise Ramage Meling
Title	Regional Vice President of Sales and Marketing
Address	3030 North Central Avenue, Suite 300
City/State	Phoenix, AZ 85012
Phone Number	602-241-3400 or 800-522-0258
E-mail Address	dramage@avesis.com
Fax Number	602-240-9103
Website	www.avesis.com

CURRENT PUBLIC SECTOR CLIENT REFERENCES

Name	Contact Name	Phone Number and Client Location	Number of Employees	Contract Start Date
State of Arizona	Chanelle Bergen	602-542-0395 Phoenix, AZ	85,000	10/1/2001
City of Surprise	April Reynolds	623-222-3522	690	7/1/2000
City of Avondale	Bonnie Brown	623-333-2212	180	7/1/2002
Tolleson Elementary School District	Mikki Bilton	623-936-9740 Tolleson, AZ	900	7/1/2006

RECENTLY TERMINATED PUBLIC SECTOR CLIENTS

Name	Contact Name	Phone Number	Termination Reason	Termination Date
San Carlos Unified School District	Dr. Doss	928-475-2316	No reason given	6/30/2009
No other recent city of AZ groups				

*Denise Ramage Meling*  
Authorized Signature

**City of Tempe  
Vision Rate Sheet  
July 1, 2010 through June 30, 2014  
Submitted by: Avesis Third Party Administrators, Inc.**

	<b>Enrollment</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>
<b>Employee Only</b>	<b>785</b>	<b>\$6.19</b>	<b>\$6.19</b>	<b>\$6.19</b>	<b>\$6.19</b>
<b>Employee + 1</b>	<b>491</b>	<b>\$12.45</b>	<b>\$12.45</b>	<b>\$12.45</b>	<b>\$12.45</b>
<b>Employee + 2 or More</b>	<b>579</b>	<b>\$18.51</b>	<b>\$18.51</b>	<b>\$18.51</b>	<b>\$18.51</b>

**City of Tempe**  
**Vision Provider Count**  
**As of January 1, 2010**  
**Submitted by Avesis Third Party Administrators, Inc.**

Please specify the number of licensed ophthalmologists, optometrists, and office locations in each of the areas shown below<sup>1</sup>.

Area	Ophthalmologists	Optometrists	Office Locations <sup>2</sup>
Mesa	7	106	52
Chandler	4	105	31
Phoenix	12	171	100
Tempe	1	34	13
Scottsdale	9	85	32

Please indicate how many providers or offices are closed and not taking new patients in each of the areas shown below<sup>1</sup>.

Area	Ophthalmologists	Optometrists	Office Locations <sup>2</sup>
Mesa	0	0	0
Chandler	0	0	0
Phoenix	0	0	0
Tempe	0	0	0
Scottsdale	0	0	0

<sup>1</sup>**Provide the number of providers who have their PRIMARY location in the indicated area. Each unique provider should be counted only once.**

<sup>2</sup>**Provide the number of locations within your network for each area. Each location should be counted only once, regardless of the number of providers within this location.**



INCORPORATED

## Advantage Plus Vision Care

Monthly Stand-Alone Vision Care Rates

Prepared For:

City of Tempe

### Advantage Plus Benefit Frequency & Plan Design

	<u>EXAMINATION</u>	<u>SPECTACLE LENSES</u>	<u>FRAME</u>	<u>CONTACT LENSES</u>
<b>PLAN A</b>	<i>12 months</i>	<i>12 months</i>	<i>12 months</i>	<i>12 months</i>

### Advantage Plus Schedule of Benefits

	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u>
<b>Eye Examination</b>	Covered in full (after the exam copay* is met)	Reimbursed up to \$35.00
<b>Spectacle Lenses (pair)</b>		
-Standard Single Vision	Covered in full (after the materials copay* is met)	Reimbursed up to \$25.00
-Standard Bifocal	Covered in full (after the materials copay* is met)	Reimbursed up to \$40.00
-Standard Trifocal	Covered in full (after the materials copay* is met)	Reimbursed up to \$50.00
-Standard Lenticular	Covered in full (after the materials copay* is met)	Reimbursed up to \$100.00
-Progressive	20% off retail, plus \$50 allowance (after the materials copay* is met)	Reimbursed up to \$40.00
<b>Lens Options</b>		
-Specialty Lenses (polycarbonate, hi-index, photochromatic, etc)	Preferred Pricing (20% off retail) plus allowance for standard lenses (after the materials copay* is met)	Reimbursed up to allowance for standard lenses
-Lens tints, coatings, cosmetic finishing, etc	Preferred Pricing (20% off retail)	No Benefit
<b>Frame</b>	Frames up to a \$50 wholesale cost (approx. retail of \$100 to \$150): Covered in full (after the materials copay* is met)	Reimbursed up to \$45.00
<b>Contact Lenses</b>	<i>(In lieu of frame and spectacle lenses)</i>	<i>(In lieu of all other benefits)</i>
-Elective	\$150 allowance	Reimbursed up to \$150.00
-Medically Necessary	Covered in full	Reimbursed up to \$250.00
<b>LASIK Surgery Benefit</b>	<i>In lieu of all other services for the benefit year – This is a one-time, life-time allowance.</i>	
	Provider discount up to 25% plus \$150 allowance	Reimbursed up to \$150

### Advantage Plus Monthly Rates

<u>PLAN A (12/12/12/12)</u>	<u>\$10/\$10 CO-PAY*</u>
<i>Employee Only</i>	\$ 6.19
<i>Employee + One Dependent</i>	\$12.45
<i>Employee + Family</i>	\$18.51

\* \$10/\$10 co-pay includes a \$10 co-pay for the exam and a \$10 co-pay for materials (spectacle lenses & frame). Co-pays do not apply for out-of-network reimbursement, contact lens benefits, or LASIK Surgery.

- Rates are guaranteed for four (4) years.
- Rates are net of commission.
- Rates are based on employer contributing 100% of the employee premium.
- Dependents voluntarily enrolling in the group plan must agree to remain enrolled during the designated plan period.
- Dependents who elect not to enroll when eligible must wait until the next plan enrollment period to enroll.

Insured vision care is underwritten by Fidelity Security Life Insurance Company, a rated A- (Excellent) company based on an analysis of financial position and operating performance by A.M. Best Company — an independent analyst of the insurance industry.

