

ATTACHMENT 15

RATE QUOTE

****Provide one set of rates per tier for eligible employees and pensioners****

Please complete the tables below with your proposed rates for:

Rate Exhibit I: Vision benefits that match the State’s current vision plan design as closely as possible with existing High/Low Plan

Rate Exhibit II: Vision benefits that reflect your proposed alternate High / Low dual plan option (if your organization opts to include these alternative designs in your proposal)

As a reminder, the term of the contract will be for three (3) years beginning July 1, 2026 and ending June 30, 2029. The State will have the option to renew the contract for two (2) additional one-year periods. The vendor must guarantee financial terms for five (5) years, either through a) June 30, 2031, and for the two optional one-year renewal periods with a “not to exceed” cap on premium rates each year, or, b) guaranteed rates for all five years.

Rate Exhibit I: Vision Benefits for Current Plan Design

Tier	Years 1, 2 and 3 (07/01/26 – 06/30/29)	Optional Year 4 (07/01/29 – 06/30/30)	Optional Year 5 (07/01/30– 06/30/31)
	Monthly Rates	Rate Increase Cap %	Rate Increase Cap %
High Plan			
Individual			
Individual + Spouse			
Individual + Child(ren)			
Family			
Low Plan			
Individual			
Individual + Spouse			
Individual + Child(ren)			
Family			

Note: *Individual* includes both employees and pensioners.

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RATE QUOTE

****Provide one set of rates per tier for eligible employees and pensioners****

Rate Exhibit II: Vision Benefits for Proposed Alternate High / Low Dual Plan Option

Tier	Years 1, 2 and 3 (07/01/26 – 06/30/29) Monthly Rates	Optional Year 4 (07/01/29 – 06/30/30) Rate Increase Cap %	Optional Year 5 (07/01/30– 06/30/31) Rate Increase Cap %
High Plan			
Individual			
Individual + Spouse			
Individual + Child(ren)			
Family			
Low Plan			
Individual			
Individual + Spouse			
Individual + Child(ren)			
Family			

Note: *Individual* includes both employees and pensioners.

1. Because this is an employee-pay-all plan, **the State will not pay for any costs** to administer the program. Some examples, but certainly not all, would be start-up or implementation costs; booklet drafting or printing; postage; attendance at on-site meetings, health fairs and educational sessions; single sign on to the vision benefit vendor's enrollment website, file transfer fees for loading data to the State's health care data warehouse; etc. Please confirm that the rates that you quote include all services and supplies in the implementation and administration of the vision plan.

Response:

2. **Confirm your understanding that best and final rates may not be requested after your bid submission.**

Response:

3. What is your cost for generating *ad hoc* reports (if requested)? Please indicate the basis of the cost, e.g., hourly rate.

Response:

3. Does your proposal assume the State of Delaware will remain a client for the full term of the proposed rate guarantee period? If yes, will your organization impose any damages for early termination? If yes, please explain.

Response: