



Housing Authority of the City of Pittsburgh

Contracting Officer
100 Ross Street, 2nd Floor Suite 200
Pittsburgh, PA 15219
(412) 456-5116
www.hacp.org

September 16, 2022

Vision Insurance for HACP Employees RFP #650-20-22

ADDENDUM NO. 1

This addendum issued September 16, 2022 becomes in its entirety a part of the Request for Proposal RFP #650-20-22 as is fully set forth herein:


Item 1: Attachment L, Attachment M, and Attachment N, in the original Request for Proposal are to be replaced by Attachment L, Attachment M and Attachment N set forth in this addendum.

Item 2: If you would like to discuss goals and planning for Section 3 Requirements please contact Karen Garrett Director of Resident Initiative-Resident Relations, by email at Karen.Garrett@hacp.org, by contacting her at the Housing Authority of the City of Pittsburgh, 1205 Liverpool, Pittsburgh, PA 15233, or telephone (412) 456-5000 ext 3107

Item 3: The bid due date, time, and location remain unchanged at 11:00 AM on September 27, 2022, at the HACP Procurement Dept., 100 Ross St. 2nd Floor, Suite 200, Pittsburgh, PA 15219.

Item 4: The Housing Authority of the City of Pittsburgh will **only be accepting physical bids dropped off in person from 8:00 AM until the closing time of 11:00 A.M on September 27, 2022** in the lobby of 100 Ross St. Pittsburgh, PA 15219. Proposals may still be submitted electronically: <https://www.dropbox.com/request/ZLzCyFoVLwq7SJSmMGxL> and may still be mailed via USPS at which time they will be Time and Date Stamped at 100 Ross Street 2nd Floor, Suite 200, Pittsburgh, PA 15219. All proposals must be received at the above address no later than September 27, 2022 at 11:00 AM regardless of the selected delivery mechanism.

END OF ADDENDUM NO. 1


James Harris (Sep 16, 2022 16:08 EDT)

Mr. James Harris
General Counsel/Chief Contracting Officer

Sep 16, 2022

Date

ATTACHMENT L

**Vision Benefits for HACP Employees
RFP#650-20-22
HACP Employee Census Information**

EE Number	Age	Gender	Description	Vision Plan	Tier Coverage
1009	48	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1489	27	F	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1774	29	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1382	36	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1623	59	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1653	50	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1554	55	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1632	36	F	Vision	PRIME PLUS \$0 COPAY	Employee & Children
984	49	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1709	43	M	Vision	PRIME PLUS \$0 COPAY	Employee & Children
1370	50	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1729	63	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
	64	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1677	45	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
804	69	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1547	34	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1613	51	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1687	29	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1743	42	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
114	41	F	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1479	66	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1845	50	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
	34	F	Vision	PRIME PLUS \$0 COPAY	Employee & Children
972	22	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
411	36	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1765	58	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
980	60	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1378	40	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1058	64	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse

EE Number	Age	Gender	Description	Vision Plan	Tier Coverage
1747	58	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
695	65	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1703	48	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1225	53	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
983	61	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1109	75	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1262	38	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
752	49	F	Vision	PRIME PLUS \$0 COPAY	Employee & Children
1293	60	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1648	49	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
710	66	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
385	38	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1514	48	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
920	57	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1422	33	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1700	44	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1434	54	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
956	40	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1315	62	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1690	74	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1340	43	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1795	55	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1686	64	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1790	58	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1552	29	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1675	23	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1790	29	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
5	49	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1578	60	F	Vision	PRIME PLUS \$0 COPAY	Employee Only

EE Number	Age	Gender	Description	Vision Plan	Tier Coverage
1500	69	F	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
111	29	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1659	33	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1968	59	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1719	28	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1900	64	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1837	49	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1678	41	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1548	28	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1082	54	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1223	59	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
535	35	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1517	30	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1839	57	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1076	29	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
2233	33	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1367	52	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1721	58	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1361	58	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1486	43	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1805	34	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
147	27	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1287	48	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
2418	64	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
2417	42	F	Vision	PRIME PLUS \$0 COPAY	Employee & Children
1454	72	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1270	65	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1525	38	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1806	48	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family

