



City of Port St. Lucie
E-Bid #20190081 Tabulation Report

EXHIBIT I- Administrative Services Only (ASO)

Schedule of Benefits			VSP Vision Plan			EyeMed Vision Plan	
			Proposed Plan			Proposed Plan	
Services	In-Network	Out-of-Network	In-Network	Out-of-Network		In-Network	Out-of-Network
Eye Exam	No Charge	Up to \$45 Reimbursement	\$0.00	\$45.00		\$0 Copay	Up to \$45 reimbursement
Frequency of Services							
Examination	12 Months	12 Months	12 Months	12 Months		12 months	12 months
Lenses	12 Months	12 Months	12 Months	12 Months		12 months	12 months
Frames	12 Months	12 Months	12 Months	12 Months		12 months	12 months
Contact Lenses	12 Months	12 Months	Included in materials allowance	N/A		12 months	12 months
Lenses							
Single	No Charge	Up to \$30 Reimbursement	\$0 Copay	\$30.00		\$0 Copay	Up to \$30 reimbursement
Bifocal	No Charge	Up to \$50 Reimbursement	\$0 Copay	\$50.00		\$0 Copay	Up to \$50 reimbursement
Trifocal	No Charge	Up to \$65 Reimbursement	\$0 Copay	\$65.00		\$0 Copay	Up to \$65 reimbursement
Frames			\$0 Copay	\$70.00			
Allowance	Up to \$115 Allowance; Up to \$135 Allowance for Featured Frame Brands	Up to \$70 Reimbursement	\$115.00 allowance	\$105.00		\$0 Copay, \$115 allowance, 20% off balance over \$115	Up to \$70 reimbursement
Contact Lenses *							
Non-Elective (Medically Necessary)	No Charge	Up to \$210 Reimbursement	\$0 Copay	N/A		\$0 Copay, paid-in-full	Up to \$210 reimbursement
Elective (Fitting, Follow-up & Lenses)	Up to \$115 Allowance After Maximum \$60 Copay	Up to \$105 Reimbursement	Up to \$60 Copay	N/A		\$0 Copay, \$115 allowance*	Up to \$105 reimbursement
Proposed Rate Gurantee Period			10/01/19-09/30/24			10/01/19-09/30/24	
Employee Only Rate			\$1.22			\$0.49	
Are rates vaild regardless of actual enrollment on 10/1/2019?			*our proposed rates are based on 1059 eligible employees, are guaranteed for 5 years, and are valid until October 1, 2019. Rates are net of commission and based on the assumption that the vision plan will be package with the medical and dental offerings. Rates			*additional 15% discount on balance over \$115 for conventional contract lenses only	
EXHIBIT II-Fully Insured Vision Plan							
Services	In-Network	Out-of-Network	In-Network	Out-of-Network		In-Network	Out-of-Network
Eye Exam	No Charge	Up to \$45 Reimbursement	\$0.00	\$45.00		N/A	N/A

Frequency of Services						N/A	N/A
Examination	12 Months	12 Months	12 Months	12 Months		N/A	N/A
Lenses	12 Months	12 Months	12 Months	12 Months		N/A	N/A
Frames	12 Months	12 Months	12 Months	12 Months		N/A	N/A
Contact Lenses	12 Months	12 Months	Included in materials allowance	N/A		N/A	N/A
Lenses							
Single	No Charge	Up to \$30 Reimbursement	\$0 Copay	\$30.00		N/A	N/A
Bifocal	No Charge	Up to \$50 Reimbursement	\$0 Copay	\$50.00		N/A	N/A
Trifocal	No Charge	Up to \$65 Reimbursement	\$0 Copay	\$65.00		N/A	N/A
Frames			\$0 Copay	\$70.00			
Allowance	Up to \$115 Allowance; Up to \$135 Allowance for Featured Frame Brands	Up to \$70 Reimbursement	\$115.00 allowance	\$105.00		N/A	N/A
Contact Lenses[*]							
Non-Elective (Medically Necessary)	No Charge	Up to \$210 Reimbursement	\$0 Copay	N/A		N/A	N/A
Elective (Fitting, Follow-up & Lenses)	Up to \$115 Allowance After Maximum \$60 Copay	Up to \$105 Reimbursement	Up to \$60 Copay	N/A		N/A	N/A
Proposed Rate Gurantee Period			10/01/19-09/30/24			Not applicable	
Employee Only Rate			\$5.97			Not applicable	
Employee + Spouse Rate			\$11.94			Not applicable	
Employee + Family Rate			\$12.78			Not applicable	
Employee + Family Rate			\$20.41			Not applicable	
Are rates vaild regardless of actual enrollment on 10/1/2019?			*our proposed rates are based on 1059			Not applicable	

1	Acknowledge all addenda.	Yes		Yes
2	Submitted original bid bond.	Copy		Yes
3	Copy of current insurance.	Yes		Yes
4	Review & Accept all City terms & conditions.	Yes		Yes
5	Submitted all licenses to perform the work.	Yes		Yes
6	Submitted all the required forms.	Yes		Yes
7	Listed all subcontractors.	NA		Yes
8	Listed projects similar to this one.	Yes		Yes
9	Filed Bankruptcy?	No		No
10	Any law suits?	No		No
11	Any criminal violations?	No		No
12	Accepts Visa?	No		No
13	Discount using Visa?	NA		NA
14	Submitted the Vendor Code of Ethics.	Yes		Yes
15	Submitted W-9	Yes		Yes
16	Submitted Non-collusion	Yes		Yes
17	Local Vendor Preference.	No		No

Number of E-Bids received:	2
Number of Planholders:	11
Number of Potential Bidders:	176
Number of Non-Responsive Bids:	0