Request for Proposal

Vision Care Program

NOVEMBER 2026

SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO
HEALTHCARE PLAN AND TRUST
300 E. BROAD ST., SUITE 100 • COLUMBUS, OHIO 43215-3746
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I. INTRODUCTION

The School Employees Retirement System of Ohio Healthcare Plan and Trust (the Plan) is requesting proposals for a voluntary vision care benefit program, offered to eligible SERS retirees, disability benefit recipients, survivors, eligible spouses and children.

II. BACKGROUND

The School Employees Retirement System of Ohio (SERS) is a statewide defined benefit retirement system for non-certificated persons employed by the public schools within the state's cities, villages and counties, as well as local districts, vocational and technical schools, community colleges, and The University of Akron. SERS provides service retirement, disability and survivor benefits, and access to healthcare coverage for benefit recipients and their dependents. General administration and management of the plan is vested in the Retirement Board established under Chapter 3309 of the Ohio Revised Code.

Approximately 40,000 retirees, spouses and dependents are enrolled in the Plan's medical and prescription drug program throughout the United States, however, about 90% are located in Ohio. SERS makes available a stand-alone vision program with a current enrollment of 42,000 lives.

Links are available for the most recent SERS Annual Comprehensive Financial Report. For additional information on SERS, see www.ohsers.org .

III. SCOPE OF SERVICES

A. Retiree Vision Care Benefit Program

The Plan is seeking a qualified vendor to provide a vision care benefit program that provides incentives to participants to use in-network benefits by providing a higher coverage level when accessing network providers. Current benefits are outlined in Appendix B.

The program will be funded on a fully insured basis and participants will pay 100% of the premium for the plan. The Plan will be responsible for all of the administration, including eligibility and billing to the participants.

The Plan holds a biennial vision open enrollment, at which time eligible benefit recipients can enroll or disenroll in the program for the subsequent two-year period. Newly qualified retirees, disability recipients, survivors, spouses and eligible children will be offered the program upon initiation of a benefit, and at the time of a qualifying event. The following are the requirements of the program for CY2028:

- Vendor shall provide an assigned account management team consisting of an Account Manager, IT Lead and a direct customer service contact. In all events, the vendor shall provide sufficient assigned personnel and other

resources as reasonably required to administer a quality, cost-effective customer service program.

- Vendor must provide a representative during open enrollment to attend all participant meetings if applicable.
- A Customer Service toll-free telephone line must be available five (5) days a week, Monday through Friday, from 8 am through 5 pm EST. The line must be dedicated to the Plan's enrollees.
- The selected vendor must be able to accept weekly electronic eligibility via SFTP and maintenance of participant and dependent enrollment, including timely and flexible enrollment processing outside of regularly scheduled updates. All data transfers must be accepted via SFTP.
- The vendor will not contact any SERS retiree with any information or material that has not been previously submitted to the Plan for review and approved for use.
- The Plan, through a third-party vendor offers COBRA coverage to eligible individuals. Vendor will work with that same third-party vendor to enroll individuals in coverage if elected.
- Sufficient network providers must be geographically accessible to the Plan's members. 90% of the Plan's benefit recipients are located in Ohio, but the remaining recipients are scattered throughout the US.
- Vendor must be adept at large case implementations and have demonstrated capability of working with retired enrollees.

B. Employee Vision Care Benefit Program

Separately and in addition to the Retiree Plan, responses should include proposed monthly administrative fees for a self-funded employee plan and proposed premiums for a fully-insured employee plan covering 450 lives using benefits that are similar to those described in Appendix C. These services will be purchased solely at SERS' discretion.

The Plan will consider only proposals for services as described above. **Responses submitted for other services will not be considered.**

IV. PROPOSAL SUBMISSIONS

A. Intent to Respond

If the vendor intends to respond to this RFP, a Notice of Intent to do so should be sent to the Plan by December 15, 2026. The Notice should be sent by email to the Plan contact listed in Paragraph C. below, and contain the vendor's name, its intent to respond, the name of a contact person and the contact person's telephone

number, and email. Submitting this Notice will not obligate a vendor to submit a Response nor be a prerequisite for submitting a Response but will allow the Plan to send out any necessary information to interested vendors.

