



UNIVERSITY OF
CENTRAL
ARKANSAS™

PROCUREMENT OFFICE
201 Donaghey Avenue
Wingo Hall 113
Conway, AR 72035

REQUEST FOR PROPOSAL RFP#UCA-27-001

Voluntary Insurance: Vision Coverage

**PROPOSALS MUST BE RECEIVED BEFORE:
9:00 A.M. CST on Thursday, April 2, 2026**

Proposal Delivery Address and Opening Location:

University of Central Arkansas
Procurement Department
201 Donaghey Avenue, Wingo 113
Conway, AR 72035

PROPOSALS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED ABOVE. THE PROPOSAL ENVELOPE MUST BE SEALED AND SHOULD BE PROPERLY MARKED WITH THE PROPOSAL NUMBER, DATE, AND HOUR OF PROPOSAL OPENING AND COMPANY'S RETURN ADDRESS.

INSTRUCTIONS TO BIDDERS

Proposal Due Date & Submission:

The deadline for receipt of proposals is no later than 9:00 a.m. (CST) on April 2, 2026. Submit one (1) ORIGINAL hard copy and two (2) electronic copies on flash-drives of all proposal documents and one (1) redacted copy on a flash drive if necessary. Flash drives must clearly identify the company name. Proposals will not be accepted by email.

Note: A redacted copy is only needed if you consider any information provided is sensitive, confidential, or private. This information will be taken into consideration if the Arkansas Freedom of Information Act is invoked.

University of Central Arkansas
Procurement Office
201 Donaghey Ave., Wingo Hall 113
Conway, AR 72035

Issuing Officer:

Cassandra McCuien-Smith, Director of Procurement
Email: cmccuien@uca.edu

Contract Administrator and Project Officer:

Taylor May, Assistant Vice President of HR & Risk Management
Email: tmay5@uca.edu

Anticipated Procurement Timeline:

The timeline below is to be followed by all parties. The University of Central Arkansas reserves the right to change or modify the dates below as necessary:

	Date
Release Request for Proposal	March 3, 2026
Deadline for Written Questions and Inquiries via email	March 8, 2026
Questions and Inquiries Answered via email	March 10, 2026
Proposals Due at 9:00 a.m. central time	April 2, 2026
Possible Finalist Interviews, if needed	April 7, 2026
Selection and Intent to Award	April 8, 2026
UCA Board of Trustee Approval if required	May 2026
Contract ALC Contract Approval if required	June 2026

Contract Effective Date	January 1, 2027
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Proposal Requirements

1. Completed questionnaire responses
2. Executive Summary – Overview of your company, experience with higher education or public institutions, and proposed approach.
3. Plan Design – Detailed benefit summary for voluntary plans, including copays, allowances, and frequency limits.
4. Rates and Premiums – Provide monthly employee-paid rates (employee only, employee + one, family). Indicate rate guarantee period.
5. Network Information – Provide directory and network accessibility metrics for Central Arkansas.
6. Customer Service – Description of customer service model, hours of operation, and account management support.
7. Sample Materials – Enrollment guide, marketing materials, and sample ID card.
8. Implementation Timeline – From contract award to go-live date.
9. Administrative guidelines manual for billing, eligibility, claims filing, etc.
10. Financial ratings for each issuing insurance company.
11. Reference for specified product line of service.

Evaluation Criteria and Contract Award Terms

The contract award will be a one-year term contract with the option to renew in one to three year increments not to exceed a total of seven years. The contract resulting from this proposal may be canceled with a 90-day written notice. The basis for contract award will be determined by the evaluation criteria and point system of the proposal(s) submitted:

The basis upon which proposals will be compared will include the following assessments and points:

Plan Design & Coverage	20 Points
Network Adequacy & Access	20 Points
Cost & Affordability	30 Points
Member Experience & Customer Service	10 Points
Implementation & Account Management	10 Points
Reporting, Analytics, and Innovation	10 points

Population and Plan Information

UCA has approximately 1,384 full-time, benefits-eligible employees. We currently offer a voluntary vision plan that is effective the first day of the month after 90 days of full-time employment.

Vision Care Questionnaire

Overview

1. What differentiates your organization from other vision care benefit companies?
2. Provide a brief history of your organization.
3. Indicate your company's client/business mix for your vision coverage book of business as of January 1 of this year.

	Number of Clients	Number of Employees	Number of Members
Self-insured			
Fully-insured			
Discount Only			
Total			

4. Please provide the following member/client information for your vision book of business:

	2023	2024	2025
Total Membership (funded lives)			
Number of new clients			
Number of new members			
Number of Clients > 15K			

5. Describe your organization's financial condition and company ratings (A.M. Best, Moody's, etc)?
6. Provide three references of equivalent size and industry, including one new client reference from the past five years. Please note contact names, addresses, e-mail addresses, and phone numbers as well as the periods of time for which the contracts have been in existence and the number of members covered.