**MANDATORY MINIMUM REQUIREMENTS**

**SUBMITTED BY: AVESIS THIRD PARTY ADMINISTRATORS, INC.**

**MANDATORY MINIMUM REQUIREMENTS**

- Complete this form and include it with your response.
- Indicate “yes” or “no” as to your organization’s ability to meet the general requirements.
- Vendor will be held accountable for accuracy/validity of all answers.

<b>MANDATORY MINIMUM REQUIREMENTS</b>		<b>YES</b>	<b>NO</b>
1.	Contract has a length of one (1) year with the option to renew four (4) additional years.	<b>XX</b>	
2.	Contract includes an indemnification/hold harmless clause to protect the City.	<b>XX</b>	
3.	The rates or fees quoted in your proposal are firm and will not be recalculated based on actual enrollment (e.g., within +/- 25%).	<b>XX</b>	
4.	Quoted rates are guaranteed for a minimum of 48 months?	<b>XX</b>	
5.	The rates or fees quoted are self-supporting, and are not contingent upon the City selecting additional services from your organization.	<b>XX</b>	
6.	You agree that any <b>early</b> termination provision contained in your contract cannot be tied to the renewal or financial provisions or penalties.	<b>XX</b>	
7.	You agree that the City can terminate the contract without cause, and with no early termination penalty, if you are provided 30 days notice.	<b>XX</b>	
If you answered “No” to any of the questions above, please provide an explanation below:			
<b>Requirement No.</b>	<b>Explanation</b>		

## GENERAL INFORMATION

SUBMITTED BY: AVESIS THIRD PARTY ADMINISTRATORS, INC.

GENERAL INFORMATION	VENDOR RESPONSE
<p>1. Please complete the following background information about your organization:</p> <p>a. Organization's name</p> <p>b. Address of your corporate headquarters</p> <p>c. Address of the location that will service the City's account</p> <p>d. Does your firm have any local offices?</p> <p>e. Date your firm became operational</p> <p>f. Date your firm became operational for the services requested in this RFP (indicate your years of experience with EACH product you are proposing)</p> <p>g. Ownership of your firm</p>	<p>Avesis Third Party Administrators, Inc.</p> <p>3030 North Central Avenue, Suite 300 Phoenix, AZ 85012</p> <p>3030 North Central Avenue, Suite 300 Phoenix, AZ 85012</p> <p>The headquarters office is located in Phoenix.</p> <p>Avesis Incorporated became operational in 1978</p> <p>Avesis Third Party Administrators, Inc. was incorporated in 2000</p> <p>Avesis Incorporated is publicly owned.</p>
<p>2. Complete the following information about the individual from your organization who will be the <b>PRIMARY REPRESENTATIVE</b> during the proposal process and to whom questions about the RFP should be directed:</p> <p>a. Name:</p> <p>b. Title:</p> <p>c. Address:</p> <p>d. E-mail:</p> <p>e. Phone:</p> <p>f. Fax:</p> <p>g. Hours Worked</p>	<p>Denise Ramage Meling</p> <p>Regional Vice President of Sales</p> <p>3030 North Central Ave., Suite 300, Phoenix, AZ</p> <p>dramage@avesis.com</p> <p>602-241-3400 x251</p> <p>602-240-9103</p> <p>In the office: M-F, 8:00 am – 5:00 pm</p>
<p>3. Complete the following information about the individual from your organization who will be <b>assigned as the OVERALL ACCOUNT MANAGER</b> for the City:</p> <p>a. Name:</p> <p>b. Title:</p> <p>c. Address:</p> <p>d. E-mail:</p>	<p>Kara Lexa</p> <p>Account Manager</p> <p>3030 North Central Ave., Suite 300, Phoenix, AZ</p> <p>klexa@avesis.com</p>

**GENERAL INFORMATION**

**SUBMITTED BY: AVESIS THIRD PARTY ADMINISTRATORS, INC.**

GENERAL INFORMATION	VENDOR RESPONSE													
e. Phone:	602-241-3400 x289													
f. Fax:	602-240-9103													
g. Hours Worked	In the office: M-F, 8:00 am – 5:00 pm													
<p>4. Complete the following information about the individual from your organization who will be <b>assigned as the PRIMARY DAY TO DAY CONTACT</b> for the City:</p> <p>a. Name:</p> <p>b. Title:</p> <p>c. Address:</p> <p>d. E-mail:</p> <p>e. Phone:</p> <p>f. Fax:</p> <p>g. Hours Worked</p>	<p>Claudia Faery</p> <p>Client Manager</p> <p>3030 North Central Ave., Suite 300, Phoenix, AZ</p> <p>cfaery@avesis.com</p> <p>602-241-3400 x207</p> <p>602-240-9103</p> <p>In the office: M-F 5:00 am – 3:00 pm</p>													
<p>5. Indicate your firm's ratings by all of the following agencies:</p> <p>a. <b>CURRENT YEAR</b></p> <p>A.M. Best</p> <p>Standard and Poor's (S&amp;P)</p> <p>Fitch</p> <p>Moody's</p> <p>Other (list):</p> <p>b. Has the recent financial crisis had any impact on your recent financial rating?</p> <p>c. If yes, describe what the impact has been.</p> <p>d. If there has been any downgrade in your ratings in the last 2 years please <b>explain the nature and reason(s) for such change.</b></p>	<p>Avesis is a third party administrator and is not subject to rating. Fully insured plans are underwritten by Fidelity Security Insurance Company (FSL).</p> <table border="1" data-bbox="820 1115 1450 1507"> <thead> <tr> <th data-bbox="820 1115 1144 1203">Rating</th> <th data-bbox="1144 1115 1450 1203">Month/Year of Rating</th> </tr> </thead> <tbody> <tr> <td data-bbox="820 1203 1144 1266">A- (excellent)</td> <td data-bbox="1144 1203 1450 1266">June, 2009</td> </tr> <tr> <td data-bbox="820 1266 1144 1329"></td> <td data-bbox="1144 1266 1450 1329"></td> </tr> <tr> <td data-bbox="820 1329 1144 1392"></td> <td data-bbox="1144 1329 1450 1392"></td> </tr> <tr> <td data-bbox="820 1392 1144 1455"></td> <td data-bbox="1144 1392 1450 1455"></td> </tr> <tr> <td data-bbox="820 1455 1144 1507"></td> <td data-bbox="1144 1455 1450 1507"></td> </tr> </tbody> </table> <p>No.</p> <p>NA</p> <p>No.</p>		Rating	Month/Year of Rating	A- (excellent)	June, 2009								
Rating	Month/Year of Rating													
A- (excellent)	June, 2009													
<p>6. a. Has your organization <b>acquired, been acquired by, or merged with</b> another organization in the past 24 months?</p>	<p>No.</p>													