B. Response Deadline

The completed Response must be received by **January 15, 2027 by 4:00 p.m., Eastern Time.** Responses received after the Response deadline will not be considered.

C. Delivery

Contact person for all responses, and communications:

Jennifer Kelley
Program Coordinator – Medical Plans
School Employees Retirement System
300 East Broad Street, Suite 100
Columbus, OH 43215
JKelley@ohsers.org
Telephone: 614-340-1319
FAX: 614-340-1820

An unbound original and four copies of the Response are to be sent by mail or delivery service, along with an emailed electronic copy of the proposal and one electronic redacted copy of the proposal suitable for use when is the Plan is responding to a Public Records request. Faxed transmissions are not acceptable and will not be considered.

D. Response Documents

All of the following documents must be submitted together and in the order listed.

1. A Cover Letter submitting the vendor's Response on the vendor's letterhead signed by at least one individual who is authorized to bind the vendor contractually.

2. The Questionnaire in Appendix A with the question and/or request duplicated in the Response before the answer or response.

3. Review of the Plan's contract Terms and Conditions (Appendix D).

E. Submitted Responses

Any Response submitted will become the property of the Plan. The Plan reserves the right to retain all Responses submitted, and use any information contained in a Response except as otherwise prohibited by law. **All Responses and the contents thereof will**

be deemed to be a public record which is open to public inspection after a vendor has been selected and contract has been executed, if any. A vendor may include one additional copy of its Response with any proprietary trade secret information redacted and marked as such with a brief written basis as to why it believes the information is protected from disclosure. In the event that the Plan receives a public records request to which, in the Plan's sole discretion, any of a vendor's materials are responsive, the Plan may release the vendor's redacted materials, or in the event no redacted materials are submitted, the vendor's unredacted materials without notice to the vendor. In the event any of the vendor's redactions are challenged, the vendor shall have sole responsibility to defend such redactions at its cost and expense. The Plan will not institute any legal action to defend any of vendor's redactions but will notify the vendor of such challenges.

F. Communications with the Plan

Vendors which intend to submit a Response should not contact any member of the Plan's Staff or members of the Retirement Board. An exception to this rule applies to vendors who currently do business with SERS, but any contact made by such vendor(s) with persons should be limited to that business and should not relate to this RFP.

G. Questions Relating to this RFP

All questions concerning this RFP must be received in writing by email by the Contact person by **December 9, 2026, 4:00 p.m., Eastern Time**. Answers to questions received by this deadline will be available to all vendors by a posting at www.ohsers.org by December 16, 2026. Questions submitted after 4 p.m. will not be considered.

V. SELECTION PROCESS

The Plan's staff will evaluate all timely and complete Responses. The Plan reserves the right to request that any Response be clarified or supplemented.

During the evaluation of proposals, the Plan may request clarifications from any vendor under consideration and may give the vendor an opportunity to correct defects in its proposal if the Plan believes does not result in a material unfair advantage and represents the best interest of the Plan.

VI. TENTATIVE TIMETABLE

The following is the tentative time schedule for the Plan's search for vendors to provide the requested services. All dates are subject to modification by the Plan without prior notice.

Issuance of RFP: November 13, 2026

Question Deadline:	December 9, 2026
Intent to Respond:	December 15, 2026
Response to Written Questions:	December 16, 2026
RFP Response Deadline:	January 15, 2027 4:00 p.m. EST
Implementation Begins:	June 1, 2027
Open Enrollment Begins:	October 1, 2027
Open Enrollment Ends:	November 30, 2027
Coverage Begins:	January 1, 2028

The vendor(s) selected must enter into a contract.

VII. CRITERIA

The Plan will evaluate the proposals based on the following minimum criteria:

- Proposed schedule of benefits and monthly premium
- Network of providers and network management program
- Qualifications and related experience of vendor and account team proposed to be assigned to the Plan's account
- Claims administration process
- Member communication

The Plan, at its discretion, may request vendors to interview and make a presentation about their proposal. Not all vendors may be selected to interview and make presentations. The Plan will not pay or reimburse vendors for any costs incurred in connection with interviews or presentations.

VIII. QUESTIONNAIRE

Vendors must complete the Questionnaire appearing in Appendix A. Responses to the questions should repeat the question and be answered in order. Limit each response to no more than one page, except where examples of materials are requested.

