**Exhibit 6  
Vision Plan Premium Quote  
[Bidder Name]  
OEIBA Program PY2022**

1. Solicitation 0900000483 is a one-year contract with two (2) renewable options. Bidder must provide Plan Year 2022 premium quotes for each proposed plan.
2. The State of Oklahoma offers four coverage tiers for eligible members (primary members) and their eligible dependents.
3. Bidders must provide rates for each classification independently of the other classifications; for example, the rate quoted for the spouse should not include the rate quoted for the primary member.
4. Anything other than a fixed dollar amount will not be accepted and may cause the Bidder’s bid to be rejected. Any cents quoted in the Bidder’s rates shall be an even number and shall be **divisible by two (2).**
5. Administrative cost rate ($0.090 PMPM) should be included in the Plan Year 2022 premium quote. This fee is determined annually by EGID. For Plan Year 2021, the administrative cost rate was also $0.090 PMPM. Refer to Exhibit 5 OEIBB Commercial Carrier Policy Section III: Administrative Fee.
6. Rate quotes for coverage levels other than the four levels specified below will not be considered.
7. Bidder may only offer one (1) vision plan. If Bidder is not offering a vision plan through the OEIBA Program in PY2021, complete only the “No Plan Changes” table (Table 1).
   1. If Bidder currently offers a vision plan in the OEIBA Program, Table 1 is required to be completed. If Bidder proposes any benefit changes, Table 2 must also be completed.

Bidder agrees to provide annual renewal rates for each contracted option no later than the first business day in May preceding the Plan Year for which the rates apply:

1. May 2, 2022 for Plan Year 2023 (January 1, 2023 through December 31, 2023)
2. May 1, 2023 for Plan Year 2024 (January 1, 2024 through December 31, 2024)

**TABLE 1 – Vision Plan Monthly Premium Quotes  
No Plan Changes**

**(January 1, 2022 through December 31, 2022)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **[Plan Name]** | | | |
| **Primary Member Only** | **Spouse** | **One Child** | **Two or More Children** |
| **PY2022 Quote with No Plan Changes (Required)** | **$** | **$** | **$** | **$** |

**TABLE 2 – Vision Plan Monthly Premium Quotes  
With Plan Changes**

**(January 1, 2022 through December 31, 2022)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **[Plan Name]** | | | |
| **Primary Member Only** | **Spouse** | **One Child** | **Two or More Children** |
| **PY2022 Quote with Plan Changes (Optional)** | **$** | **$** | **$** | **$** |

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Signature Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Title Bidder Name  
(To be signed by the Bidder’s President, Chief Executive   
Officer or authorized representative.)