EE Number	Age	Gender	Description	Vision Plan	Tier Coverage
2597	31	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
2594	51	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1696	50	F	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1766	48	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1594	60	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1847	41	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1759	34	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
106	36	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1658	23	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1681	37	M	Vision	PRIME PLUS \$0 COPAY	Employee & Child
1445	45	M	Vision	PRIME PLUS \$0 COPAY	Employee & Children
1002	60	F	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1098	31	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1542	48	F	Vision	PRIME PLUS \$0 COPAY	Employee & Children
1727	68	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
460	39	F	Vision	PRIME PLUS \$0 COPAY	Employee & Child
410	30	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
3152	65	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1119	62	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1136	48	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1261	62	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1744	37	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1796	42	F	Vision	PRIME PLUS \$0 COPAY	Employee & Children
1764	61	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1551	47	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1807	54	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1047	36	F	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1555	23	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1752	36	F	Vision	PRIME PLUS \$0 COPAY	Employee & Child

EE Number	Age	Gender	Description	Vision Plan	Tier Coverage
1808	45	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1188	50	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1157	30	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
8125	47	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1603	58	F	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1858	60	F	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1190	40	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1704	59	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1615	50	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1197	57	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
4129	60	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1816	33	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1626	42	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
4349	32	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1279	47	F	Vision	PRIME PLUS \$0 COPAY	Employee & Family
4417	56	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
861	34	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1750	63	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1006	46	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
954	52	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1347	22	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1789	40	F	Vision	PRIME PLUS \$0 COPAY	Employee & Child
1283	64	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1114	32	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1014	61	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1246	51	F	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1836	32	F	Vision	PRIME PLUS \$0 COPAY	Employee & Child
1561	49	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1476	36	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family

EE Number	Age	Gender	Description	Vision Plan	Tier Coverage
1103	27	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
4923	57	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1077	30	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
151	53	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
4974	33	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1496	37	M	Vision	PRIME PLUS \$0 COPAY	Employee & Child
1636	63	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1071	66	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1676	51	F	Vision	PRIME PLUS \$0 COPAY	Employee & Child
1127	65	F	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1855	27	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1416	59	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
189	56	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1642	32	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1713	35	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
160	41	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1553	33	F	Vision	PRIME PLUS \$0 COPAY	Employee & Family
966	61	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1360	46	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
5463	46	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1016	49	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1110	62	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1541	63	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1538	37	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1592	57	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1641	51	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1044	31	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1758	55	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1664	59	F	Vision	PRIME PLUS \$0 COPAY	Employee Only

EE Number	Age	Gender	Description	Vision Plan	Tier Coverage
1662	43	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1620	31	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1449	38	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
23	30	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1849	35	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
2890	29	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
910	40	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
558	30	F	Vision	PRIME PLUS \$0 COPAY	Employee & Family
6137	57	F	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1577	43	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1640	60	F	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
6182	49	F	Vision	PRIME PLUS \$0 COPAY	Employee & Children
6210	49	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
756	67	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
6225	38	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
6245	40	F	Vision	PRIME PLUS \$0 COPAY	Employee & Child
1447	32	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
6279	56	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1591	59	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1618	46	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1802	66	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
6428	59	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1430	36	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1052	55	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1529	60	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
6548	39	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
327	24	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
149	61	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
700	27	F	Vision	PRIME PLUS \$0 COPAY	Employee Only

EE Number	Age	Gender	Description	Vision Plan	Tier Coverage
6749	60	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1860	34	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1768	71	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1792	42	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
478	51	F	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
137	66	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
7282	53	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
3801	59	M	Vision	PRIME PLUS \$0 COPAY	Employee & Child
7379	60	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1482	48	F	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1085	46	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1859	59	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1691	63	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1048	73	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1663	63	F	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1610	65	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1536	32	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1841	68	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1715	35	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1693	46	F	Vision	PRIME PLUS \$0 COPAY	Employee & Child
1672	54	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1520	35	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
8120	58	M	Vision	PRIME PLUS \$0 COPAY	Employee & Children
1596	37	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1284	56	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1811	28	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
812	44	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1535	24	M	Vision	PRIME PLUS \$0 COPAY	Employee & Child
1377	51	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family

EE Number	Age	Gender	Description	Vision Plan	Tier Coverage
1803	43	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
992	56	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1469	52	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1004	47	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1838	60	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1848	34	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1346	63	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1673	39	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1350	52	F	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1799	67	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
591	65	F	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1683	61	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1634	29	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1801	75	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
366	31	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1804	26	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
8702	31	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1165	51	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1605	40	F	Vision	PRIME PLUS \$0 COPAY	Employee & Child
1720	27	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1666	65	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
251	50	F	Vision	PRIME PLUS \$0 COPAY	Employee & Child
1622	44	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
8974	62	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
8987	51	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1478	28	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
8990	61	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1362	43	F	Vision	PRIME PLUS \$0 COPAY	Employee & Children
1584	35	M	Vision	PRIME PLUS \$0 COPAY	Employee Only