**GENERAL INFORMATION**

**SUBMITTED BY: AVESIS THIRD PARTY ADMINISTRATORS, INC.**

GENERAL INFORMATION	VENDOR RESPONSE
<p>b. Is your firm <b>anticipating restructuring or reorganizing</b> in the next two years? (Include any major staff relocations or office closings.)</p> <p>c. What is your plan for continuance of principles in the event of a reorganization or restructuring?</p>	<p>No.</p> <p>NA</p>
<p>7. Would you agree to <b>attend onsite client meetings</b> during the year, as requested (at no additional cost to the City)?</p>	<p>Yes. Avesis will attend any and all meetings scheduled with the City of Tempe.</p>
<p>8. <b>Implementation:</b></p> <p>a. Provide your written <b>implementation plan with timeframes</b> that address all issues the City needs to consider that will allow you to be able to provide the proposed services on the start date of this contract.</p> <p>b. What is the <b>minimum amount of implementation lead-time</b> you need in order to initiate the proposed services for the City?</p> <p>c. List any <b>transition issues</b> the City should consider with respect to moving services from an existing vendor to your services.</p> <p>d. Are there any specific administrative procedures or <b>information that your firm will need from the City in order to implement your services?</b></p>	<p>A sample implementation plan is in Section IV. If awarded the contract, the initial meeting will establish if there are unique issues to City that must be addressed and planned for, otherwise a standard Implementation Timetable would include the following major benchmarks:</p> <ul style="list-style-type: none"> <li>▪ Contract Signing</li> <li>▪ Collateral communication pieces designed and printed</li> <li>▪ Eligibility format and transmission development</li> <li>▪ Group data programming</li> <li>▪ Avesis in-house training</li> <li>▪ Provider Notification</li> <li>▪ Enrollment</li> <li>▪ Member communications`</li> </ul> <p>The time required would depend on the complexity of the benefit plan and special administrative services that may be required. However, for standard plan benefits and administration, Avesis would be able to implement a vision program in 60 days, not including the time required for open enrollment.</p> <p>There is no transfer of cases in progress under a vision plan, so impact is minimal for the transition. The main transition would be the eligibility files.</p> <p>Avesis would need a signed contract and eligibility records in approved format including dependent names and birthdates.</p>
<p>9. a. What additional services/resources are provided for any of the products you are proposing?</p>	<p>The Avesis proposal is inclusive of the services being proposed for the City of Tempe.</p>

**GENERAL INFORMATION****SUBMITTED BY: AVESIS THIRD PARTY ADMINISTRATORS, INC.**

<b>GENERAL INFORMATION</b>	<b>VENDOR RESPONSE</b>
b. Indicate any additional fee for the above noted services.	NA
10. a. Indicate the <b>toll-free telephone number for use by participants</b> if they have questions about the network.	800-828-9341. There is one toll-free number for any question the participant may have; e.g., eligibility, claims, benefits, providers, etc. The customer service center is located in at Central & Thomas in Phoenix, Arizona.

**GENERAL INFORMATION**

**SUBMITTED BY: AVESIS THIRD PARTY ADMINISTRATORS, INC.**

<b>GENERAL INFORMATION</b>	<b>VENDOR RESPONSE</b>
Provide the hours of operation of the toll-free number:	In addition, the website is available 24 hours a day/7 days a week for members to research providers, benefits, print an ID card, FAQ and other information.

**GENERAL INFORMATION**

**SUBMITTED BY: AVESIS THIRD PARTY ADMINISTRATORS, INC.**

GENERAL INFORMATION	VENDOR RESPONSE
<ul style="list-style-type: none"> <li>➤ Monday</li> <li>➤ Tuesday</li> <li>➤ Wednesday</li> <li>➤ Thursday</li> <li>➤ Friday</li> <li>➤ Saturday</li> <li>➤ Sunday</li> <li>➤ Holidays</li> </ul>	<b>Hours of Operation / Time Zone</b>
	5:00 am – 6:00 pm MST
	5:00 am – 6:00 pm MST
	5:00 am – 6:00 pm MST
	5:00 am – 6:00 pm MST
	5:00 am – 6:00 pm MST
<p>11. a. Do you have a local (Arizona) office to support the City’s plan members with questions?</p> <p>b. Who will the City contact when they have questions?</p> <p>c. Will the City have a dedicated team to help with questions?</p>	<p>Yes, the headquarters office is located on Central Avenue in Phoenix.</p> <p>Denise Ramage Meling will be the primary contact for the City. She will be assisted by Kara Lexa and Claudia Faery.</p> <p>Yes, Denise Ramage Meling, Kara Lexa and Claudia Faery. In addition, Celeste Kjesbo will be available for electronic file loads, if any.</p>

**CONTRACTUAL/LEGAL**

**SUBMITTED BY: AVESIS THIRD PARTY ADMINISTRATORS, INC.**

CONTRACTUAL/LEGAL	VENDOR RESPONSE
<p><b>1. Fee Adjustments:</b></p> <p>The City requires a minimum of 120 days advance written notification prior to any future fee adjustment.</p> <p>a. Do you agree to submit your renewal to the City (or its designated consulting firm) within 120 days of the plan year and understand that <b>if this renewal deadline is not met</b> the City will not grant a fee adjustment for the subsequent plan year?</p> <p>b. Do you understand that the City requires the following with each renewal package: any contract language changes requested, specific justification of rate/fee changes, current enrollment by rate class, additional options for consideration, and all caveats?</p>	<p style="text-align: center;"><b>Yes/No</b> <i>(Explain any "No" Response)</i></p> <p>Yes, Avesis agrees to a firm 120 day renewal notice.</p> <p>Yes, Avesis will provide all these items with the renewal notice.</p>
<p><b>2. Termination Provisions:</b></p> <p>a. The City of Tempe's Standard Terms and Conditions wants a contract that allows them to <b>terminate the vendor at any time (with 30 days advance notice) AND that there will be no financial penalty for an early termination.</b> Do you agree to both of these provisions and agree that your contract with the City will be worded as such?</p> <p>b. Do you agree that upon the termination of an agreement with the City, you will cooperate with the City and/or its subsequent service provider in order to effect an <b>orderly transition of services from your organization to a subsequent service provider, at no added fee?</b></p>	<p style="text-align: center;"><b>Yes/No</b> <i>(Explain any "No" Response)</i></p> <p>Yes, Avesis agrees that our standard contract and policy will be amended to include the City's 30 day termination language without cause and no penalty will be assessed.</p> <p>Yes, upon termination of the agreement, Avesis will cooperate with the City and any subsequent vendor for an orderly transition of services.</p>