IX. TERMS AND CONDITIONS FOR RFP

The Plan makes no representations or warranties, expressed or implied, as to the accuracy or completeness of the information in the RFP and nothing contained herein is or shall be relied upon as a promise or representation, whether as to the past or the future. The RFP does not purport to contain all the information that may be required to evaluate the RFP and any recipient hereof should conduct its own independent analysis of the Plan and the data contained or referenced herein. The Plan does not anticipate updating or otherwise revising the RFP. However, this RFP may be withdrawn, modified, or re-circulated at any time at the sole discretion of the Plan.

The Plan reserves the right, at its sole discretion and without giving reasons or notice, at any time and in any respect, to alter these procedures, to change and alter any and all criteria, to terminate discussions, to accept or reject any Response, in whole or in part, to negotiate modifications or revisions to a Response and to negotiate with any one or more respondents to the RFP.

The Plan is not and will not be under any obligation to accept, review or consider any Response to the RFP, and is not and will not be under any obligation to accept the lowest offer submitted or any offer at all. The Plan is not and will not be under any obligation to any recipient of, or any respondent to, the RFP except as expressly stated in any binding agreement ultimately entered into with one or more parties, either as part of this RFP process, or otherwise. Any decision to enter into a binding agreement with a respondent to this RFP is in the Plan's sole discretion.

This RFP is not an offer but a request to receive a Response. The Plan will consider a Response as an offer to develop an agreement based upon the contents of the Response. Respondents agree that the contents of their Responses are valid for one year from the date of submission. The Plan will not be liable for any cost incurred in the preparation of a Response and will not reimburse any respondents for their submission. Expenses related to the production of a Response are the sole responsibility of the Respondent.

The Plan may hold discussions with some or all of the vendors to further explore their proposals, the scope and nature of the services they would provide, and the various approaches they may take regarding the project. The Plan may, at its discretion, request any or all vendors to make in-person presentations at its headquarters in Columbus, OH and/or allow the Plan to make on-site visits at the offices or other facilities of vendor. Not all vendors may be selected to make presentations or host a site visit. The Plan may select a vendor on the basis of the written proposals only, and without a finalist presentation.

In making an evaluation of any proposal or making any determination with respect to the evaluation or choice of a vendor, the Plan shall not be limited to reviewing information provided by a vendor during the RFP process, and may, at the Plan's sole discretion, consider any pertinent information concerning a vendor's performance of services similar to the services requested for or on behalf of the

Plan.

Mandatory Contract Terms

The contract provided by the Plan will include the following provisions with which the vendor is expected to agree. Each item in this section must be addressed by restating the item and then indicating agreement:

- Vendor shall act with respect to any transaction arising from or pertaining to its services or involving any interest of the Plan, only under the contract and shall not receive any remuneration in connection with such transaction except under the contract or as may be determined by mutual agreement of The Plan and vendor in writing in advance.

- Vendor shall disclose in advance of any work performed or recommendations provided any potential conflicts of interest that could reasonably be expected to affect the objectivity of vendor and its employees in fulfilling their duties to the Plan.

- Vendor shall comply with all applicable federal, state and local laws, including but not limited to the reporting requirements contained in Ohio Revised Code Sections 101.90 et seq. (concerning the Joint Legislative Ethics Committee), and Chapter 102 and related statutes (concerning the Ohio Ethics Law) in its performance of services under the agreement.

- Vendor shall warrant and represent that it has not paid and will not pay, has not given and will not give, any remuneration or thing of value, directly or indirectly, to the Plan or any of its Board members, officers, employees or agents, or any third party with respect to any contracts, including but not limited to a finder’s fee, cash solicitation fee or a fee for consulting, lobbying or otherwise, except as specifically provided for in the Agreement.

- Vendor shall agree that, for the duration of the contract, no substitution or replacement, neither of the project leader nor of the qualified personnel employed by the vendor, shall be made except with the written consent of the Plan. The Plan may remove the vendor at any time throughout the contract for convenience, for any violation of the contract, and/or for reassigning the project leader or any other key personnel without prior written consent of The Plan.

