



## Ohio Public Employees Retirement System Questions and Answers

**Project Name: Amendment to Associates Health Benefit Program RFP**

**Q&A Period: August 5 & 6, 2025**

	Question	OPERS Response
1	What are the vision benefit copays for exam and materials? (if any)	No copays
2	Are there any covered lens options to be aware of? ○ Can you provide a detailed benefit summary?	Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependent Children (up to age 19) - covered in full.
3	Is the \$240 allowance on contact lenses for the contacts themselves or inclusive of the fitting? ○ What is the contact lens fitting copay? (if any)	The \$240 allowance includes the \$40 fitting fee.
4	What are the employer / employee contribution percentages? It appears to be 100% employer paid, but I want to double check.	The Vision plan is almost completely subsidized by OPERS but associates do pay a small contribution.
5	Please confirm, If we (vendor) have already submitted a proposal for fully-insured coverage for the associate Vision Plan, we should not resubmit our previously submitted proposal. Nothing new/different should be submitted – correct?	Correct
6	Please confirm that under this August 5 <sup>th</sup> Amendment, OPERS will only evaluate proposals	Correct

	for fully-insured coverage for the associate Vision Plan. Meaning, no other previously submitted proposals for other services (ie. Medical Self-Funded Plan, Dental Self-Funded Plan, FSA, COBRA, etc.) should be resubmitted or modified.	
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