**CONTRACTUAL/LEGAL****SUBMITTED BY: AVESIS THIRD PARTY ADMINISTRATORS, INC.**

<b>CONTRACTUAL/LEGAL</b>	<b>VENDOR RESPONSE</b>
<p><b>3. Subcontracting</b></p> <p>a. List any services related to the Scope of Work of this RFP that you currently subcontract (or plan to subcontract for this contract) and the name of the vendor(s) to whom you subcontract.</p> <p>b. Unless otherwise explained in this RFP, do you agree that you will not subcontract for any services related to the Scope of Work, without the prior written approval of the City?</p> <p>c. Do you understand that if you use subcontractors in the delivery of services under this proposal your firm is responsible for the timeliness, accuracy, privacy, comprehensiveness, and reporting components of the subcontractor's services?</p> <p>d. Explain any of your current contractual relationships with a third-party firm in which the third party firm will be paid by the City either directly or indirectly during the course of the contract with the City (e.g. % of savings)?</p>	<p>Avesis subcontracts with Personix for printing and mailing of the ID cards. Avesis also subcontracts with Emdeon for printing and mailing of claim EOBs and benefit checks.</p> <p>Yes</p> <p>Yes</p> <p>Avesis does not have a contractual relationship with a third party firm that would be paid by the City.</p>
<p>4. Do you agree that you will not <b>assign or transfer the rights or obligations</b> of the contract or any portion thereof, without the prior written approval of the City?</p>	<p>Yes</p>
<p>5. Do you agree to <b>maintain proper licensure as required by any state law</b> where it relates to the services that you will be performing for the City?</p>	<p>Yes</p>
<p>6. a. Do you agree to allow the plan sponsor or its designee the <b>right to audit</b> the performance of your organization and the services provided at no cost to the City?</p> <p>b. Do you agree that the <b>results of the audit can serve to document your compliance</b> with any agreed upon performance guarantees?</p>	<p>Yes</p> <p>Yes</p>
<p>7. Do you agree that <b>the City will determine eligibility for coverage</b>?</p>	<p>Yes</p>

**CONTRACTUAL/LEGAL**

**SUBMITTED BY: AVESIS THIRD PARTY ADMINISTRATORS, INC.**

CONTRACTUAL/LEGAL	VENDOR RESPONSE
<p>8. Describe any <b>pending or closed lawsuits</b> against your organization in the past 5 years.</p>	<p>There are no pending lawsuits that affect our core business practices.</p>
<p>9. The City of Tempe prefers that its Terms and Conditions govern any resulting contract.</p> <p>Please indicate if you will agree to this provision. If not, clearly identify areas of non-compliance.</p> <p>If you have any required supplemental contract language which will be required as part of the final contract, please submit a draft copy of contract with your proposal.</p>	<p>Avesis agrees with this stipulation.</p> <p>A copy of the Avesis standard contract and FSL policy is included in Section IV for the City's review.</p>
<p>10. <b>HIPAA:</b> If you were provided or received any individually identifiable health information (IIHI) in order to price this proposal, or perform underwriting, premium rating, or other activities relating to the renewal or replacement of a contract of health benefits for the City, do you agree that <b>you will protect such IIHI as required by federal HIPAA Privacy/Security regulations?</b></p>	<p>Yes, Avesis agrees to protect any IIHI provided by the City in accordance with the HIPAA Privacy/Security Regulations.</p>
<p>11. <b>HIPAA:</b> Do you agree to <b>maintain adherence to federal HIPAA Privacy and Security regulations</b> as it relates to the personal health information you receive about the City's plan participants during the proposal, implementation, contract, and post-contract periods?</p>	<p>Yes, Avesis is currently compliant with HIPAA Privacy and Security Regulations for the proposal, implementation, contract and post-contract periods through our Corporate HIPAA Policies and Procedures established to administer vision plans.</p>
<p>12. Do you agree that all <b>books, records, lists or names, plates, seals, passbooks, journals and ledgers and all data specific to this plan shall be the property of</b> and shall be used exclusively for this plan at the direction of the City?</p>	<p>Yes.</p>

## VISION NETWORK AND SERVICES

SUBMITTED BY: AVESIS THIRD PARTY ADMINISTRATORS, INC.

VISION NETWORK AND SERVICES	VENDOR RESPONSE
<p>1. Please review the current plan design, as shown in the provided chart on pages 46 &amp; 47, and indicate whether you can administer this plan design. If no, indicate in what areas your proposal would differ from the current plan design.</p>	<p>Avesis Third Party Administrators, Inc. is proposing its standard Advantage Plus Plan which we believe closely matches the requested plan in the RFP. The deviations from the requested plan are:</p> <p><b>SPECTACLE LENSES –</b> Avesis covers standard lenses in full after the copay. For specialty lenses (progressive, polycarbonates, photo-chromatic, etc) the network provider will discount the retail price by 20% and Avesis will make an allowance toward standard lenses. Lens tints and coatings are considered optional and not covered under the plan, except that the network provider will provide a 20% discount and the member pays the balance.</p> <p><b>FRAMES –</b> The Avesis frame benefit is based on the wholesale prices of frames as published in the FRAMES Catalog. The Avesis Plus Plan covers frames in full up to a \$50 wholesale cost. A \$50 wholesale cost equates to approximately a \$100-\$150 retail price.</p> <p><b>LASIK SURGERY –</b> Avesis provides a sliding scale of discount prices through a preferred network of LASIK surgeons. In addition, Avesis will provide an allowance of \$150 toward the surgery costs for both in- and out-of-network services. The allowance is a one-time, lifetime allowance and is in-lieu of all other services for the benefit period.</p> <p><b>LOW VISION BENEFIT –</b> These services are not covered</p> <p><b>OUT-OF-NETWORK COPAY –</b> Copays are not applied to out-of-network services, contact lens allowances, or LASIK allowances.</p>
<p>2. Are any products or services excluded from either your firm's proposed network or benefits?</p>	<p>Yes, the plan includes limitations and exclusions. The managed vision plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as listed in the schedule of benefits, the member will pay a discounted fee to the network provider.</p>