- Vendor shall agree that the agreement will be governed by the laws of the State of Ohio and any legal action relating to the agreement will be brought in the courts located in Franklin County, Ohio.

- Vendor will agree that all Confidential Information, including all de-identified and/or aggregated data of the Plan including without limitation, information and data related to members, healthcare participants and claims, are and will remain the property of the Plan and that the selected Vendor will maintain and use all such records and information only in its performance of its services related to this project (with exception only for using de-identified and aggregated data for the normative database).The Vendor will not use or disclose any such records and

information (including all de-identified and/or aggregated data of the Plan), for future marketing efforts or other purposes unless the Plan specifically consents in writing to a particular use or disclosure. Further, selected Vendor will encrypt all Confidential Information and PHI data in motion, as well as Confidential Information and PHI data at rest.

Appendix A
QUESTIONNAIRE

Responses to the following questions should repeat the question and be answered in order. Limit each response to no more than one page except for documentation attachments, network data and contract responses.

A. VENDOR INFORMATION

1. Does the vendor have any plans to merge, sell, or otherwise change your current organization's structure? If so, please explain.

2. Identify which location(s) will support this engagement. If multiple offices, please identify and explain.

3. Please provide a copy of the vendor’s most recent audited financial statements.

4. Please provide the names, titles, biographies, complete addresses and telephone numbers of the primary members of the team responsible for the implementation and continuing administration of an SERS vision plan. Describe each person’s background or attach a resume.

5. What has been vendor’s account management turnover in the last 12 months?

6. Does vendor currently have any contractual relationships, are a subsidiary, or have any other affiliation with a health plan? If yes, please identify.

7. What is the total current enrollment in vendor’s vision plan(s)?

8. What support does the vendor provide to seniors, hearing or visually impaired or mentally impaired enrollees?

9. Please list current and past clients (of similar size and type) and number of lives/product line served for each client.

10. Please provide names for reference checks of three current and three past clients of similar size and type to the Plan.

11. Does the vendor use artificial intelligence? If yes, how is it used in your business?

12. Has the vendor had any data breaches in the last 5 years? If so, please describe.

B. PRIVACY/CONFIDENTIALITY

1. Explain specifically how all aspects of vendor's program comply with federal and state laws/regulations regarding confidentiality of personal health information.

2. Describe staff policies and procedures to ensure confidentiality of patient information obtained from providers or the plan.

3. Please describe any material litigation to which your firm is currently a party. In addition, please describe any material litigation that your company has been involved in over the last three years.

4. Will specified SERS employees be permitted access to online Plan enrollment and general update capabilities?

C. CLAIMS ADMINISTRATION AND MEMBER SERVICES

1. Please provide the location(s) of the claim office(s) that will administer the vision coverage, including the name, title, and phone numbers of the local manager(s) as well as hours of operation.

2. What has been the ratio of member service representatives to members over the past three years at this site?

3. Please describe vendor's procedures for dealing with a charge in excess of your UCR.

4. Please confirm that vendor's claims system has the ability to track accumulated deductibles by family. Does the family deductible appear on the EOB statement?

5. If a claim is denied, how is the claimant notified? Is there a special message capability on the EOBs?

6. Describe the appeals process.

7. Do participating vision provider contracts prohibit balance billing (difference between submitted fee and allowed fee)?

8. How are claims paid if a network provider refers a patient to a non-network provider for treatment?

9. How would vendor handle treatment-in-progress prior to the effective date of the contract? How would you safeguard against abuse?

10. At what dollar threshold does vendor require predetermination to

proceed with a course of treatment?

11. Please provide a list of treatments that require predetermination.

12. Will the vendor change standard language on its automated voice response system to reflect the differences for the SERS population, e.g., change "employee" to "retiree" or "employer" to "plan sponsor," etc.?

13. What is the vendor’s internal standard regarding response time to a member who left a message or was promised a return phone call?

14. Will the vendor answer benefits questions even if a member is not enrolled? For example, during open enrollment?

15. Does the vendor have a pre-existing vision health condition clause? Such a clause excludes plan participants from receiving benefits for certain procedures if the condition existed prior to enrollment.

16. Discuss vendor’s website capabilities including:

    a. Can participants view provider directories, schedule of coverage, explanation of benefits, and recently asked questions?

    b. How often are online directories updated?

    c. Please provide the web address.

    d. Dependent-level sign on.

    e. Link from the Plan website to administrator's website.

