

# Nice to meet you! We're EyeMed.

EyeMed Response To

# City of Hollywood

Voluntary Vision Insurance Solicitation #RFP-4448-15-RD

## Paula Nelson

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# Table of Contents

RFP Checklist	5
Letter of Transmittal	7
EyeMed Response	
<ol> <li>Scope of Services</li></ol>	18 20 23 24
Financial Proposals	27
GeoAccess Report	31
Required Forms	44
Exhibits	
<ol> <li>Team Resumes</li> <li>Sample Welcome Packet</li> <li>Performance Guarantees</li> <li>Implementation Timeline</li> <li>Sun Perks</li> <li>Broward County Provider Directory</li> </ol>	61 64 66 69
7. Deviations Summary 8. Reference Questionnaire	
<ol> <li>Reference Questionnaire</li> <li>Master Policy and Certificate of Insurance</li> </ol>	



# RFP Checklist

# RFP Checklist

Title Page
Table of Contents
RFP Checklist
Letter of Transmittal
Profile of Proposer
Summary of Proposer's Qualifications
Project understanding, proposed approach and methodology
Summary of the Proposer's Fee Statement
Project time schedule
Financial Proposals
GeoAccess Report
Deviations Summary
Hold Harmless and Indemnity Clause
Noncollusion Affidavit
Sworn Statement Pursuant to Section 287.133 (3) (a) Florida Statutes on Public Entity Crimes
Certifications Regarding Debarment, Suspension and Other Responsibility Matters
Drug-Free Workplace Program
Solicitation, Giving and Acceptance of Gifts Policy
Reference Questionnaire



# Letter of Transmittal

**EyeMed Vision Care** 4000 Luxottica Place Mason, OH 45040

Phone 513.765.6000

Online eyemed.com

February 17, 2015

City of Hollywood Office of the City Clerk 2600 Hollywood Boulevard, Room 221 Hollywood, Florida 33020

Dear Proposal Reviewing Committee:

On behalf our entire team, we would like to thank you for the opportunity to share our capabilities in providing the City of Hollywood vision care benefits. At EyeMed, we're more than just a great vision plan. With more than 25 years of vision benefit experience, we understand what it takes to be a great vision partner. And, when it comes to municipalities, we know a lot about their vision needs too - we serve more than 360 clients representing over 1 million members. As the **fastest-growing vision benefits company in the country**, it's no surprise that more and more organizations like you are choosing EyeMed.

#### Seeing the big picture

We look forward to building a long-term relationship with the City of Hollywood and, in an effort to earn more of your business, we have put together a unique offer for you that showcases consistency and cost savings. Here's what we can provide:

- A stress-free implementation proven by our 100% client satisfaction rating with implementation seven years in a row!
- A 4 year rate guarantee so you can keep costs steady for your employees
- A large, highly desirable network with both independent and many of the most popular retail providers, including local favorites like For Eyes Optical
- Robust reporting package to help dig into the plan utilization details
- Dedicated, local EyeMed Sales and Account Management
- Exclusive Sun Perks program, which provides each member with a \$50 Sun Perk
   Certificate that can be used at Sunglass Hut (in-store or online!)

#### Greater access for City of Hollywood employees

We're America's biggest vision network – with not only the most independent providers, but also the best retail options. We've built our network around the people who use it – with an unmatched range of choices in locations, appointment hours and product options.

Our network provides access to more than 39,500 providers at about 10,500 independent and retail locations nationwide including more than 2,947 providers in Florida.

#### The right network is key

Nearly 60% of eyewear dollars are now spent at optical retailers, so it's critical to offer both independent and retail options for your employees<sup>2</sup>. Your employees will be happy to choose from exciting frame brands like Ray-Ban, Oakley and Coach at select locations. And they'll like the





fact that all providers are truly in-network and individually-certified – meeting our credentialing and quality standards that align with industry standards set forth by the National Committee for Quality Assurance (NCQA). They offer advanced technology, like digital eye exams and retinal imaging. Not to mention, the convenient evening and weekend hours mean that members can decide when to get their exams and where to buy their frames.



#### A strong team to lead the way

We look forward to sitting down with you to discuss ways in which we can help you appreciate your vision plan the most. We've assembled a team of knowledgeable individuals with the experience needed to provide you with best-in-class service.

Meet the account management team that will guide you through the process:

Paula Nelson Sr. Regional Sales Manager Atlanta, Georgia 866.240.4652 pnelson@eyemed.com Teresa Moyers Account Manager Mason, Ohio 877.384.3115 tmoyers@eyemed.com Shauna Whittingham Account Specialist (Local) Ft. Lauderdale, Florida 954.303.9710 swhittin@eyemed.com

Check out **Exhibit 1** for the full EyeMed team's resumes.

More than any other vision benefits company, we are passionate about delivering a vision plan that your employees will truly appreciate. And, we're confident that you'll appreciate our consultative approach. We're pretty excited about all the ideas we have for your vision plan but we're also great listeners – we want to make sure we build a plan that is exactly what they want for their employees. On behalf of our entire team, we thank you for the opportunity to present our proposal and we look forward to hearing from you.

### See you soon!

Paula Nelson Senior Regional Sales Manager p 866.240.4652 paula.nelson@eyemed.com

Brian (Haigis Vice President, Finance p 513.765.3025 brian.haigis@eyemed.com

<sup>1</sup> Source: http://www.visionquest2020.org/stats.asp

<sup>2</sup> US Dept. of Health-National Health Statistics Reports-#8: Aug. 6. 2008

# EyeMed Response

#### Scope of Services / Specifications / Proposer Qualifications

1. Fully insured 100% voluntary benefit plan with an effective date of April 1, 2015.

Confirm.

2. Rate guarantee with stable benefits. Rate/benefit adjustments during the stipulated period for coverage will result in termination of contract.

Confirm. We are offering a 4-year rate guarantee and contract period.

3. <u>ALL</u> participation requirements must be stated together with any potential for rate change based upon participation.

Confirm. We do not have a minimum participation requirement. And because we've offered you a 4-year rate guarantee, you can rely on the consistent value we're bringing your members. If, however, there are requested changes to your plan, we'll sit down together to discuss their impact to your rate well before any changes take effect.

4. Benefits shall match existing plan or better.

Confirm. Please see the **Proposer's Fee Statement** section for complete details.

5. Provider network must be owned by carrier with a current list of assigned providers submitted monthly to subscribers. This information is REQUIRED.

Confirm with clarification. We are proud to say that we own our vision provider network.

While we are unable to submit provider listings monthly to subscribers, members can access our most up-to-date provider listing on our website via our Provider Locator tool. This tool includes advanced search options like provider specialty, hours of operation, available frame brands and more.



All it takes is a few quick clicks for members to select their criteria and enter their zip code. Then, we'll show them the nearest matching providers with driving directions and a map. There is even an option to schedule appointments online if the provider has the functionality enabled. This is one more way we're working to make using the benefit even more convenient.

In addition, members receive a customized provider listing with their Welcome Packet when they enroll. This listing shows the 10 closest providers to their home address. And, if at any time they need an updated hard copy listing, members just need to call our Customer Care Center where our representatives can mail one to them directly.

## 6. Carriers must have a credentialing process for adding new providers to their networks.

Confirm. Our doctors are qualified. Because to participate on our network, they must meet the credentialing and quality standards set forth in our Professional Provider Manual - all of which align with the industry standards set forth by the National Committee for Quality Assurance (NCQA).

Providers submit relevant demographic, educational and professional data, upon which, that data is verified for approval on our network. All providers are required to be re-credentialed at a minimum of every 24 to 36 months, in accordance with state law.