**VISION NETWORK AND SERVICES**

**SUBMITTED BY: AVESIS THIRD PARTY ADMINISTRATORS, INC.**

VISION NETWORK AND SERVICES	VENDOR RESPONSE
<p>If so, please list these exclusions.</p>	<p>There are no benefits under the vision plan for professional services or materials connected with and arising from:</p> <ul style="list-style-type: none"> <li>▪ Orthoptics or vision training;</li> <li>▪ Subnormal vision aids and any associated supplemental testing;</li> <li>▪ Plano (non-prescription) lenses or Plano (non-prescription) sunglasses;</li> <li>▪ Two pair of glasses in lieu of bifocals and blended lenses;</li> <li>▪ Any medical or surgical treatment or supporting structures;</li> <li>▪ Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services;</li> <li>▪ Any eye examination or corrective eyewear required by an employer as a condition of employment;</li> <li>▪ Services or materials provided as a result of any Worker's Compensation Law, or similar legislation, required by any governmental agency whether federal, state or subdivision thereof.</li> </ul>
<p>3. Does your firm offer the ability to vary the participant copay by type of lens?</p>	<p>Not at this time.</p>
<p>4. Does your firm offer the ability to vary the participant copay by type of frame?</p>	<p>Not at this time.</p>
<p>5. a. How are network claims processed?</p> <p>b. Are any authorization forms or ID cards issued and required?</p> <p>c. Do members pay up-front and submit claims for reimbursement or are members responsible for only plan copays?</p>	<p>Network providers submit claims on paper or electronically through FTP connections or on the Avesis website. Claims are entered in a single step process and auto-adjudicated through a comprehensive computer system that verifies such data as member eligibility, group services, and provider contract payment. 80% of claims auto-adjudicated to check-write on the first pass.</p> <p>Avesis does not require any authorization forms or ID cards to access benefits of the program.</p> <p>For services obtained in-network the member is only responsible for plan copays and any amounts not covered under the plan. For services obtained out-of-network, the member will pay up front and submit a claim for reimbursement up to the Out-of-Network Fee Schedule.</p>

## VISION NETWORK AND SERVICES

SUBMITTED BY: AVESIS THIRD PARTY ADMINISTRATORS, INC.

VISION NETWORK AND SERVICES	VENDOR RESPONSE
<p>d. If paper claim submission is required, what is the turn-around time for a member's claim to be processed (date of receipt to date check is issued)?</p> <p>e. Are there any time limits for submitting claims?</p>	<p>All clean claims are processed within 3-5 days of receipt. Checks are issued twice a month.</p> <p>Claims must be submitted within 90 days of the date of service, unless there are extenuating services, in which case, the limit is one year.</p>
<p>6. List the services included with an eye exam.</p> <p><b>Exam Includes the following:</b></p> <p>a. Case History</p> <p>b. Recording corrected and uncorrected visual acuity</p> <p>c. Internal Exam</p> <p>d. External Exam</p> <p>e. Pupillary Reflexes</p> <p>f. Binocular Vision</p> <p>g. Objective refraction</p>	<p style="text-align: center;"><b>Yes / No</b></p> <p style="text-align: center;">Yes</p>
<p>h. Subjective refraction</p> <p>i. Test for Glaucoma</p> <p>j. Slit Lamp Exam (Biomicroscopy)</p> <p>k. Dilation (as indicated and permitted)</p> <p>l. Color Vision</p> <p>m. Depth Perception</p>	<p style="text-align: center;">Yes</p>
<p>7. a. What hours will your firm's central telephone number be staffed?</p> <p>b. Are questions regarding provider billing, benefits, or member grievances covered by the same phone number?</p> <p>c. If not, please explain.</p>	<p>Customer Services Phone Representatives are available Monday-Friday from 5:00 am to 6:00 pm MST. Members can also take advantage of services available on the Avesis website 24 hours a day, 7 days a week.</p> <p>Yes. All customer service calls are received on the toll free number and seamlessly routed to the next available representative.</p> <p>NA</p>
<p>8. a. Explain what happens when an enrollee obtains services outside your vision network.</p>	<p>If a member obtains covered services outside of the Avesis network, the member is responsible to pay the full amount of the charges and submit a completed claim form for reimbursement up to the out-of-network fee schedule.</p>

## VISION NETWORK AND SERVICES

SUBMITTED BY: AVESIS THIRD PARTY ADMINISTRATORS, INC.

VISION NETWORK AND SERVICES	VENDOR RESPONSE
<p>b. Will your organization process any non-participating provider claims?</p> <p>c. If not, explain your procedures.</p>	<p>Claims received from a non-participating provider will be processed and reimbursement for covered services will be issued to the member up to the out-of-network fee schedule.</p> <p>NA</p>
<p>A. a. Are any exclusions or limitations required in conjunction with your network?</p> <p>b. If so, please explain and include sample wording.</p>	<p>Some retail chain stores do not offer discounts on their already discounted retail prices. Also the frame allowance is an established retail price that is equivalent to the plan's wholesale cost allowance.</p> <p>For example, "Frames from participating Wal-Mart locations are covered up to \$68 (Plus Plan \$50 wholesale cost), retail value".</p>
<p>9. How do your providers recognize a patient as a participant in your vision program - voucher, ID card, electronic connection to your eligibility database, etc.? Please explain.</p>	<p>Providers have access to members' eligibility and plan design information via Avesis' IVR system, or the secure website through the provider portal, or by calling the customer service department. Upon enrollment, participants will receive an Avesis ID card. Also, members can print an ID Card from our website at <a href="http://www.avesis.com">www.avesis.com</a> for each member of the family. However, it is not necessary for a member to present an ID Card to receive services; it is merely a courtesy to the member of behalf of Avesis. When the member calls for an appointment and identifies themselves as an Avesis member, the provider's office will verify the member's eligibility and plan benefits before the appointment using one of the methods discussed above.</p>
<p>10. a. Does your organization have a contract or association with any optical chain stores?</p> <p>b. If so, please specify and explain.</p>	<p>Optical chain stores are contracted as a standard network provider, but Avesis has no other profit-sharing arrangement.</p> <p>NA</p>
<p>11. What percent of the offices are private provider offices versus chain stores?</p>	<p>The Avesis national provider network includes over 25,000 providers of which 70% are private practice optometrists and ophthalmologists and 30% are retail chain stores.</p>

## VISION NETWORK AND SERVICES

SUBMITTED BY: AVESIS THIRD PARTY ADMINISTRATORS, INC.