EE Number	Age	Gender	Description	Vision Plan	Tier Coverage
1123	28	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1797	56	F	Vision	PRIME PLUS \$0 COPAY	Employee & Child
1332	26	F	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
869	57	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
1692	49	M	Vision	PRIME PLUS \$0 COPAY	Employee & Children
9304	52	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
533	30	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
1724	57	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
9387	37	M	Vision	PRIME PLUS \$0 COPAY	Employee & Children
565	59	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
1674	70	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
1521	39	M	Vision	PRIME PLUS \$0 COPAY	Employee & Family
	57	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
	52	F	Vision	PRIME PLUS \$0 COPAY	Employee & Family
	24	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
	64	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
	55	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
	64	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
	27	M	Vision	PRIME PLUS \$0 COPAY	Employee Only
	59	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
	63	M	Vision	PRIME PLUS \$0 COPAY	Employee & Spouse
	44	M	Vision	PRIME PLUS \$0 COPAY	Employee & Children
	29	F	Vision	PRIME PLUS \$0 COPAY	Employee Only
	35	F	Vision	PRIME PLUS \$0 COPAY	Employee Only

ATTACHMENT M

**Vision Benefits for HACP Employees
RFP#650-20-22
Claims Experience report**

UPMC Vision Care

Premium

Year	Month	Rider	Employee Only	Employee & Spouse	Employee & Child	Employee & Children	Employee & Family	Total
2019	Jan	BU	\$656.04	\$1,268.82	\$445.20	\$345.03	\$2,537.64	\$5,252.73
	Feb	BU	\$669.90	\$1,268.82	\$467.46	\$345.03	\$2,437.47	\$5,188.68
	Mar	BU	\$674.52	\$1,246.56	\$445.20	\$345.03	\$2,426.34	\$5,137.65
	Apr	BU	\$651.42	\$1,246.56	\$400.68	\$345.03	\$2,392.95	\$5,036.64
	May	BU	\$646.80	\$1,246.56	\$378.42	\$345.03	\$2,392.95	\$5,009.76
	Jun	BU	\$674.52	\$1,224.30	\$378.42	\$422.94	\$2,381.82	\$5,082.00
	Jul	BU	\$706.86	\$1,179.78	\$378.42	\$422.94	\$2,370.69	\$5,058.69
	Aug	BU	\$697.62	\$1,179.78	\$356.16	\$422.94	\$2,370.69	\$5,027.19
	Sep	BU	\$679.14	\$1,202.04	\$356.16	\$456.33	\$2,370.69	\$5,064.36
	Oct	BU	\$674.52	\$1,179.78	\$356.16	\$378.42	\$2,415.21	\$5,004.09
	Nov	BU	\$683.76	\$1,179.78	\$356.16	\$422.94	\$2,337.30	\$4,979.94
	Dec	BU	\$697.62	\$1,135.26	\$333.90	\$456.33	\$2,337.30	\$4,960.41
2020	Jan	1P	\$665.28	\$1,090.74	\$356.16	\$489.72	\$2,359.56	\$4,961.46
	Feb	1P	\$683.76	\$1,090.74	\$333.90	\$489.72	\$2,326.17	\$4,924.29
	Mar	1P	\$688.38	\$1,068.48	\$333.90	\$489.72	\$2,381.82	\$4,962.30
	Apr	1P	\$720.72	\$1,090.74	\$333.90	\$489.72	\$2,337.30	\$4,972.38
	May	1P	\$716.10	\$1,113.00	\$333.90	\$489.72	\$2,292.78	\$4,945.50
	Jun	1P	\$706.86	\$1,113.00	\$333.90	\$489.72	\$2,292.78	\$4,936.26
	Jul	1P	\$702.24	\$1,113.00	\$333.90	\$489.72	\$2,237.13	\$4,875.99
	Aug	1P	\$693.00	\$1,113.00	\$333.90	\$489.72	\$2,248.26	\$4,877.88
	Sep	1P	\$706.86	\$1,046.22	\$333.90	\$489.72	\$2,270.52	\$4,847.22
	Oct	1P	\$706.86	\$1,046.22	\$333.90	\$489.72	\$2,226.00	\$4,802.70
	Nov	1P	\$711.48	\$1,090.74	\$333.90	\$445.20	\$2,237.13	\$4,818.45
	Dec	1P	\$720.72	\$1,068.48	\$311.64	\$445.20	\$2,337.30	\$4,883.34
2021	Jan	1P	\$729.96	\$957.18	\$267.12	\$411.81	\$2,448.60	\$4,814.67
	Feb	1P	\$757.68	\$957.18	\$267.12	\$411.81	\$2,459.73	\$4,853.52
	Mar	1P	\$762.30	\$957.18	\$267.12	\$411.81	\$2,359.56	\$4,757.97
	Apr	1P	\$757.68	\$957.18	\$267.12	\$445.20	\$2,303.91	\$4,731.09
	May	1P	\$771.54	\$979.44	\$267.12	\$411.81	\$2,214.87	\$4,644.78
	Jun	1P	\$776.16	\$979.44	\$267.12	\$456.33	\$2,214.87	\$4,693.92
	Jul	1P	\$780.78	\$934.92	\$267.12	\$456.33	\$2,259.39	\$4,698.54
	Aug	1P	\$771.54	\$912.66	\$267.12	\$456.33	\$2,259.39	\$4,667.04
	Sep	1P	\$771.54	\$868.14	\$267.12	\$422.94	\$2,192.61	\$4,522.35
	Oct	1P	\$766.92	\$823.62	\$267.12	\$422.94	\$2,192.61	\$4,473.21
	Nov	1P	\$729.96	\$823.62	\$244.86	\$422.94	\$2,226.00	\$4,447.38
	Dec	1P	\$729.96	\$823.62	\$244.86	\$422.94	\$2,136.96	\$4,358.34
Grand Totals			\$25,641.00	\$38,576.58	\$11,820.06	\$15,648.78	\$83,586.30	\$175,272.72

