**Exhibit 7  
Vision Plan Design  
[Bidder Name]  
Plan Year 2022**

1. All plan design options must correspond to Exhibit 6 – Vision Plan Premium Quote.
2. List complete benefits when submitting “PY2022 No Plan Changes” and the “PY2022 with Plan Changes.” **Plan design shall be from the member’s perspective.**
   1. If awarded the contract, the Bidder’s plan design will be included in Option Period material. For an example of the layout and style of verbiage, refer to pages 40-41 of the PY2021 Employee Benefit Option Guide located at <https://oklahoma.gov/content/dam/ok/en/omes/documents/2021-BOG-FINAL.pdf>.
3. Bidders who currently participate in the OEIBA Program and new Bidders must complete the “No Plan Changes” columns.
   1. For Bidders who currently participate in the OEIBA Program, this column reflects the Bidder’s current plan characteristics without changes.
4. A current OEIBA Program Vision Supplier has the option to also complete column “PY2022 with Plan Changes”.
   1. Column “PY2022 No Plan Changes”: This assumes that the Supplier’s current plan characteristics are applied exactly to these columns without changes.
   2. Column “PY2022 with Plan Changes”: This should include any proposed plan changes from a Bidder’s current plan. Bidder should also include all plan characteristics that will remain the same. Proposed plan changes must be in **bold**.

**Example:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **PY2022 No Plan Changes**  **(Required)** | | **PY2022 with Plan Changes**  **(Optional)** | |
| **Covered Services** | **Network** | **Non-Network** | **Network** | **Non-Network** |
| **Eye Exams** | $0 copay  Limit one exam per year | Reimbursement up to $60  Limit one exam per year | $0 copay  **No limit to number of exams per year** | **Reimbursement up to $50**  Limit one exam per year |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **PY2022 No Plan Changes**  **(Required)** | | **PY2022 with Plan Changes**  **(Optional)** | |
| **Covered Services** | **Network** | **Non-Network** | **Network** | **Non-Network** |
| **Eye Exams** |  |  |  |  |
| **Lenses**  **Per Pair** |  |  |  |  |
| **Frames** |  |  |  |  |
| **Contact Lenses**  (Must specify if contacts are in lieu of glasses) |  |  |  |  |
| **Laser Vision Correction** |  |  |  |  |

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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.)