VISION NETWORK AND SERVICES	VENDOR RESPONSE
B. Provide a GeoAccess report using 2 Ophthalmologists within 10 miles of a participant. <i>Provide count of unique providers only.</i>	Our analysis shows 85.8% of the enrolled employees have access to 2 ophthalmologists in 10 miles. The Avesis Geo Analysis Report is included in Section IV.
C. Provide a GeoAccess report using 2 Optometrists within 10 miles of a participant. <i>Provide count of unique providers only.</i>	Our analysis shows 97.9% of the enrolled employees have access to 2 optometrists in 10 miles. The Avesis Geo Analysis Report is included in Section IV
D. a. Do providers pay a membership fee to your organization?  b. If so, how much is the fee and how often is it charged?	No, providers are independent contractors and do not pay a membership fee.  NA

**VISION NETWORK AND SERVICES**

**SUBMITTED BY: AVESIS THIRD PARTY ADMINISTRATORS, INC.**

VISION NETWORK AND SERVICES	VENDOR RESPONSE
<p>12. How does your organization measure the quality of care provided by the providers in your network?</p>	<p>Avesis is committed to a Quality Improvement Program that encompasses member rights, a formal complaint/appeal process, performance standards and quality of care assurances. Through customer complaints and member satisfaction surveys Avesis will compile information on issues with any provider. These are forwarded to the appropriate Committee for review and action:</p> <ul style="list-style-type: none"> <li>▪ A Quality Assurance/Quality Improvement Committee comprised of Avesis management staff and Optometrist representatives to oversee all aspects of the Quality Assurance Program.</li> <li>▪ A Credentialing Committee to monitor Provider Quality Assurance through an exhaustive Credentialing Program and a comprehensive provider contract and practice standards and guidelines.</li> <li>▪ A Utilization Committee to evaluate and monitor each practice for: <ul style="list-style-type: none"> <li>✓ Quality of Care</li> <li>✓ Efficiency of Care</li> <li>✓ Member Satisfaction</li> <li>✓ Fulfillment of Administrative Requirements</li> <li>✓ Compliance with Clinical Standards</li> </ul> </li> </ul> <p>In addition, Avesis employs a stringent Fraud and Abuse Detection policy. This policy includes several components including our "Program Integrity" and "Utilization Review" processes as well as our Claims Department review processes.</p> <p>The goal of the Avesis Program Integrity and Utilization Review programs is to provide quality care and the most cost effective vision services within the financial restrictions of the plan benefits.</p> <p>As part of the Avesis Fraud and Abuse Detection policy, the Avesis Claims Department performs a detailed review of "aberrant" claims to identify possible instances of fraud and/or abuse. Aberrant claims include those identified with name changes, service code/diagnostic code changes and billed amount changes. In addition, the Avesis claims system has automatic safeguards in place to identify inappropriately submitted duplicate claims.</p>

## VISION NETWORK AND SERVICES

SUBMITTED BY: AVESIS THIRD PARTY ADMINISTRATORS, INC.

VISION NETWORK AND SERVICES	VENDOR RESPONSE
13. How many "standard" frames are included under your proposed program that would not involve an extra charge to the participant?	The Avesis vision plan proposed for the City of Tempe covers in full all frames with a wholesale cost of \$50 or less (approximately \$100-\$150 retail price) as published in the FRAMES data Catalog. There are about 33,000 frames listed with a \$50 wholesale cost or less, including many of the most popular designer labels.
14. Please list all additional items that require additional costs that were not quoted in your discounted arrangement.	Lens Tints and Coatings Specialty Lenses Frames over the benefit allowance Any service not specifically listed as a covered benefit.
E. a. Does your organization cover prescription sunglasses?	Yes.
b. If so, what is the cost?	Prescription sunglasses are covered as any other spectacle lens/frame, subject to plan copays, frequency limitations and plan exclusions.
F. a. Does your discounted eye examination include a contact lens fitting, or is there an additional charge for this service?	No, the routine eye exam does not include a contact lens fitting. The contact lens fitting charge is covered under the contact lens allowance.
b. If there is an additional charge, please specify.	No, the cost is covered under the Contact Lens Allowance.
15. Does your organization offer any discounts on eye care solutions such as saline, lubricants, drops, et cetera?	No, these items are considered over-the-counter supplies.
16. a. Explain how patient out-of-pocket costs are controlled or managed?	Providers contractually agree that Avesis' patients will not be charged more than their private patients for the same services. Avesis routinely audits its providers to assure that this is the case. Should a question or concern arise regarding the amounts charged for services and/or materials by any provider, Avesis will immediately remedy the situation. Avesis also maintains a database of complaints by provider. If a provider exceeds the Avesis standards the provider's office is immediately audited and can be put on professional probation or can be terminated.

## VISION NETWORK AND SERVICES

SUBMITTED BY: AVESIS THIRD PARTY ADMINISTRATORS, INC.