We verify the following information for all doctors:

- Work history
- Licensure and certification
- Minimum professional liability insurance
- Criminal history
- Member complaints
- Liability and malpractice claims
- Quality assurance site evaluation
- Operating hours and locations
- 7. Enrollment must be open to active employees, employees on leave of absence and retirees. Enrollment shall include NO underwriting and NO pre-existing condition exclusions.

Confirm. All employees on your eligibility file will receive vision care services. We'll assume that the employees and their family members that you have listed have met eligibility requirements.



8. Communicative materials, brochures, applications and provider directories must be approved by the City of Hollywood and made available upon request at no cost to the City of Hollywood or employees and retirees at the carrier's expense.

Confirm. Simply making quality vision care available isn't enough for us – we want our members to be engaged in taking care of their vision. We see every act of communication as an opportunity to promote vision wellness as a compelling and attainable choice. That's why our communication strategy is built around helping your employees to understand their benefits and the value of them, vision wellness and access to care. Through pre- and post-enrollment materials, ongoing wellness initiatives and web content, we'll support all facets of enrollment and ongoing participation. Take a look and see the difference with our no-cost materials:

#### **Open Enrollment Toolkit**

- Description: an easy-to-use resource to help you communicate to your employees about your vision benefits during open enrollment. The kit includes videos, brochures, signs, sample emails and articles – most of which can be customized with your logo.
- **Timing:** pre-enrollment
- Distribution: can be easily downloaded and sent via email, company newsletters or collateral

#### Benefit Summary

- Description: describes benefits, vision wellness, open enrollment, phone and web-support tools
- Timing: pre-enrollment
- **Distribution:** open enrollment meetings or packages assembled by clients

#### Welcome Packet

- **Description:** contains two ID cards, a customized listing of nearby providers based on where employees live and outlines copays, allowances and discounts
- Timing: following initial enrollment
- Distribution: mailed directly to the homes of each enrolled employee

#### EyeMed.com

- **Description:** the best tool (available 24/7, 365 days of the year) for members to learn all about their benefits and manage their plan
- **Timing:** pre-enrollment and throughout the plan
- Distribution: can be accessed by members whenever they need support



#### Eye Exam Reminders

- **Description:** encourages high-risk members to receive an annual exam for eye and general health wellness
- Timing: one year following the high-risk member's last exam
- Distribution: mailed directly to the homes of each high-risk member

#### EyeSiteOnWellness.com

- Description: one-stop resource providing a reference library, videos and downloadable educational materials on vision wellness and eye care
- Timing: ongoing
- Distribution: can be easily downloaded and sent via email, company newsletters or collateral

#### Email Blasts

- **Description**: educational wellness articles, reminders and tips
- Timing: ongoing
- Distribution: emailed to members who opt-in through our website

## 9. ID cards and coverage certificates must be mailed to the participant's home address two (2) weeks prior to the effective date of coverage at the carrier's expense.

Confirm with clarification. With our full-color, customized Welcome Packet, members can clearly see their benefits. Cast your eyes on its features:

- A description of copays, allowances and network discounts
- A personalized list of providers who are located close to the subscriber's home
- Customer Care Center and website information
- Details on how to access the benefit
- Member ID cards

Each employee that makes the choice to enroll in the vision plan will receive the Welcome Packet within 10 business days after we receive their eligibility data from you. Want to see it for yourself? Check out **Exhibit 2**.

But don't forget, accessing a copy of their ID card has never been easier for members! Through tools like our mobile-optimized website or our brand new mobile app, they no longer have to worry about keeping track of an ID card. By logging into the app and just shaking their smartphone, members can easily view their ID card and have it handy when they visit their provider.

And while we don't provide coverage certificates to participants, we will send you a certificate of coverage that you can share with your employees at your discretion.



10. Carrier must have a local account representative within a reasonable service area or fifty mile distance of the City of Hollywood. The local account representative will assist the group administrator with benefit and enrollment questions and concerns.

Confirm. We'll provide you with a local and corporate-based support team to meet your every need. Your Account Manager, Teresa Moyers, is the dedicated Account Manager for Florida. Teresa is located at our corporate headquarters in Mason, Ohio, a suburb of Cincinnati. By working from our corporate headquarters, Teresa has immediate access to all functions of your plan, including claims, customer service and quality assurance. Being this close to all of these departments means that Teresa can get you answers fast.

Supporting Teresa will be Shauna Whittingham, your local Account Specialist. Based out of Ft. Lauderdale, Shauna's proximity and knowledge of the local market will help Teresa provide you with best-in-class service.

 The carrier will be available to attend new employee orientations, health insurance committee meetings, annual enrollment meetings and benefit fairs as requested. Further, the carrier will provide supporting materials and reports for indicated meetings.

Confirm. It's important to us that your employees understand their benefits and truly realize the power of an eye exam. So, we can be on-site for up to 2 health fairs or enrollment events with at least 200 employees in attendance.

Our vision care experts, trained at the leading optical retailers such as LensCrafters, Pearle Vision, Sears Optical and Target Optical, will answer questions about your benefits, provide advice, educate employees about vision wellness and even schedule eye exams. We'll also make sure your employees walk away with customized materials, whether we attend your event or not, including detailed benefit summary information, educational collateral and sample provider directories. All this means that they can look us in the eye and appreciate how healthy vision can help them see their world more clearly.

As part of our promise to make your life easier, we've created an open enrollment toolkit full of easy-to-access and easy-to-use resources for you to share with your employees. You can choose from signage to post around your office, email templates to share with employees, health and wellness articles to include in your internal newsletter and much more. Plus, many of the items in the toolkit are in Word format so you can quickly and easily plug in your logo, OE dates and any other customizable information you think is important. Want to take a look at the pieces available to help educate your employees about the value of their vision benefit? Check out **EyeSiteOnWellness.com/oe**.



## 12. Customer Service – Carrier must provide a local service number, toll free service number, and a web site for participants and providers

Confirm with clarification. At no cost, we'll provide a toll-free number for your employees to contact our Customer Care Center for open enrollment and ongoing customer service. We are unable to provide a local service number.

Everything you and your employees need to know about your vision plan can be found in one easy place – our website. Let's take an in-depth look at some of its features:

#### For you:

- View member benefits
- Manage eligibility and view enrollment
- Download utilization reports
- Check out fully insured plan invoices
- Locate any of our providers
- Learn about benefits and wellness

#### For your employees:

- Look up plan information and learn about benefits and wellness
- View eligibility status
- Locate a provider search by hours, available frame brands and more!
- Schedule an exam
- Check on the status of a claim
- Print an ID card
- Receive their EOB
- Download an out-of-network claim form

It's worth mentioning that you can access information and take control of your benefits at any time of the day or night on our mobile-optimized website. And to make things even more convenient, you can download our brand new mobile app from the iTunes store. So, either way, members can locate a provider, schedule an appointment, find directions from their current location and pull up their ID card, all while on-the-go.

Stop on over to our website and check us out at **eyemed.com**. We think you'll like what you see.

#### 13. Claims shall be processed within ten (10) days of receipt.

Confirm. We guarantee that 99% of clean and valid claims to be processed and paid within 10 business days. Take a look at our performance guarantees in **Exhibit 3**.



14. Carrier shall have a system to handle service issues within ten (10) business days. A quarterly report is required showing the nature and resolution of any service related concerns directed to the carrier or service representative.

Not confirmed. We're always sorry to hear that a member has a complaint, but even more so, we are always confident that we can take care of it. Members with complaints or inquiries should initially contact our Customer Care Center where our team is available seven days a week to answer their questions. Our representatives are thoroughly trained in issue resolution for every type of call. And, what's even better is that **99% of the time inquiries are resolved during this first call**.

But in rare occasions, they can't be. So our representatives can assist in documenting a complaint to our Quality Assurance department. Within 72 hours, members will receive written confirmation of receipt, just as our Medical Director begins to review and research the issue. A resolution, acknowledged in writing, will be reached within 30 calendar days or less.