17. Indicate your performance standards for claims administration and appeals:

    Provide actual results for the last two years.

    a. Turnaround time

    b. Procedural accuracy

    c. Financial accuracy

    d. Average call response time

e. Call abandonment rate

D. REPORTING CAPABILITIES

1. Describe vendor's standard reports that will be provided for the selected plans offered. For each report, specify the type of information included and the frequency of reporting the format in which the information is available (online, electronic, hard copy).

2. Eligibility and enrollment data transfers must be accepted by weekly electronic SFTP using the HIPAA 834 format. A weekly file load summary and rejection issue notification should be sent by email to the Plan's assigned contact.

E. IMPLEMENTATION

1. Please include an implementation schedule. Please indicate any critical dates that vendor believes must be met to keep the implementation on schedule for an effective date of January 1, 2028.

2. Please describe any communications vendor would provide to retirees. Provide examples of communication materials used.

3. Is a member ID card provided to enrollees? If so, is a scrambled ID used?

4. Confirm vendor will provide a representative for all SERS open enrollment meetings if applicable (either virtual or in-person from beginning of October through Mid-November, throughout Ohio).

F. NETWORK

1. Is your organization working on any targeted network recruitment projects? If so, please describe.

2. Include a machine-readable flat file (e.g., csv, tab delimited) containing the plan's provider directory and a data dictionary containing a description of each field in the file.

3. For proposed plans, provide the total number of contracted/network providers (specifically State of Ohio). If a vision practice has a practice in two offices, this will count as one provider with two locations: If multiple networks are used for the various plan designs, answer for each network:
    a. Optometrists
    b. Ophthalmologists
    c. Retail chains

4. How does vendor confirm their network providers are certified or have required licensing and credentials?

5. Please indicate the provider turnover rate in your network over the course of the last 12 months. What percent of the provider turnover was voluntary? What percent was involuntary? Is an optometrist's compensation tied to any quality measurements? Please describe.

6. Do you measure provider and/or member satisfaction? If yes, how often do you measure satisfaction and what instruments do you use?

7. Please provide the date and results of vendor's most recent **provider** satisfaction survey and how you defined the results reported (i.e., % very satisfied, % satisfied, % somewhat satisfied, etc.)

8. Are terminating optometrists required to complete treatment in progress? At network negotiated fees?

9. How are the vendor's providers reimbursed; (i.e., discounted fees-for-service, capitation, percentage of reasonable and customary, bonus arrangements, etc)?

10. Please respond to the following questions related to administrative communications:

    a. What information is given to enrollees to help select a vision provider?

    b. What are the vendor's notification procedures to participants when providers leave the network?

    c. Are paper provider directories provided? If so, how often are they updated? Are provider directories available on the Internet? If so, how often is the web directory updated?

G. DISASTER RECOVERY AND BUSINESS CONTINUITY REQUIREMENTS

Provide a comprehensive overview of vendors Disaster Recovery (DR) and Business Continuity Planning (BCP) capabilities. The response must address the following:

1. **Disaster Recovery Plan Overview**

Describe your organization's formal Disaster Recovery Plan.
Indicate the frequency of plan reviews and updates.
Provide the date of the most recent successful DR test.

2. **Recovery Time Objectives (RTO) and Recovery Point Objectives (RPO)**
Specify the RTO and RPO for the proposed solution. Describe how these objectives are achieved and maintained.

3. **Data Backup and Redundancy**
Detail the backup strategy, including frequency, storage locations, and encryption methods. Describe data redundancy measures and geographic diversity of data centers.

4. **DR Testing and Validation**
Outline the DR testing schedule and methodologies. Provide evidence of past test results or summaries demonstrating effectiveness.

H. STANDARDS OF CONDUCT

1. How does the vendor identify and manage conflicts of interest?

2. Are there any potential conflicts of interest that the vendor would have in providing the requested services to the Plan? If yes, explain.

3. List and describe any relationships and/or contacts the vendor or its officers or employees have had with any SERS Retirement Board member and/or staff member within the last 12 months.