7. What do you consider your major strengths against other vision care plans available in the marketplace?
8. What is your company's vision care philosophy? Why should we consider your vision care plan?

Benefits Administration

1. Describe the steps participants follow to obtain vision care services (both in-network and out-of-network).
2. Over the last three years, what percentages of claims were for services from in-network providers? Retail providers? Independent providers?
3. Can a member receive an exam from one provider and materials (frames, lens or contacts) from another provider?
4. Does your vision plan provide ID cards to all members at no cost? If so, how do members receive these ID cards? Are ID cards required for members to receive services, or is it a paperless system?
5. Does the member benefit vary based on a specialized selection of frames? If yes, what benefit is available for those who select frames not included in this selection?
6. Describe your contact lens benefit. Is the materials benefit separate from the contact lens fit and follow-up benefit?
7. Does your vision plan offer paid in full coverage for both contact lens and contact lens professional service with no out of pocket expense for the patient? If not, what are the charges?
8. Does your vision plan provide any coverage or discount for laser vision correction? What is the charge for this benefit with or without the benefit/discount?
9. May patients choose any frame that is available in a provider's office? What are the costs controls for the patient if they select outside the covered frame?
10. Do you offer a safety wear program with your vision plan? If so, is there an additional cost?
11. Are frames priced on retail or wholesale reduced cost formula?
12. How long do you guarantee rates?
13. What are the plan benefit limitations or exclusions?
14. Describe discounts offered beyond the funded benefit. Discounts must be offered at all provider locations as noted within this proposal.

15. Describe recent benefit innovations that your organization can offer in 2027.
16. Describe your standard billing/banking procedures/funding arrangements.
17. Provide a sample billing format.

Implementation

1. Describe the Implementation Process/Timeline in detail, including responsible party for action items.
2. Please provide a resume of the proposed implementation manager.
3. Does your organization perform a formal implementation satisfaction survey? If yes, what are your implementations satisfaction results over the past 3 years?

Account Management

1. Please outline the account management team that will be assigned to the University of Central Arkansas upon contract award.
2. Please provide a resume for the proposed account management manager.
3. Please provide the average turnover rate of the account management team. The turnover rate should include terminations, job transfers and promotions.

Provider Network

1. Do you provide in-network access to retail chains? (In-network defined as accepting all in-network benefits and all in-network discounts as listed in your proposed plan design). If yes, list the retailers that are included as in-network providers.
2. Describe your renewal contract negotiations with in-network providers. Is this a proactive or reactive process? What attempts are made to keep providers in-network?
3. Describe how your organization monitors your provider network to ensure quality services and materials.
4. Are providers required to use a specific lab? What is the average turnaround time? Do you offer same day or one hour turnaround time?
5. Are all in-network providers required to administer the same funded benefits and network discounts consistently? Please explain.
6. Please provide a provider directory for the State of Arkansas.

7. What types of providers are in your network (MD's, OD's Opticians, etc.)?
8. Does your vision network allow the ability for 24-hour turnaround on glasses through your network?
9. Describe the growth of your vision care network. Please indicate the growth percentages over the past three years.
10. Do you customize you network for large clients? Are you willing to target particular non-network providers upon the client's request?

Customer Service

1. Describe call center days/hours of operation. Do you provide agent-assisted service hours on Sundays?
2. Describe your IVR features. Is the IVR available 24/7?
3. Describe your training program for customer service personnel. Be specific.
4. Do you provide Customer Service Representatives who speak Spanish? Any additional languages?
5. Describe the procedures for monitoring quality of service and member satisfaction.
6. Describe your organization's process for member appeal and grievances.

Claims

1. Provide the following claims processing statistics:

	Goal	2024 Results	2025 Results
Claims Processed in 5 business days			
Claims processed and paid in 10 business days			
Claim processing accuracy			

2. Do you offer an on-line claims processing system for providers? If so, does this system provide real-time calculation of member out-of-pocket costs?
3. What percent of claims are received electronically?

4. What percent of claims are auto adjudicated?
5. What percentage of claims are paid in-network?
6. What percentage of claims are received from independent provider's verses retail chain providers?

Plan Activity Reporting

1. Describe your reporting capabilities. (Provide a sample of typical reporting capabilities).
2. Include results of satisfaction surveys of participants including:
 - Member Satisfaction
 - Member Satisfaction with Call Center
 - Provider Satisfaction

Eligibility

1. What file formats do you accept (i.e. FTP or other secure file transport method)?
2. Describe your eligibility guidelines (domestic partner, adult dependent children, etc.)
3. Do you provide Benefit Administrators on-line access to maintain membership including add/change/delete functionality?
4. Do you provide post-processing reports? If so, what detail is provided and what is the turnaround time?
5. What Medical TPA's do you work with?