But have no fear. Last year, we received only 2,068 formal complaints from over 13,000,000 claims - equating to less than 0.02%.

# 15. Carrier shall process a monthly electronic enrollment file in a format acceptable to the City of Hollywood or a web site with plan administrator access for additions/deletions of participants.

Confirm. We can process monthly electronic enrollment files in the following ways:

#### Acceptable File Formats

- 834x12 file format
- EyeMed proprietary fixed length record format
- Password-protected .zip and PGP encrypted files
- Most TPA & proprietary file formats supported

#### Means of Transmission

- SFTP
- Password protected e-mail
- Client Web

Your administrators will also have access to our Client Web portal at eyemed.com. Using the Client Web portal, administrators can update eligibility information at any time. The majority of updates made through our client web occur within just a few minutes. On rare occasions, however, some updates may take up to 1 hour to post.



# 16. Carrier shall provide a dedicated service representative to reconcile the monthly file, provide a discrepancy list, and issue a monthly invoice within five (5) business days of receipt of the enrollment file.

Not confirmed. We train all service representatives in our claims department and call center on your plan so you and your employees receive service faster.

We'll send you a monthly invoice, which will be based on all active members within our system at that time. We also want to make sure you know that we'll accept a 90-day retroactive credit and billing window for updates not captured in time for the invoice. And don't forget - you can always view up to one year's worth of your invoices through our website.



# **Profile of Proposer**

#### **Profile of Proposer**

1. State whether your organization is national, regional or local.

EyeMed is a national vision care benefit organization.

2. State the location of the office from which your work is to be performed.

Our corporate headquarters is located in Mason, Ohio, a suburb of Cincinnati.

4000 Luxottica Place Mason, Ohio 45040

3. Describe the firm, including the size, range of activities, etc. Particular emphasis should be given as to how the firm-wide experience and expertise in the area addressed by this Request for Proposal will be brought to bear on the proposed work.

At EyeMed, we have more than 25 years of experience, both nationally and in the State of Florida. In fact, with **11,000 clients and more than 39 million current members**, we're the fastest growing managed vision care organization in the industry. Here's why: we put your employees first because they deserve more of what's best, not just more of the same.

From our start, our only focus has been providing our members with top-notch vision care. We provide your employees with access to vision care that they can trust, with better access and more choices when it comes to eye care professionals, innovative products that solve everyday problems and a vision plan that they find easy-to-use. Plus, we have the experience and knowledge that counts, since we work with many other companies just like you:

- 364 government organization clients
- 216 city organization clients
- 638 clients in Florida, encompassing 2.1 million members
- 772 groups with more than 2,000 eligible employees
- Over 10,000 clients under a fully-funded arrangement



## **Profile of Proposer**

4. Provide a list and description of similar municipal engagements satisfactorily performed within the past two (2) years. For each engagement listed, include the name, email, fax and telephone number of a representative for whom the engagement was undertaken who can verify satisfactory performance.

#### City of Augusta, GA

2,400 Eligible Employee group Robin Nunez rnunez@augustaga.gov 706.821.2303

#### City of Hampton, VA

1,900 Eligible Employee group Shari Declet sdeclet@hampton.gov 757.727.6610

## 5. Have you been involved in litigation within the last five (5) years or is there any pending litigation arising out of your performance?

We are a large entity with many customers and contracts. As part of business operations, we are subject to law suits, as well as to regulatory inquiries. The amount and type of litigation is consistent with a company of our size; however details of litigation are considered confidential. No case has had a material adverse impact on us, or is material to our business overall.



# Proposer's Qualifications

#### Summary of Proposer's Qualifications

1. Identify the project manager and each individual who will work as part of the engagement. Include resumes for each person to be assigned. The resumes may be included as an appendix.

Your satisfaction and peace of mind are important to us so we built an account management strategy that allows you to appreciate a stress-free benefit administration experience. From the point of sale to ongoing service, we'll be with you every step of the way. Let us introduce your team:

#### Paula Nelson, Senior Regional Sales Manager

Responsible for working with City of Hollywood during the sales process. Located in Atlanta, Georgia

#### Sharon Mukes, Implementation Manager

Responsible for overseeing the plan start-up. Located at EyeMed's headquarters in Mason, Ohio

#### Teresa Moyers, Account Manager

Responsible for serving as the ongoing contact for service and renewals. Located at EyeMed's headquarters in Mason, Ohio

#### Shauna Whittingham, Account Specialist (Local)

Provides local account management support to Teresa and the City of Hollywood Located in Ft. Lauderdale, Florida

#### Angela Sweeney, Regional Vice President

Responsible for providing support to Teresa Moyers with escalated issues. Located at EyeMed's headquarters in Mason, Ohio

#### **Client Service Unit**

Direct support for urgent needs like claim status and eligibility updates. Located at EyeMed's headquarters in Mason, Ohio



## **Proposer's Qualifications**

#### **Operations Services Department**

Provides technical support for eligibility file loads, billing and claims data feeds. Located at EyeMed's headquarters in Mason, Ohio

Whether you like to do-it-yourself or leave it all to us, our team-based approach will allow for you to get answers – and fast. That's because we have a team based approach – we're all working hard so you don't have to. Check out **Exhibit 1** for the EyeMed team's resumes.

# 2. Describe the experience in conducting similar projects for each of the consultants assigned to the engagement. Describe the relevant educational background of each individual.

#### Paula Nelson, Senior Regional Sales Manager

Paula, a former Floridian, has spent 24 years in the benefits industry in Florida. For the past 8 years, Paula has been a Senior Regional Sales Manager for the South East based out of Atlanta. She leverages her 31 years of industry experience to conduct vision plan sales for employer groups of similar size to City of Hollywood. In addition, she consults directly with employer groups, brokers, benefits consultants, school districts, and municipalities to design and price custom vision plan solutions.

#### Teresa Moyers, Account Manager

For the past 9 years, Teresa has been a National Account Manager located at our corporate headquarters in Mason, Ohio. Being based out of our corporate headquarters allows Teresa to be on-site with our functional departments, ensuring process run smoothly and getting answers to your questions fast. She also builds and maintains client relationships through proactive management and ongoing service after implementation is complete. Teresa works closely with the clients and brokers to ensure that benefits are hassle-free and easy to administer. In addition, she communicates plan performance, health/wellness activities and contract renewal.

#### Shauna Whittingham, Account Specialist (Local)

Shauna recently joined EyeMed, but brings 18 years of industry experience with her. Located in Ft. Lauderdale, Florida, Shauna will act as a liaison for Teresa. Her familiarity with the Florida market, as well as her proximity to the City of Hollywood will help ensure that all of your needs are met.

#### Sharon Mukes, Implementation Manager

Sharon brings 12 years of EyeMed implementation expertise to the team. Located at our corporate headquarters in Mason, Ohio, she oversees implementation for clients of similar size to City of Hollywood. Sharon manages the entire implementation process, working cross-functionally with all EyeMed departments on key deliverables. She also coordinates membership eligibility data, billing arrangements, materials, and open enrollment meeting support



# 3. Describe the organization of the proposed project team, detailing the level of involvement, field of expertise and estimated hours for each member of the team.

Working with us won't feel like work because we support our clients every step of the way to make sure that they each get the most from their vision plan. The account management team dedicated to your account has been purposely assembled with individuals whose client experience is similar in industry, size and complexity to yours.

As our client, you can expect a hassle-free administration of benefits, because we'll lead you through each phase of our program and remain dedicated to your account throughout our partnership.