Claims

Year	Month	# of Members	# of Claims	Claim \$ Paid
2019	Jan	19	47	\$1,966.16
	Feb	12	22	\$978.44
	Mar	15	32	\$1,393.07
	Apr	19	42	\$1,794.94
	May	16	44	\$1,932.57
	Jun	13	23	\$876.34
	Jul	11	23	\$792.00
	Aug	22	41	\$1,687.21
	Sep	21	40	\$2,090.78
	Oct	29	61	\$2,391.26
	Nov	19	37	\$2,040.28
	Dec	18	39	\$2,066.17
2020	Jan	13	27	\$1,248.02
	Feb	21	47	\$1,757.90
	Mar	6	13	\$564.26
	Apr	2	3	\$105.71
	May	5	8	\$512.00
	Jun	18	33	\$1,492.94
	Jul	18	39	\$1,507.43
	Aug	30	64	\$3,048.99
	Sep	14	35	\$1,556.06
	Oct	12	29	\$1,465.95
	Nov	19	49	\$2,181.60
	Dec	22	52	\$2,510.27
2021	Jan	16	22	\$1,183.47
	Feb	18	29	\$1,305.34
	Mar	24	45	\$2,081.84
	Apr	17	35	\$1,800.54
	May	16	28	\$1,306.93
	Jun	14	31	\$1,502.95
	Jul	12	22	\$1,023.21
	Aug	14	26	\$1,358.24
	Sep	18	29	\$1,189.24
	Oct	25	45	\$1,997.86
	Nov	21	39	\$1,691.31
	Dec	7	15	\$703.58
Grand Totals		596	1216	\$55,104.86

ATTACHMENT N

Vision Benefits for HACP Employees

RFP#650-20-22

Current Vision Plan Details

UPMC Vision Care

Administered by National Vision Administrators (NVA)

Prime \$0 Copay

	In-Network	Out-of-Network ¹	Frequency	
			Employee/Spouse/Adult Dependents	Children Through Age 18
Benefit				
Copayment	\$0	N/A		
Examination	100%	\$30	12 months	12 months
Lenses (for glasses) Standard Glass or Plastic. Out-of-network amount reflects the total amount reimbursed for services. All lenses must be provided by an NVA-contracted laboratory.				
Single	100%	\$25	12 months	12 months
Bifocal	100%	\$35	12 months	12 months
Trifocal	100%	\$45	12 months	12 months
Polycarbonate (up to age 19)	Included	Not Covered	Not Covered	12 months
Tint	100%	Not Covered	12 months	12 months
UV Coating	100%	Not Covered	12 months	12 months
Scratch Coating	100%	Not Covered	12 months	12 months
Standard Progressive (Tier 1)	100%	Not Covered	12 months	12 months
Frames — Frame reimbursement is based on retail value. Any remainder above the member's frame allowance is to be charged to the member, minus a 20% discount and can be collected at the time of service when a participating provider is used. Discount does not apply, if included, for certain proprietary frame brands.				
Frames	\$100	\$30	12 months	12 months
Contact Lenses (in lieu of glasses) — Contact lens reimbursement is based on retail value. The following discounts apply when a participating provider is used for any balance exceeding the plan allowance: 15% for Conventional; 10% for Disposable. Contact lens fitting and follow-up reimbursement is separate from contact lens material. Discount does not apply, if included, at Contact Fill. Discounts do not apply to certain brands of contact lenses.				
Elective Contact Lens Fitting & Follow Up ²	100%	\$20-Daily Wear \$30-Extended Wear \$50-Specialty	12 months	12 months
Contact Lens Material	\$100	\$30	12 months	12 months
Medically Necessary Contact Lenses ³	100%	\$200	12 months	12 months

For further lens selections, refer to the Additional Lens Options document included in your Welcome Kit.