4. Has the vendor or any officer or employee given any remuneration or anything of value directly or indirectly to the Plan or any of its Retirement Board members, officers, or employees? If yes, identify the recipient and remuneration or thing of value. Additional information on the Ohio ethics law in this area may be found at: https://www.ohsers.org/wp-content/uploads/2018/05/Ethics-Commission-Doing-Business-with-Retirement-Systems-in-Ohio.pdf

If yes to any of the above, describe the event and the current status or resolution; include any case citation.

I. SCHEDULE OF BENEFITS AND PREMIUMS

1. Describe the proposed product ("Proposed Product") for the Plan's account and provide a sample certificate of coverage.
2. Attached as Appendix B is the current Plan's retiree vision plan ("Current Plan"). Does your company have a plan which replicates

the current plan? If there is no listed plan, can you provide the same plan if you company is selected?

For the following questions, answers should be provided for the Proposed Product and the Current Plan where applicable and identified as such. If there is no identification, the Plan will assume the answer applies to both the Proposed Product and the Current Plan.

1. State whether each of the following administrative requirements are acceptable to your company:
    a. The initial contract period for dental services is January 1, 2028 through December 31, 2033. Any renewals will be on at least an annual basis. The Plan currently has a biennial, or two-year, open enrollment period for the vision plan which typically occurs in the months of October and November for an effective date of January 1st.
    b. Any premium change should apply only for each new contract two-year period.

J. FEES AND CONTRACT

1. Provide a premium schedule for the services requested in this Request. Provide a breakdown of the premium by: claims, administrative expenses, risk change, commission, and other (specify) expenses. Rates for the first two-year period are encouraged as well as Not to Exceed rates for the next two-year periods.

2. Attach a proposed contract. The Plan will draft the contract and will use the proposed contract in preparing the draft.

   Please note that the Plan is tax-exempt, proof of which will be provided upon request.

K. THE PLAN'S CONTRACT TERMS AND CONDITIONS

1. This document contains the standard language for the Plan's Contract Terms and Conditions for all plan services. If selected, does the vendor agree to all terms and conditions provided in Appendix D?

2. If not, please use Track Changes in separately posted attached Word version copy of Contract Terms and Conditions to provide and details as to the specific provision and vendor's preferred language for Plan review.

L. PERFORMANCE GUARANTEE

1. Provide any performance guarantees, i.e., fees at risk for the proposed services. Specify how such guarantees would be measured.

Appendix B
CURRENT RETIREE BENEFIT DESIGN

Services	Co-Pay	Frequency
WELLVISON EXAM	$10	Every calendar year
FRAMES	$25 • $200 frame allowance • $220 featured frame allowance • 20% savings on the amount over the allowance	Every other calendar year
LENSES	Included in Prescription Glasses Single vision, lined bifocal, and lined trifocal lenses	Every calendar year
LENS ENHANCEMENTS	• Impact-resistant lenses $0 • Standard progressive lenses $0 • Premium progressive lenses $50 • Custom progressive lenses $50 • Average savings of 30% on other lens enhancements	Every calendar year
CONTACTS (Instead of Glasses)	Up to $60 $150 allowance for contacts; co-does not apply Contact lens exam (fitting and evaluation	Every calendar year
ESSENTIAL MEDICAL EYE CARE	$0 per Screening/$20 per exam • Retinal imaging for members with diabetes • Exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision, or to monitor ongoing conditions such as dry eye, diabetic eye disease, and glaucoma	As needed
EXTRA SAVINGS and DISCOUNTS	• 20% off additional glasses and sunglasses, including lens options, from network provider within 12 months of last exam • No more than a $39 co-pay on routine retinal screening as an enhancement to an exam • Laser Vision Correction – average 15% off regular price or 5% off promotional price discounts from contracted facilities	

There are also out-of-network benefits for exams, frames, lenses and contacts.