While we are unable to estimate the number of hours each member will dedicate to your account, we can tell you about all the ways our team will serve you. Take a look at your team:

Paula Nelson Sr. Regional Sales Manager	Teresa Moyers Account Manager
<ul> <li>Guide City of Hollywood through the sales process</li> <li>Work with account management team during implementation to ensure your needs are met</li> </ul>	<ul> <li>Day-to-day services</li> <li>Execution of key deliverables</li> <li>Plan performance and consultation</li> <li>Health and wellness activities</li> <li>Contract renewal</li> </ul>
Shauna Whittingham	Angela Sweeney
Account Specialist (Local)	Regional Vice President
<ul> <li>On-going local support to City of Hollywood</li> <li>In-market resource to Teresa Moyers</li> </ul>	<ul><li>Executive-level oversight</li><li>Escalated inquiries</li><li>Overall plan satisfaction</li></ul>

#### 4. Describe what municipal staff support you anticipate for the project.

Sit back and relax – it's our job to lead you through implementation and beyond. As our client, the most important item we'll collect is your membership enrollment file. No worries though. We'll help with that too.



# Project Understanding

#### Project understanding, proposed approach and methodology

Describe your approach to performing the contracted work. This should include the following points:

- Type of services provided. Discuss your role and that of other parties involved in the data gathering, data analysis and recommendation process.
- Discuss your project plan for this engagement outlining major tasks and responsibilities, time frames and staff assigned.

Making changes to employee benefits can seem like a big undertaking, so we strive to make sure that it isn't. Our approach is to clearly understand what you need from us so that we can make sure from the very beginning that your plan is set up for a stress-free administration. And that comes from getting to know you.

You'll have one person that will be here for you every step of the way. Allow us to introduce Sharon Mukes, your Implementation Manager. She will ensure your project is proceeding in a timely fashion by managing the following:

- Creating a mutually-agreeable plan for the transition
- Scheduling support and materials for your open enrollment events
- Coordinating your eligibility data
- Producing and ensuring delivery of employee materials and ID cards
- Setting up all elements of your plan billing, reporting and our call center preparedness

You don't have to worry about what's in store because we make it a breeze. Our clients have been pretty happy with our process – they've told us through their 100% implementation satisfaction rating over the past 7 years. Since seeing is believing, come join us and experience it for yourself.

Check out **Exhibit 4** for a detailed implementation timeline.





#### Summary of the Proposer's Fee Statement

#### Plan Cost

Please include information regarding plan cost to employees based upon benefits indicated in the request.

	Monthly Rate							
	Option 1	Option 1 Option 2 Option 3						
Single	\$4.06	\$5.69	\$7.09					
Individual plus one	\$7.30	\$10.22	\$12.77					
Individual plus child(ren)	\$7.71	\$10.82	\$13.49					
Family	\$12.71	\$17.07	\$21.29					

#### Schedule of Benefits

Check out the **financial proposals tab** for our proposed plan designs.

#### Location of Support

All of our support services, including billing, claims and member services, are located at our corporate headquarters in Mason, Ohio, a suburb of Cincinnati.

#### Assigned Staff

Take a look at **Exhibit 1** for the resumes of the EyeMed Account Management team.



# Project Time Schedule

#### **Project time schedule**

When it comes to implementation, you're in good hands. We're experts – just ask our clients, who have rated their experience as 100% satisfactory for seven years in a row and counting. We're confident in our ability to implement your plan and we recommend expecting 90 days to get you set up and ready to go.

Once you choose us, your Implementation Manager, Sharon Mukes, will reach out and get to know you. Sharon is specially trained to lead your project during plan installation and will work with you to create an implementation schedule that's specifically customized to meet your unique needs.

Here's a brief run-down of our process:

#### Notification of Contract Award to EyeMed | 1 Day

#### Contract Profile | 5 Days

- Group Application and Proposal Signed
- Implementation Team Defined

#### Discovery Phase | 15 Days

- Confirm plan design, enrollment needs, communication, billing and reporting
- Finalize project plan and obtain sign off

#### Requirements Development | 15 Days

- Set-up plan in EyeMed systems
- Engage IT & begin development

#### Develop, Test and Deploy | 60 Days

- Train EyeMed Customer Service Reps
- Announcement to Employees
- Support Annual Enrollment
- Test and Load Membership
- Deliver ID Cards
- Finalize Reporting

#### **Effective Date!**



# Financial Proposals



EyeMed Vision Care in conjunction with Combined Insurance Company of America

Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*			
Exam with Dilation as Necessary	\$10 Copay	\$30			
Exam Options:					
Standard Cantact Lans Fit and Fallow Un-		N/A			
Standard Contact Lens Fit and Follow-Up: Premium Contact Lens Fit and Follow-Up:	Up to \$40 10% off Retail Price	N/A N/A			
Frames:					
Any available frame at provider location	\$0 Copay; \$100 Allowance, 20% off balance over \$100	\$30			
Standard Plastic Lenses:					
Single Vision	\$25 Copay	\$25			
Bifocal	\$25 Copay	\$35			
Trifocal	\$25 Copay	\$45			
Lenticular	\$25 Copay	\$60			
Standard Progressive Lens	\$85 Copay	\$35			
Premium Progressive Lens	\$85 Copay, 70% of Charge less \$110 Allowance	\$35			
Lens Options:					
UV Treatment	\$12	N/A			
Tint (Solid and Gradient)	\$12	N/A			
Standard Plastic Scratch Coating	\$0 Copay	\$6			
Standard Polycarbonate - Adults	\$35	N/A			
Standard Polycarbonate - Kids under 19	\$0 Copay	\$18			
Standard Anti-Reflective Coating	\$40 20% off Detail Deige	N/A			
Polarized	30% off Retail Price	N/A			
Photocromatic / Transitions Plastic	\$70 Copay	\$5			
Other Add-Ons	30% off Retail Price	N/A			
Contact Lenses					
(Contact lens allowance includes materials only)					
Conventional	\$0 Copay; \$100 allowance, 15% off balance over \$100	\$75			
Disposable	\$0 Copay; \$100 allowance, plus balance over \$100	\$75			
Medically Necessary	\$0 Copay, Paid-in-Full	\$225			
Laser Vision Correction Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A			
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A			
Frequency:					
Examination	Once every 12 months				
Lenses or Contact Lenses Frame	Once every 12 months Once every 24 months				
Monthly Rate	-				
Subscriber	\$4.06				
Subscriber + Spouse	\$7.30				
Subscriber + Child(ren)	\$7.30				
Subscriber + Family	\$12.17				
······,					

All plans are based on a 48-month contract term and 48-month rate guarantee.

Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies

\* Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate

Additional Discounts:

Member receives a 30% discount on items not covered by the plan at network Providers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be

combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com. The contact lens benefit allowance is not applicable to this service.

Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency.

Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice

Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group

Rates are valid for groups domiciled in the State of FL. Fees quoted will be valid until the 4/1/2015 plan implementation date. Date quoted: 2/12/2015.

Rates assume Employer contribution of 20% or less for employees and dependents Insured Plans are underwritten by Combined Insurance Company of America, 5050 Broadway, Chicago, IL 60640, except in New York.