1. Out-of-network reimbursement is based on Usual, Customary, and Reasonable as determined by UPMC Vision Care.
2. Contact Lens evaluation and fitting only covered if member chooses Contact Lenses. For specialty contact lens evaluation, the provider may bill the patient the difference between the provider's billed charges and the plan/member allowance. Provider cannot balance bill for standard lens evaluation when received in-network.
3. Prior Authorization required from NVA.

	Additional Discounted Services Included
NVA EYEESSENTIAL PLAN®	The NVA EYEESSENTIAL Plan® is an interim benefit available to all UPMC Vision Care members once the funded benefit has been exhausted for the term. Benefit frequencies are unlimited, excluding examination. For more information, see the attached plan details.
Mail-order Contact Lens Replacement Program	For more information on this program, call Contact Fill at 1-866-234-1393 or visit www.contactfill.com .
Lasik Surgery	UPMC Vision Care participants are also eligible for discounts on LASIK Surgery when received at one of the following preferred providers: UPMC Eye Center, TLC Vision, QualSight, LCA, or other specified preferred providers.

IMPORTANT: IF COVERED PARTICIPANTS CHOOSE EXTRA OPTIONS, THEY ARE RESPONSIBLE FOR THE ADDITIONAL COST OF THE OPTIONS PAID DIRECTLY TO THE PROVIDER.

This rider may expand or restrict the benefits set forth in your UPMC Vision Care Certificate of Insurance. See the Certificate of Insurance for the details of the terms of coverage for your health benefit plan. In the event that the terms of your Certificate of Insurance conflict with this rider, the terms of this rider control.

Pediatric Vision Services are covered in compliance with requirements under the Affordable Care Act (ACA) for members of group plans. Find eligibility and benefit details in your Certificate of Insurance and Pediatric Vision EHB Rider at MyHealth OnLine or call Member Services.

Attachment

UPMC HEALTH PLAN

U.S. Steel Tower, 600 Grant Street
Pittsburgh, PA 15219

www.upmchealthplan.com



Nondiscrimination Notice

UPMC Health Plan¹ complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. UPMC Health Plan¹ does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

UPMC Health Plan¹:

- Provides free aids and services to people with disabilities so that they can communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).

- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

If you need these services, contact the Civil Rights Administrator.

If you believe that UPMC Health Plan¹ has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Administrator
UPMC Health Plan
600 Grant Street - 55th Floor
Pittsburgh, PA 15219

Phone: 1-844-755-5611 (TTY: 1-800-361-2629)
Fax: 1-412-454-5964
Email: HealthPlanCompliance@upmc.edu

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Administrator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019. TTY/TDD users should call 1-800-537-7697.

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

¹UPMC Health Plan is the marketing name used to refer to the following companies, which are licensed to issue individual and group health insurance products or which provide third party administration services for group health plans: UPMC Health Network Inc., UPMC Health Options Inc., UPMC Health Coverage Inc., UPMC Health Plan Inc., UPMC Health Benefits Inc., UPMC *for You* Inc., and/or UPMC Benefit Management Services Inc.

Translation Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-869-7228 (TTY: 1-800-361-2629).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-869-7228（TTY：1-800-361-2629）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-869-7228 (TTY: 1-800-361-2629).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-869-7228 (телетайп: 1-800-361-2629).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-869-7228 (TTY: 1-800-361-2629).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-869-7228 (TTY: 1-800-361-2629)번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-869-7228 (TTY: 1-800-361-2629).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-869-7228 (رقم هاتف الصم والبكم: 1-800-361-2629).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-869-7228 (ATS : 1-800-361-2629).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-869-7228 (TTY: 1-800-361-2629).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-869-7228 (TTY: 1-800-361-2629).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-869-7228 (TTY: 1-800-361-2629).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-869-7228 (TTY: 1-800-361-2629).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-855-869-7228 (TTY: 1-800-361-2629)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-869-7228 (TTY: 1-800-361-2629).