VISION NETWORK AND SERVICES	VENDOR RESPONSE
<p>b. What are the possibilities for out-of-pocket costs?</p> <p>c. What are the average out-of-pocket costs per patient?</p>	<p>The vision plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the network provider.</p> <p>Avesis does not track this information because providers are not required to report non-covered amounts.</p>
<p>17. a. What methods does your organization use to measure customer satisfaction?</p> <p>b. Provide a copy of your most recent customer satisfaction survey statistics.</p>	<p>Avesis is so concerned about the satisfaction of our members that we routinely send a satisfaction survey for every 25<sup>th</sup> claim processed so that we are getting feedback throughout the year, not just one time each year. Any survey that is returned with negative feedback is investigated by our QA Department and resolved.</p> <p>The survey asks the member to rate their experience with the provider, the provider's staff, benefits received, and any contact they have had with Avesis Customer Service staff.</p> <p>Our Member Satisfaction Survey for 2009 is included in Section IV of the proposal.</p>
<p>18. Indicate if your organization can provide each of the following reports (provide samples of all reports that are available):</p> <p>a. Monthly report showing premiums, claims, subscribers, and member counts?</p> <p>b. Quarterly utilization report?</p> <p>c. Reports showing utilization and claims separated by actives and retirees?</p>	<p>Yes</p> <p>Yes</p> <p>Yes, provided actives and retirees have separate eligibility designations.</p>
<p>19. Please provide a sample of the management reports included in your firm's proposed fee. Please note that the City is interested in the following detailed reports.</p>	<p>A sample of the standard Management Reports is in Section IV of the proposal.</p>
<p>20. Can reports be separated between actives/COBRA participants and retirees?</p>	<p>Yes, provided actives/COBRA participants and retirees have separate eligibility designations.</p>

## VISION NETWORK AND SERVICES

SUBMITTED BY: AVESIS THIRD PARTY ADMINISTRATORS, INC.

VISION NETWORK AND SERVICES	VENDOR RESPONSE
21. Can ad-hoc reports be requested? What will be the cost for an ad-hoc report?	The Avesis IT system is very flexible and can provide data reports in a variety of formats and specifications. Avesis is willing to discuss any special reports that would be required. There is no charge for special reports if the data is easily retrievable by our IT Department using standard formats. If outside programming is required, then we would have to discuss costs for the reports.
22. How long is the average wait time to get an eye exam?	For an Ophthalmologist, members can usually make an appointment within 7-10 days for non-emergency services. For an Optometrist, within 3-7 days for routine appointments. Most retail chain stores (opticians) have same day availability.
23. How many complaints per 1,000 do you receive on your network providers?	Less than 1%
24. Are providers compensated on a discounted fee basis or does your arrangement include other forms of compensation?	Providers are contracted on a discounted fee for service basis.
25. What retention was used to develop your premium rates?	The administrative retention is 15%.
26. a. Where is your facility located that fabricates glasses?  b. On average, how long does it take for a member to receive their glasses once the order has been placed?  c. What guarantees are in place that the glasses will be correctly fabricated to meet the customer's vision correction specifications?	Avesis does not have a relationship with any particular optical laboratories, nor does it direct its providers to utilize specific laboratories. Rather, we allow the providers to utilize the laboratories they generally use for their private patients. This allows the providers to use local laboratories rather than designating them to utilize services from an out-of-state laboratory therefore creating more of a time lag for the member to receive their eyewear. We have found that this provides the members with better service and optimum materials.  Anywhere from same day to one week, depending on the lab used by the provider.  All vision optical materials provided to Avesis members must meet or exceed ANSI standards. All materials are 100 percent guaranteed against manufacturer defects for up to one (1) year from the date of purchase.
27. For the services and materials identified on the table below, indicate your R&C charges and your discounted fees.	Some of the following information is considered proprietary and confidential and is not provided.

## VISION NETWORK AND SERVICES

SUBMITTED BY: AVESIS THIRD PARTY ADMINISTRATORS, INC.

Service	Claims Per 1,000 Covered Individuals per Year *	R&C	Discounted Fee	Trust Pays	Participant Pays  In- Network
Comprehensive eye exam					Exam Copay
Regular frames					\$0 for frames at or under \$50 wholesale value.
Single vision lenses (glass or plastic) clear					Materials Copay
Bifocal lenses (glass or plastic)(clear, FT-35, executive, ultex)					Materials Copay
Trifocal lenses (glass or plastic)(clear 7x25, 7x28)					Materials Copay
Executive trifocals					80% of retail charge less allowance for standard trifocal lenses
Progressive lenses (glass or plastic) clear A.O. Omni or Silor Super no- line					80% of retail charge less \$50 allowance
Oversize lenses (54 eye size and above)					80% of retail charge less allowance for standard lenses
Daily wear contact lenses (spherical soft or hard) clear					Retail charges over \$150 allowance
Toric soft contact lenses (clear)					Retail charges over \$150 allowance

## VISION NETWORK AND SERVICES

SUBMITTED BY: AVESIS THIRD PARTY ADMINISTRATORS, INC.

Service	Claims Per 1,000 Covered Individuals per Year *	R&C	Discounted Fee	Trust Pays	Participant Pays In- Network
Spherical gas permeable lenses (clear)					Retail charges over \$150 allowance
Scratch resistant					80% of retail charge
Tints					80% of retail charge
Photosensitive single vision					80% of retail charge less allowance for standard lenses
Photosensitive multi-focal					80% of retail charge less allowance for standard lenses
UV-coating					80% of retail charge
Transition lenses					80% of retail charge less allowance for standard lenses
Anti-reflective coating					80% of retail charge
Polycarbonate lenses					80% of retail charge less allowance for standard lenses

\* Please provide your firm's book of business utilization experience for each product/service as indicated.

## VISION NETWORK AND SERVICES

SUBMITTED BY: AVESIS THIRD PARTY ADMINISTRATORS, INC.

Please complete the following chart by showing where your proposed plan differs from the current plan:

VISION PLAN SCHEDULE OF BENEFITS				
Coverage	Current		Proposed	
	In-Network	Out-of-Network Allowance	In-Network	Out-of-Network Allowance
Exams	100%*	Up to \$35*	Match	Match (no copay)
<b>Lenses:</b>				
Single	100%*	Up to \$25*	Match	Match (no copay)
Bifocal	100%*	Up to \$40*	Match	Match (no copay)
Trifocal	100%*	Up to \$50*	Match	Match (no copay)
Lenticular	100%*	Up to \$100*	Match	Match (no copay)
Frame	\$150 allowance*	Up to \$45*	100% up to \$50 wholesale cost	Match (no copay)
Elective Contact Lenses	\$150 allowance*	Up to \$100*	Match (no copay)	Up to \$150 (no copay)
Tinted/Photochromic			20% discount on tints; 20% discount on photochromic lenses + allowance for standard lenses	No Benefit
	100%*	Up to \$5*		
Medically Necessary Contact Lenses	100%*	Up to \$250*	Match (no copay)	Match (no copay)
Contact Lenses allowance is in addition to or in lieu of Frames allowance?	In lieu of			
Contact Lens Fitting Fee	15% Discount		Included in Contact Lens Allowance	Included in Contact Lens Allowance
LASIK (in lieu of all other services for the benefit year)			Up to 25% discount + \$150 one time, lifetime allowance	\$150 one time, lifetime allowance