1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear

4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;

5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered,

and the services rendered to the Insured Person are within 31 days from the date of such order; 9) Services or materials provided by any other group benefit plan providing vision care; 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

#### If City of Hollywood, FL has chosen this benefit design, attach this document to the group application and sign berefet



EyeMed Vision Care in conjunction with Combined Insurance Company of America

Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*			
Exam with Dilation as Necessary	\$10 Copay	\$30			
Exam Options:					
Chan day d Oanta at Lange E't and E allows the	11-1-640	81/8			
Standard Contact Lens Fit and Follow-Up: Premium Contact Lens Fit and Follow-Up:	Up to \$40 10% off Retail Price	N/A N/A			
Frames:					
Any available frame at provider location	\$0 Copay; \$130 Allowance, 20% off balance over \$130	\$30			
Standard Plastic Lenses:					
Single Vision	\$20 Copay	\$25			
Bifocal	\$20 Copay	\$35			
Trifocal	\$20 Copay	\$45			
Lenticular	\$20 Copay	\$60			
Standard Progressive Lens	\$70 Copay	\$35			
Premium Progressive Lens	\$70 Copay, 70% of Charge less \$110 Allowance	\$35			
Lens Options:					
UV Treatment	\$12	N/A			
Tint (Solid and Gradient)	\$0 Copay	\$6			
Standard Plastic Scratch Coating	\$0 Copay	\$6			
Standard Polycarbonate - Adults	\$0 Copay	\$18			
Standard Polycarbonate - Kids under 19	\$0 Copay	\$18			
Standard Anti-Reflective Coating	\$35 Copay	\$3			
Polarized	30% off Retail Price	N/A			
Photocromatic / Transitions Plastic	\$65 Copay	\$5			
Other Add-Ons	30% off Retail Price	N/A			
Contact Lenses					
(Contact lens allowance includes materials only)					
Conventional	\$0 Copay; \$130 allowance, 15% off balance over \$130	\$75			
Disposable	\$0 Copay; \$130 allowance, plus balance over \$130	\$75			
Medically Necessary	\$0 Copay, Paid-in-Full	\$225			
Laser Vision Correction Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A			
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A			
Frequency:					
Examination	Once every 12 months				
Lenses or Contact Lenses	Once every 12 months				
Frame	Once every 24 months				
Monthly Rate					
Subscriber	\$5.69				
Subscriber + Spouse	\$10.22				
Subscriber + Child(ren)	\$10.82				
Subscriber + Family	\$17.07				

All plans are based on a 48-month contract term and 48-month rate guarantee.

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Additional Discounts:

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EyeMed Vision Care in conjunction with Combined Insurance Company of America

Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*			
Exam with Dilation as Necessary	\$10 Copay	\$30			
Exam Options:					
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Standard Contact Lens Fit and Follow-Up: Premium Contact Lens Fit and Follow-Up:	Up to \$40 10% off Retail Price	N/A N/A			
Frames:					
Any available frame at provider location	\$0 Copay; \$150 Allowance, 20% off balance over \$150	\$35			
Standard Plastic Lenses:					
Single Vision	\$10 Copay	\$25			
Bifocal	\$10 Copay	\$35			
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Lens Options:					
UV Treatment	\$0 Copay	\$6			
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Photocromatic / Transitions Plastic	\$65 Copay	\$5			
Other Add-Ons	30% off Retail Price	N/A			
Contact Lenses					
(Contact lens allowance includes materials only)		A75			
Conventional	\$0 Copay; \$150 allowance, 15% off balance over \$150	\$75 \$75			
Disposable Madiaally Nacionali	\$0 Copay; \$150 allowance, plus balance over \$150	\$75 \$225			
Medically Necessary Laser Vision Correction	\$0 Copay, Paid-in-Full	\$225			
Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A			
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A			
Frequency:	on conventional contact lenses once the funded benefit has been used.				
Examination	Once every 12 months				
Lenses or Contact Lenses	Once every 12 months				
Frame	Once every 24 months				
Monthly Rate					
Subscriber	\$7.09				
Subscriber + Spouse	\$12.77				
Subscriber + Child(ren)	\$13.49				
Subscriber + Family	\$21.29				

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If City of Hollywood, FL has chosen this benefit design, attach this document to the group application and sign berefit

# GeoAccess Reports



### City of Hollywood Vision Care Accessibility Analysis

February 12, 2015

A report on the accessibility of the

#### EyeMed Vision Care Provider Network

for the employees of

City of Hollywood

Submitted by: Paula Nelson Sr. Regional Sales Manager EyeMed Vision Care paula.nelson@eyemed.com 866.240.4652

#### Table of Contents

Employee Locations	1
EyeMed Provider Locations	2
Accessibility summary	3
Accessibility summary	4
ZIP Codes not meeting the access standard	5
Accessibility summary	6
Accessibility summary	7
ZIP Codes not meeting the access standard	8

### Employee Locations



#### EyeMed Provider Locations



City of Hollywood

## Vision Care Accessibility Analysis

February 12, 2015

A report on the accessibility of the

EyeMed Vision Care Provider Network

for the employees of

City of Hollywood

Urban/Suburban Employees 2 Providers within 10 Miles

### Accessibility summary

Accessibility analysis specifications				
Provider group:	<b>EyeMed Advantage Providers</b> 39,536 providers			
Employee group:	<b>Urban/Suburban Employees</b> 2,011 employees			
Access standard:	2 Providers within 10 Miles			
Employees with desired access:	2,010 (100.0%)			

Average distance to a choice of providers for employees with desired access						
Number of providers						
Miles	1.4	1.8	2.2	2.5	2.7	

Key geographic areas					
	Employ Total		yees with desired access		
City	number of employees	Number	Percent	Average distance to 2 providers	
HOLLYWOOD, FL	923	923	100.0	1.6	
FORT LAUDERDALE, FL	551	551	100.0	1.9	
MIAMI, FL	112	112	100.0	2.0	
POMPANO BEACH, FL	100	100	100.0	1.8	
DANIA, FL	32	32	100.0	1.4	
HALLANDALE, FL	32	32	100.0	1.4	
PEMBROKE PINES, FL	30	30	100.0	1.2	
HIALEAH, FL	27	27	100.0	1.3	
BOCA RATON, FL	24	24	100.0	2.7	
OPA LOCKA, FL	13	13	100.0	2.5	

GeoAccess
# Accessibility summary

Accessibility analysis specifications			
Provider group:	<b>EyeMed Advantage Providers</b> 39,536 providers		
Employee group:	<b>Urban/Suburban Employees</b> 2,011 employees		
Access standard:	2 Providers within 10 Miles		
Employees without desired access:	1 (0.0%)		

Average distance to a choice of providers for employees without desired access					
Number of providers	1	2	3	4	5
Miles	19.9	20.0	20.1	20.4	20.4

Key geogra	aphic area	as		
	Total	Employ	ees withou	t desired access
City	number of employees		Percent	Average distance to 2 providers
MARCO ISLAND, FL	1	1	100.0	20.0

GeoAccess

# ZIP Codes not meeting the access standard

	Urban/Sub	urban Em	nployees				
				Er	mployees desired (	s without access	
	ZIP	Total number of	Total number of			Average to pro	distance oviders
City	Code	employees	providers	Number	Pct	1	2
MARCO ISLAND, FL	34145		0		100.0	19.9	20.0

38

Access

City of Hollywood

# Vision Care Accessibility Analysis

February 12, 2015

A report on the accessibility of the

EyeMed Vision Care Provider Network

for the employees of

City of Hollywood

Rural Employees 1 Provider within 20 Miles

# Accessibility summary

Accessibility analysis specifications			
Provider group:	<b>EyeMed Advantage Providers</b> 39,536 providers		
Employee group:	Rural Employees 379 employees		
Access standard:	1 Provider within 20 Miles		
Employees with desired access:	342 (90.2%)		

Average distance to a choice of providers for employees with desired access					
Number of providers	1	2	3	4	5
Miles	6.6	7.9	9.2	10.6	11.8

Key geographic areas						
	Total	Employees with desired access				
City	number of employees	Number	Percent	Average distance to 1 provider		
LOXAHATCHEE, FL	18	18	100.0	9.0		
PORT SAINT LUCIE, FL	12	12	100.0	3.8		
JUPITER, FL	10	10	100.0	6.4		
OCALA, FL	9	9	100.0	7.9		
PALM COAST, FL	9	9	100.0	2.8		
CLERMONT, FL	7	7	100.0	3.4		
DELAND, FL	7	7	100.0	10.2		
DUNLAP, TN	7	7	100.0	4.3		
SEBRING, FL	6	6	100.0	10.2		
VERO BEACH, FL	6	6	100.0	4.2		