Eligibility Options

Benefit Recipient Only	$
Benefit Recipient + One	$
Benefit Recipient + Spouse + Child(ren)	$

Appendix C
CURRENT EMPLOYEE BENEFIT DESIGN

Services	Co-Pay	Frequency
WELLVISON EXAM	$10	Every calendar year
FRAMES	$25 • $200 frame allowance • $220 featured frame allowance • 20% savings on the amount over the allowance	Every other calendar year
LENSES	• Included in Prescription Glasses • Single vision, lined bifocal, and lined trifocal lenses	Every calendar year
LENS ENHANCEMENTS	• Impact-resistant lenses $0 • Standard progressive lenses $50 • Premium progressive lenses $50 • Custom progressive lenses $50 • Average savings of 30% on other lens enhancements	Every calendar year
CONTACTS (Instead of Glasses)	Up to $60 • $150 allowance for contacts; copay-does not apply • Contact lens exam (fitting and evaluation)	Every calendar year
ESSENTIAL MEDICAL EYE CARE	$20 per exam • Retinal imaging for members with diabetes • Exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision, or to monitor ongoing conditions such as dry eye, diabetic eye disease, and glaucoma	As needed
EXTRA SAVINGS and DISCOUNTS	• 20% off additional glasses and sunglasses, including lens options, from network provider within 12 months of last exam • No more than a $39 co-pay on routine retinal screening as an enhancement to an exam • Laser Vision Correction – average 15% off regular price or discounts from contracted facilities • Save up to 60% on digital hearing aids with specific vendor	

There are also out-of-network benefits.

Appendix D
CONTRACT TERMS AND CONDITIONS

CONTRACT TERMS AND CONDITIONS

- Vendor shall act with respect to any transaction arising from or pertaining to its services or involving any interest of the Plan, only under the contract and shall not receive any remuneration in connection with such transaction except under the contract or as may be determined by mutual agreement of The Plan and vendor in writing in advance.
- Vendor shall disclose in advance of any work performed or recommendations provided any potential conflicts of interest that could reasonably be expected to affect the objectivity of vendor and its employees in fulfilling their duties to the Plan.
- Vendor shall comply with all applicable federal, state and local laws, including but not limited to the reporting requirements contained in Ohio Revised Code Sections 101.90 *et seq.* (concerning the Joint Legislative Ethics Committee), and Chapter 102 and related statutes (concerning the Ohio Ethics Law) in its performance of services under the agreement.
- Vendor shall warrant and represent that it has not paid and will not pay, has not given and will not give, any remuneration or thing of value, directly or indirectly, to the Plan or any of its Board members, officers, employees or agents, or any third party with respect to any contracts, including but not limited to a finder's fee, cash solicitation fee or a fee for consulting, lobbying or otherwise, except as specifically provided for in the Agreement.
- Vendor shall indemnify the Plan from any actual or potential claims attributable to the conduct of vendor, including costs of defense incurred by the Plan for services of legal counsel of its own selection. As an instrumentality of the state, the Plan cannot indemnify vendor.
- Vendor shall agree that, for the duration of the contract, no substitution or replacement, neither of the project leader nor of the qualified personnel employed by the vendor, shall be made except with the written consent of the Plan. The Plan may remove the vendor at any time throughout the contract for convenience, for any violation of the contract, and/or for reassigning the project leader or any other key personnel without prior written consent of the Plan.
- Vendor shall agree that the agreement will be governed by the laws of the State of Ohio and any legal action relating to the agreement will be brought in the courts located in Franklin County, Ohio.
- **Public Record Requests.** Vendor acknowledges that SERS is subject to Ohio Public Records Act, Ohio Revised Code Section 149.43, including the requirement to comply with requests for disclosure of public records.
- Vendor will agree that all Confidential Information, including all de-identified and/or aggregated data of the Plan including without limitation, information and data related to members, healthcare participants and claims, are and will remain the property of the Plan and that the selected Vendor will

maintain and use all such records and information only in its performance of its services related to this project (with exception only for using de-identified and aggregated data for the normative database). The Vendor will not use or disclose any such records and information (including all de-identified and/or aggregated data of the Plan), for future marketing efforts or other purposes unless the Plan specifically consents in writing to a particular use or disclosure. Further, selected Vendor will encrypt all Confidential Information and PHI data in motion, as well as Confidential Information and PHI data at rest.

- Vendor agrees that it will not, without prior written consent of the Plan, use in advertising, publicity or otherwise the name of the Plan, the Plan's logo, service marks, domain names, symbols or any affiliate of SERS, or refer to the existence of this Master Agreement in press releases, advertising or materials distributed to prospective customers.