## IRS W-9 FORM

VISION PLAN SCHEDULE OF BENEFITS				
	Current		Proposed	
<b>Copayment:</b>				
Exams	\$10	\$10	Match	No copay
Lenses and/or Frames	\$10	\$10	Match	No copay
<b>Low Vision</b>				
Supplemental Testing	100%	Up to \$125	Not proposed	Not proposed
Supplemental Aids	75% of Cost	75% of Cost	Not proposed	Not proposed
Maximum Benefit	\$1,000 every two years (excluding applicable copays)		Not proposed	

\*Subject to copay

VISION PLAN SCHEDULE OF BENEFITS		
	Current	Proposed
<b>Frequency:</b>		
Vision Exam	1 every 12 months	1 every 12 months
Lenses	1 every 12 months	1 every 12 months
Frames	1 every 12 months	1 every 12 months
Contact Lenses	1 every 12 months	1 every 12 months

In addition to completing the schedule of benefits, provide a list of any other out-of-pocket costs that a member may incur.

**IN-NETWORK:**

20% discount on progressive spectacle lenses + \$50 allowance

20% discount on lens options, such as tints, coatings, specializations

20% discount on specialty spectacle lenses plus allowance for standard spectacle lenses

20% discount on second pair of spectacle lenses/frame or contact lenses in addition to spectacle lenses/frame

Frames over the \$50 wholesale cost: member pays the wholesale cost + 40% less \$50 allowance

March 17, 2010

Tony Allen  
Procurement Officer  
City of Tempe  
20 East 6<sup>th</sup> Street  
Tempe, AZ 85281

Re: **Best and Final Offer to RFP 10-111**  
**Vision Service Provider**

Dear Mr. Allen:

Avesis is very excited to be given an opportunity to submit a Best and Final Offer for the City's Vision Services Plan. We have itemized the points that you requested we review and our response:

1. **Pricing** - We have reviewed the prices we quoted in the initial offering. Avesis was very committed to offering a fair proposal to the City of Tempe therefore we presented our most competitive rates that we could offer to the City and we must stand with the rates we have presented in our proposal.
2. **Rate Guarantees/Rate Caps** – In our original proposal, Avesis proposed a 4 year rate guarantee and we will stand by that decision. In addition, we will guarantee that if a rate increase is deemed necessary in the 5<sup>th</sup> year it will be capped at no more than 5%.
3. **Low Vision Coverage** – Avesis has reconsidered our position on the Low Vision Benefits and, after consulting with our underwriter, it has been determined that Avesis can include a Low Vision Rider matching the benefits currently administered in the City's Vision Plan at no additional increase in the premiums we are quoting. The details of the plan benefits are itemized on the Best and Final Rate Sheet attached.
4. **Disruption of Service** – We have attached the completed City of Temple Vision Provider List indicating where our network matches the vision providers that rendered services to City Employees over the past 12 months for your review.

We would add that our proposal includes convenient Retail Chain locations, such as EyeMasters, EyeGlass World, Nationwide, America's Best, WalMart, Sam's Club, Sterling Optical and Costco. And our experience shows that Avesis members appreciate having the choice between independent optical providers or retail chain stores that are convenient and often can deliver their glasses in less than a day.

Avesis is very eager to add the City of Tempe to our list of prestigious clients. Please be assured that the City will be a premier account for Avesis and will command special attention to ensure a smooth implementation. In our RFP submission, we have provided Performance Guarantees with financial penalties as our assurances that we are serious in making sure the City's experience in adding the Avesis Vision Plan to their employees' benefit choices will be a positive one.

We sincerely hope that the City of Tempe chooses Avesis as their employees' vision plan provider and we are eagerly looking forward to the presentation on Friday, March 19, at 9:45 am so that we may further discuss the Avesis Proposal.

Sincerely,



Denise Ramage Meling  
Regional Vice President of Sales  
800-522-0258  
[dramage@avesis.com](mailto:dramage@avesis.com)

**City of Tempe  
Vision Rate Sheet  
July 1, 2010 through June 30, 2015**

	Enrollment	Year 1	Year 2	Year 3	Year 4	Year 5
Employee Only	785	6.19	6.19	6.19	6.19	**
Employee + 1	491	12.45	12.45	12.45	12.45	**
Employee + 2 or More	579	18.51	18.51	18.51	18.51	**

\*\* no more than 5%

Avesis will include the Low Vision Benefit at no increase in the premium rates quoted above. The plan benefit will duplicate the Low Vision Benefit as administered in the current vision plan:

**LOW VISION BENEFIT**

The Low Vision benefit is available to Covered Persons who have severe visual problems that are not correctable with regular lenses and is subject to PRIOR APPROVAL by the Avesis Vision Consultant.

Benefits shall include:

	<u>In-Network</u>	<u>Out of Network</u>
<b>Supplementary Testing</b> <i>Complete low vision analysis/diagnosis, which includes a comprehensive examination of visual functions, including the prescription of corrective eyewear or vision aids where indicated.</i>	Covered in Full	Reimbursed up to \$125
<b>Supplemental Care Aids</b> <i>Subsequent low vision aids as Visually Necessary or Appropriate</i>	75% of Approved Amount	75% of Approved Cost*
Supplemental Care Aids Copayment:	25% of Approved Amount	25% of Approved Cost*
<b>Benefit Maximum</b> <i>The maximum benefit available per Covered Person</i>	\$1,000.00 every two years for in-network and out-of-network services.	

**\* Out of Network Benefit Limitation**

Low vision benefits obtained from an out-of-network provider are subject to the same time limits and Copayment arrangements as described above for In-Network Services. The Covered Person will pay the Out-of-Network Provider the full fee charged. The Covered Person will submit an Out-of-Network Claim Form to Avesis for reimbursement. The reimbursement amount will not exceed 75% of the amount that Avesis would pay a Network Provider in similar circumstances. NOTE: There is no assurance that Out-of-Network Reimbursement will cover 75% of the Providers Retail Fee.

# Avēsis

A National Vision and Dental Company

## Participating Retail Chains