GeoAccess

# Accessibility summary

Accessibility analysis specifications			
Provider group:	<b>EyeMed Advantage Providers</b> 39,536 providers		
Employee group:	Rural Employees 379 employees		
Access standard:	1 Provider within 20 Miles		
Employees without desired access:	37 (9.8%)		

Average distance to a choice of providers for employees without desired access					
Number of providers	1	2	3	4	5
Miles	26.6	27.5	28.5	30.6	31.7

Key geographic areas							
	Total	Employ	Employees without desired access				
City	number of employees	Number	Percent	Average distance to 1 provider			
LAKE PLACID, FL	8	6	75.0	23.9			
FRANKLIN, NC	3	2	66.7	20.9			
BASCOM, FL	2	2	100.0	32.4			
LIVE OAK, FL	2	2	100.0	23.7			
ADDISON, AL	1	1	100.0	20.2			
ANDREWS, NC	1	1	100.0	23.1			
BONIFAY, FL	1	1	100.0	30.2			
BRANFORD, FL	1	1	100.0	29.9			
BRONSON, FL	1	1	100.0	20.9			
CHESTER, VT	1	1	100.0	23.4			

GeoAccess

# ZIP Codes not meeting the access standard

				E	mployees desired	s without access
City	ZIP Code	Total number of employees	Total number of providers	Number	Pct	Average distance to a choice of 1 provider
ADDISON, AL	35540	1	0	1	100.0	20.2
TALLASSEE, AL	36078	1	0	1	100.0	30.9
FAIRPLAY, CO	80440	1	0	1	100.0	60.1
BASCOM, FL	32423	2	0	2	100.0	32.4
BONIFAY, FL	32425	1	0	1	100.0	30.2
BRANFORD, FL	32008	1	0	1	100.0	29.9
BRONSON, FL	32621	1	0	1	100.0	20.9
LAKE PLACID, FL	33852	8	0	6	75.0	23.9
LIVE OAK, FL	32060	2	0	2	100.0	23.7
LORIDA, FL	33857	1	0	1	100.0	26.0
MACCLENNY, FL	32063	1	0	1	100.0	21.3
MORRISTON, FL	32668	1	0	1	100.0	27.2
O BRIEN, FL	32071	1	0	1	100.0	28.9
PONCE DE LEON, FL	32455	1	0	1	100.0	25.6
EASTMAN, GA	31023	1	0	1	100.0	29.3
FAIRMOUNT, GA	30139	1	0	1	100.0	20.6
SOPERTON, GA	30457	1	0	1	100.0	26.9
TOWNSEND, GA	31331	1	0	1	100.0	21.4
CYNTHIANA, KY	41031	1	0	1	100.0	23.0
NEBO, KY	42441	1	0	1	100.0	22.4
TRURO, MA	02666	1	0	1	100.0	26.9
ANDREWS, NC	28901	1	0	1	100.0	23.1
FRANKLIN, NC	28734	3	0	2	66.7	20.9
EFFINGHAM, NH	03882	1	0	1	100.0	29.9
LOS LUNAS, NM	87031	1	0	1	100.0	29.6
WILLIAMSTOWN, PA	17098	1	0	1	100.0	23.0
MADISON, SD	57042	1	0	1	100.0	42.7
LUTTS, TN	38471	1	0	1	100.0	25.4
CHESTER, VT	05143	1	Ο	1	100.0	23.4

Provider group: EyeMed Advantage Providers

Access standard:

1 Provider within 20 Miles

GeoAccess∳₀

# Required Forms

Issue Date: January 30, 2015

#### ACKNOWLEDGMENT AND SIGNATURE PAGE

This form must be completed and submitted by the date and the time of bid opening.

EyeMed Vision Care, LLC

Legal Company Name (include d/b/a if applicable): \_\_\_\_\_ Federal Tax Identification Number: 31-1656473

If Corporation - Date Incorporated/Organized: June 10, 1999

Company Operating Address: 4000 Luxottica Place

City <u>Mason</u> State <u>OH</u> Zip Code <u>45040</u>

Remittance Address (if different from ordering address):

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Company Contact Person: Paula Nelson Email Address: paula.nelson@eyemed.com

Phone Number (include area code): 866-240-4652 Fax Number (include area code): \_\_\_\_\_

Company's Internet Web Address: www.eyemed.com

IT IS HEREBY CERTIFIED AND AFFIRMED THAT THE BIDDER/PROPOSER CERTIFIES ACCEPTANCE OF THE TERMS, CONDITIONS, SPECIFICATIONS, ATTACHMENTS AND ANY ADDENDA. THE BIDDER/PROPOSER SHALL ACCEPT ANY AWARDS MADE AS A RESULT OF THIS SOLICITATION. BIDDER/PROPOSER FURTHER AGREES THAT PRICES QUOTED WILL REMAIN FIXED FOR THE PERIOD OF TIME STATED IN THE SOLICITATION.

Bidder/Proposer's Authorized Representative's Signature:

2/17/2015 Date

Type or Print Name: Brian Haigis, Vice President

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF BIDDER/PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE BID/PROPOSAL NON-RESPONSIVE. THE CITY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY BID/PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDER/PROPOSER TO THE TERMS OF ITS OFFER.

ANY EXCEPTION, CHANGES OR ALTERATIONS TO THE GENERAL TERMS AND CONDITIONS, HOLD HARMLESS/INDEMNITY DOCUMENT OR OTHER REQUIRED FORMS MAY RESULT IN THE BID/PROPOSAL BE DEEMED NON-RESPONSIVE AND DISQUALIFIED FORM THE AWARD PROCESS. Issue Date: January 30, 2015

#### HOLD HARMLESS AND INDEMNITY CLAUSE

#### (Company Name and Authorized Representative's Name)

, the contractor, shall indemnify, defend and hold harmless the City of Hollywood, its elected and appointed officials, employees and agents for any and all suits, actions, legal or administrative proceedings, claims, damage, liabilities, interest, attorney's fees, costs of any kind whether arising prior to the start of activities or following the completion or acceptance and in any manner directly or indirectly caused, occasioned or contributed to in whole or in part by reason of any act, error or omission, fault or negligence whether active or passive by the contractor, or anyone acting under its direction, control, or on its behalf in connection with or incident to its performance of the contract.

SIGNATL

Brian Haigis PRINTED NAME

EyeMed Vision Care, LLC COMPANY OF NAME February 17, 2015 DATE

Failure to sign or changes to this page shall render your bid non-responsive.

#### SOLICITATION, GIVING, AND ACCEPTANCE OF GIFTS POLICY

Florida Statute 112.313 prohibits the solicitation or acceptance of Gifts. - "No Public officer, employee of an agency, local government attorney, or candidate for nomination or election shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the public officer, employee, local government attorney, or candidate would be influenced thereby.". The term "public officer" includes "any person elected or appointed to hold office in any agency, including any person serving on an advisory body."

The City of Hollywood policy prohibits all public officers, elected or appointed, all employees, and their families from accepting any gifts of any value, either directly or indirectly, from any contractor, vendor, consultant, or business with whom the City does business.

The State of Florida definition of "gifts" includes the following:

Real property or its use, Tangible or intangible personal property, or its use, A preferential rate or terms on a debt, loan, goods, or services, Forgiveness of indebtedness, Transportation, lodging, or parking, Food or beverage, Membership dues, Entrance fees, admission fees, or tickets to events, performances, or facilities, Plants, flowers or floral arrangements Services provided by persons pursuant to a professional license or certificate. Other personal services for which a fee is normally charged by the person providing the services. Any other similar service or thing having an attributable value not already provided for in this section.

Any contractor, vendor, consultant, or business found to have given a gift to a public officer or employee, or his/her family, will be subject to dismissal or revocation of contract.

As the person authorized to sign the statement, I certify that this firm will comply fully with this policy.