Web Capabilities

1. Complete the attached chart regarding capabilities for participants on your website:

Service	Y/N
Provider Locator	
Plan Benefit Information	
Next Eligible Date of Service	
Out-of-Network Claim Form	
Print ID Cards On-line	
On-line EOBs	
Laser Program Information	
Claims History and Claims Status	
Educational Information about Vision	
Member Grievance Resolution	
Order Replacement Contact Lenses	

2. Describe in detail the services that are available to the Benefit Administrator on your website.
3. How often is the website updated and how often does scheduled downtime occur?
4. Do you have mobile web capabilities? If yes, please describe.

Performance Guarantees

1. Outline specific performance guarantees that you are willing to offer.

Communication

1. Provide samples of standard promotional literature, and associate communications materials.
2. Open Enrollment
 - Describe your capabilities to support Open Enrollment.
 - Is there a cost associated with requested attendance?

Vision Wellness

1. Describe your organization's vision wellness program. Be specific.
2. Do you collect medical diagnosis codes within your routine vision claims? Is there a charge to provide a data feed to a third party data aggregator?
3. How many health plans/data aggregators do you transmit claims data to?

Financial

1. For what period of time are the rates quoted herein guaranteed?
2. What administrative retention percentage is included in insured or self-insured rates?
3. Will you provide a voluntary (employee paid) insured plan for any group size? If not, what is your minimum group size? Is there a minimum participation level?
4. Do you have the ability to underwrite a fully insure plan in all states? Please explain.
5. What level of compensation (if any) is available from your products for agents or brokers?

Signature Certification Page

Description: Voluntary Insurance: Vision Coverage

Proposal Number: RFP UCA-27-001

Issue Date: March 3, 2026

Buyer: Cassandra McCuien-Smith

RFP Due Date: April 2, 2026

Time: 9:00 A.M. CST

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Company Name: _____

Name (Type or Print): _____

Title: _____

Address: _____

RFP Main Contact Phone Number: _____

RFP Main Contact Email: _____

FAILURE TO PROVIDE A TAXPAYER IDENTIFICATION NUMBER BELOW MAY RESULT IN BID REJECTION:

Federal Employer Identification Number or Social Security Number

The undersigned affirms that they are duly authorized to execute this contract, that this bid has not been prepared in collusion with any other Offeror, and that the contents of this bid have not been communicated to any other Offeror or any employee of University of Central Arkansas prior to the official review of this bid. **UNSIGNED BIDS WILL NOT BE CONSIDERED.**

Signature: _____

Proposer References

Submission of this attachment is mandatory. Failure to complete and return this attachment with your bid may cause your bid to be rejected and deemed non-responsive.

List below three references for services performed within the last five years, which are similar to the scope of work to be performed in this contract.

REFERENCE 1

Name of Firm			
Street Address	City	State	Zip Code
Contact Person	Telephone Number		
Email Address			
Dates of Service			
Value or Cost of Service			
Brief Description of Service Provided			

REFERENCE 2

Name of Firm			
Street Address	City	State	Zip Code
Contact Person	Telephone Number		
Email Address			
Dates of Service			
Value or Cost of Service			
Brief Description of Service Provided			

REFERENCE 3

Name of Firm			
Street Address	City	State	Zip Code
Contact Person	Telephone Number		
Email Address			
Dates of Service			
Value or Cost of Service			
Brief Description of Service Provided			

UCA RIDER

Any contract or agreement to which the University of Central Arkansas is a party shall be deemed to have the following provisions incorporated by reference:

(1) "Notwithstanding any other provision of this agreement or contract, the University of Central Arkansas shall not be responsible or liable for any type of special or consequential damage to the other party, specifically including, but not limited to, lost profits or commissions, loss of goodwill, or any other damages of such nature."

(2) "Notwithstanding any other provision of this agreement or contract, the University of Central Arkansas shall never indemnify or hold another party harmless from any damages, liability, claims, demands, causes of action or expenses. However, with respect to any loss, expense, damage, liability, claim or cause of action, either at law or in equity, for actual or alleged injuries to persons or property, arising out of any negligent act or omission by UCA, or its employees or agents, in the performance of this agreement, UCA agrees that:

(a) it will cooperate with the other party to this agreement in the defense of any action or claim brought against the other party seeking damages or relief;

(b) it will, in good faith, cooperate with the other party to this agreement should such other party present any claims or causes of action of the foregoing nature against UCA to the Arkansas State Claims Commission;

(c) it will not take any action to frustrate or delay the prompt hearing on claims of the foregoing nature by the Arkansas State Claims Commission, and will make reasonable efforts to expedite any hearing thereon.

UCA reserves the right, however, to assert in good faith any and all defenses available to it in any proceedings before the Arkansas State Claims Commission or any other forum.

Nothing herein shall be interpreted or construed to waive the sovereign immunity of UCA."

(3) "The University of Central Arkansas does not have any form of general liability insurance. It does have liability insurance coverage on vehicles, as well as certain professional liability coverage for clinical programs (and students assigned through those programs). Please contact the university department with responsibility for the program involved or the Office of General Counsel, if you have questions concerning insurance coverage."