Brian Haigis PRINTED NAME

EyeMed Vision Care, LLC NAME OF COMPANY <u>Vice President</u> TITLE

Failure to sign this page shall render your bid non-responsive.

#### DRUG-FREE WORKPLACE PROGRAM

IDENTICAL TIE BIDS - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

- 1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- 2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- 3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
- 4. In the statement specified in subsection (1), notify the employee that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
- 5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program (if such is available in the employee's community) by, any employee who is so convicted.
- 6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of these requirements.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

VENDOR'S SIG

Brian Haigis, Vice President PRINTED NAME

EyeMed Vision Care, LLC\_ NAME OF COMPANY

#### CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

Applicant Name and Address:

EyeMed Vision Care, LLC

4000 Luxottica Place

Mason, Ohio 45040

Application Number and/or Project Name:

Solicitation #RFP-4448-15-RD

Applicant IRS/Vendor Number: 31-1656473

Type/Print Name and Title of Authorized Representative:

Brian Haigis, Vice President Date: 2/17/2015 Signature:

Failure to sign or changes to this page shall render your bid non-responsive.

#### SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a) FLORIDA STATUTES ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS

1. This form statement is submitted to <u>City of Hollywood, Florida</u> by <u>Brian Haigis, Vice President</u> for <u>EyeMed Vision Care, LLC</u> (Print individual's name and title) (Print name of entity submitting sworn statement) whose business address is <u>4000 Luxottica Place Mason</u>. <u>Ohio 45040</u> and if applicable its Federal Employer Identification Number (FEIN) is <u>31-1656473</u> If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement.

2. I understand that "public entity crime," as defined in paragraph 287.133(1)(g), <u>Florida Statues</u>, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misinterpretation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), <u>Florida Statutes</u>, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in an federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that "Affiliate," as defined in paragraph 287.133(1)(a), Florida Statutes, means:

- 1. A predecessor or successor of a person convicted of a public entity crime, or
- 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5 I understand that "person," as defined in Paragraph 287.133(1)(e), <u>Florida Statues</u>, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

<u>X</u> Neither the entity submitting sworn statement, nor any of its officers, director, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an

#### Issue Date: January 30, 2015

affiliate of the entity has been charged with and convicted of a public entity crime, but the Final Order entered by the Hearing Officer in a subsequent proceeding before a Hearing Officer of the State of the State of Florida, Division of Administrative Hearings, determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the Final Order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THAT PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017 FLORIDA STATUTES FOR A CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

、	Battan
	(Signature)
Sworn to and subscribed before me this	3 day of Hernary , 2015.
Personally known Bulan Day	ala la
Or produced identification	Notary Public-State of
my c	ommission expires $\frac{n/3}{15}$
(Type of identification)	DAULA Hleychiec
	A HLOVCHIEC (Printed, typed or stamped commissioned name of notary public)
	otary Public Hame of Hotary public) or the State of Ohio
My Co	mmission Expires
in Nov	ember 3, 2015
WILL OF Str.	

Failure to sign or changes to this page shall render your bid non-responsive.

Issue Date: January 30, 2015

#### NONCOLLUSION AFFIDAVIT

STATE OF: Ohio

COUNTY OF: Warren, being first duly sworn, deposes and says that:

- (1) He/she is <u>Vice President</u> of <u>EyeMed Vision Care, LLC</u>, the Bidder that has submitted the attached Bid.
- (2) He/she has been fully informed regarding the preparation and contents of the attached Bid and of all pertinent circumstances regarding such Bid;
- (3) Such Bid is genuine and is not a collusion or sham Bid;

(4) Neither the said Bidder nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Bidder, firm or person to submit a collusive or sham Bid in connection with the contractor for which the attached Bid has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Bidder, firm or person to fix the price or prices, profit or cost element of the Bid price or the Bid price of any other Bidder, or to secure an advantage against the City of Hollywood or any person interested in the proposed Contract; and

(5) The price or prices quoted in the attached Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

Vice President, Finance (SIGNED) Title

Failure to sign or changes to this page shall render your bid non-responsive.

# Exhibits

# Exhibit Summary

- 1. Team Resumes
- 2. Sample Welcome Packet
- 3. Performance Guarantees
- 4. Implementation Timeline
- 5. Sun Perks
- 6. Broward County Provider Directory
- 7. Deviations Summary
- 8. Reference Questionnaire



# Exhibit 1 Team Resumes

# Paula Nelson Senior Regional Sales Manager



## BACKGROUND

- More than 31 years of industry experience, eight with EyeMed
- Adept at using many sales methods and strategies including relationship management, multi-layered marketing approaches, social networking and cold calling techniques
- Product knowledge of managed vision care offerings
- Highly skilled in negotiating vision care plan design and pricing with regional and national employers

## WORK EXPERIENCE

EyeMed Vision Care Senior Regional Sales Manager

- Based in Atlanta, GA, responsible for the sale of group vision plans to employers with 2,000 – 19,999 employees in Georgia, Florida, Alabama, Tennessee, North Carolina, South Carolina & Mississippi
- Consults directly with employer groups, brokers, benefits consultants, school districts and municipalities to design and price custom vision plan solutions

## Blue Cross Blue Shield of Florida

Sales Representative/Client Manager

- Responsible for the sale of medical benefits & ancillary products that included group and voluntary life, dental, disability and vision benefits
- Developed skills required to attain goals including sales skills, product knowledge, presentation delivery, and renewal strategy
- Negotiated, established and maintained strong relationships with agent broker community and Group Administrators/Owners

## EDUCATION

Continuing education courses in sales and management University of Toledo

809 Essie Avenue · Atlanta, GA 30316 866-240-4652 paula.nelson@eyemed.com



# Sharon Mukes Implementation Manager



## BACKGROUND

- Highly experienced Implementation Manager with more than 16 years of industry experience, twelve of which have been with EyeMed
- Skilled in verbal and written communications, both internal and external
- Successful in partnering with cross-functional teams for successful project completion

## WORK EXPERIENCE

#### EyeMed Vision Care Implementation Manager

- Ownership of implementation success for large commercial clients
- Responsible for coordinating membership eligibility data, billing arrangements, membership materials and ID cards and open enrollment meeting support
- Ability to work collaboratively leading cross functional teams to communicate project status and forecast workload for client-specific projects

## EyeMed Vision Care

National Account Manager

- Responsible for large, national client groups with more than 5,000 employees
- Facilitate and track resolution for all administrative inquiries and client requests
- Acts as a vision plan consultant, recommending services and plan enhancements based on employee utilization and industry trends

## EyeMed Vision Care

, Manager, Client Service

 Managed a group of up to seven associates to provide direction and guidance, while promoting a positive work environment for Account Managers to succeed, develop and deliver excellent customer service to clients

## EDUCATION

BA, Broadcast Journalism, Emphasis in Sales Management, Advertising and Marketing Arizona State University

4000 Luxottica Place · Mason, OH 45040 866-854-5832 sharon.mukes@eyemed.com



# **Teresa Moyers** National Account Manager



## BACKGROUND

- Highly experienced Account Manager with more than 31 years of experience, nine of which have been with EyeMed
- Dedicated to building and maintaining client relationships through proactive account management and effective consultation
- Successful in partnering with cross-functional teams to achieve goal-oriented results

## WORK EXPERIENCE

## EyeMed Vision Care

National Account Manager

- Responsible for national client groups with 2,000 19,999 employees
- Delivers a high level of client and member satisfaction
- Facilitate and track resolution for all administrative inquiries and client requests
- Acts as a vision plan consultant, recommending services and plan enhancements based on employee utilization and industry trends
- Conducts business and strategy reviews

## Anthem Blue Cross & Blue Shield

Manager Account Services

- Responsible for client groups 5,000 20,000
- Proactively manage protocol to include client visits as defined by group size
- Managed day to day contact with internal departments, including call center, claims, network and finance
- Responsible for on-going training of internal departments: claims, call center

## EDUCATION

- Associates Degrees in Business and Marketing University of Cincinnati
- Certified Health Consultant Designation CHC
- The Health Insurance Association of American HIAA Designation

4000 Luxottica Place · Mason, OH 45040 877-384-3115 teresa.moyers@eyemed.com



# Shauna Whittingham Senior Sales Executive

## BACKGROUND

- Product knowledge of managed health & vision care offerings
- Highly skilled with over 18 years of industry experience in negotiating medical and vision care plan educational meetings, plan designs and pricing with employers
- Strong knowledge of the EyeMed business, including claims, call center, billing, membership and reporting

## WORK EXPERIENCE

EyeMed Vision Care

Senior Sales Executive

- Develop and execute strategies to meet goals
- Expanding and further developing relationships with new brokers and existing key partners
- Scheduling, coordinating and conducting broker and General Agent EyeMed educational meetings
- Assisting brokers and existing clients with health fairs and open enrollment meetings

## Humana, Inc.

Large Group Strategic Account Executive

- Cultivated long-term broker relationships
- Met and exceeded annual sales goals contributing to over 65% of membership growth between 2004 and 2009

## EDUCATION

- Masters of Business Administration Nova Southeastern University
- Masters in Information Technology
   American Intercontinental University

Ft. Lauderdale, Florida 954.303.9710 shauna.whittingham@eyemed.com



# Angela Sweeney Regional Vice President



## BACKGROUND

- Highly experienced team leader with more than 18 years of experience in the employee benefits field
- Successfully leads the account management team to effectively represent client needs within the larger organization
- Dedicated to exceeding client satisfaction by building solid partnerships in order to determine and develop the most efficient way to solve client needs

## WORK EXPERIENCE

## EyeMed Vision Care

Regional Vice President

- Responsible for leading a team of National Account Managers in the Central Region of the United States
- Responsible for national client groups with 2,000 19,999 employees

## Senior Director, Account Management

- Responsible for leading a team of National Account Managers in the Eastern Region of the country
- Mentors and assists team to provide quick solutions and client/member satisfaction
- Consults with clients to provide customized solutions and plan alternatives
- Provides Executive-level oversight to clients

## Humana Inc.

Director, National Accounts

- Cultivate client relationships, collaboratively develop benefits strategy and consult on short and long term business and financial objectives
- Led team of national account executives to coach and develop team with heavy focus on health care consulting
- Developed value-based benefit strategy and approach in national accounts

## EDUCATION

- Masters in Health Services Administration *Xavier University*
- BS English Miami University, Oxford

4000 Luxottica Place · Mason, OH 45040 513.765.3852 angela.sweeney@eyemedvisioncare.comga



# Exhibit 2 Sample Welcome Packet



www.eyemed.com Member/Patient Services: 1-866-800-5457 ADVANTAGE PLAN H Company Name SUSAN SAMPLE Group #: 1234567 Effective: 01/01/2014



EYEACS

Frequency

Exam Frame

Contact Lenses

www.eyemed.com Member/Patient Services: 1-866-800-5457 ADVANTAGE PLAN H Company Name SUSAN SAMPLE Group #: 1234567 Effective: 01/01/2014

EYEMED VISION CARE BENEFIT

Once within a 12 month period defined by last date of service. Once within a 12 month period defined by last date of service.

Once within a 24 month period defined by last date of service

Once within a 12 month period defined by last date of service

\$85 Copay + (80% of Charge) less \$120 allowance

(Contact lenses are in lieu of eyeglass lenses)

Member Cost

\$10 Copay

\$20 Copay

\$20 Copay \$20 Copay

\$85 Copay

\$111 Copay \$117 Copay

\$123 Copay

\$20 Copay

\$40 Copay

\$75 Copay

\$15 Copay

\$15 Copay

\$45 Copay

\$57 Copay

\$68 Copav

80% of Charge

80% of Charge

\$0

\$0

80% of Charge

80% of Balance over \$150

\$0

\$0

EYEACS

Out-Of-Network Reimbursement

Up to \$30

Up to \$25

Up to \$40 Up to \$55

Up to \$40

Up to \$40

Up to \$55

Up to \$75

Up to \$11

Up to \$28

Up to \$120 Up to \$120

Up to \$210.00

#### Professional Providers Near You

VICTOR T CHU 0.D. GINA T HUYNH 0.D. VISION CARE 6839 HWY 6 NORTH HOUSTON TX 77084 (281) 859-9136

BRUCE C WICK O.D. MADELINE D NGUYEN O.D. LAN P TRAN O.D. VISION SOURCE COPPERFIELD PA 8717 HWY 6 NORTH HOUSTON TX 77095 (281) 859-8000

JAMES A OEVERMANN O.D. CYPRESS FAMILY EYECARE 7035 BARKER CYPRESS CYPRESS TX 77433 (281) 550-4141

KELLY N MAI O.D. VISION QUEST PA 9740 BARKER CYPRESS SUITE 116 CYPRESS TX 77433 (281) 970-1314 CATHERINE D ONG O.D. JIMMY M NGUYEN O.D. YEN-LINH H HOANG O.D. **PEARLE VISION CENTER** 6860 HWY 6 NORTH STE A HOUSTON TX 77084 (281) 463-8333

AMRITA K BAINS O.D. **PEARLE VISION** 25905 US HWY 290 CYPRESS TX 77433 (281) 256-8774

SHANZIDA H ALAM O.D. NOHA M SHEHATA O.D. NADIA T LERA-AUGUSTINE O.D. JCPENNEY OPTICAL 7925 FM 1960 HOUSTON TX 77070 (281) 955-6891

TAM ANH D HA O.D. LENSCRAFTERS 1020 WILLOWBROOK MALL HOUSTON TX 77070 (281) 894-0404

Locations subject to change. When making your appointment, please confirm all discounts and services are offered.

\* Participating Doctors of Optometry located at or next to LensCrafters, Pearle Vision, Sears Optical and Target Optical are independent of, and not employed by, optical dispensary.

For a list of providers near you, go to eyemed.com



SUSAN SAMPLE PO BOX 000Y HOUSTON TX 77095



# LensCrafters









Lens Vision Care Services Exam Exam Dilation Eye Exam Refraction Lens Single Vision Bi-focal Tri-focal Standard Progressive Lens Premium Progressive Schedule 1 Premium Progressive Schedule 2 Premium Progressive Schedule 3 Premium Progressive Lens Lenticula Other Lens Types Frame Frame Lens Options Standard Polycarbonate (under 19) Standard Polycarbonate (19 +) Photochromatic Plastic Standard Plastic Scratch Coating UV Treatment Standard Anti-reflective (A/R) Coating Premium A/R Tier1 Premium A/R Tier2 Premium A/R Tier3 20% Off Other Lens Options Standard Polycarbonate Contact Lenses

 Contact Lenses

 Contact Lens - Conventional
 85% of Balance over \$150

 Contact Lens - Disposable
 Balance over \$150

 Standard Fit And Follow Up
 \$55 Copay

 Premium Fit And Follow Up
 90% of Charge

 Medically Necessary Contacts
 \$0

 Non-Scheduled Items
 Doctor Misc Material

 Bottor Misc Material
 80% of Charge

 Retinal Imaging
 \$39 Copay

 LASIK or PRK Vision Correction
 85% of Charge

Benefits are not provided for services or materials arising from: Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; Medical and/or surgical treatment of the eye, eyes or supporting structures; Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; stafety eyewear; Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Plano (non-prescription) lenses and/or contact lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care; services rendered after the date an Insured Person cases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

Discounts not applicable to certain brand name Vision Materials would nex become available. Discounts not applicable to certain brand name Vision Materials in which the manufacturer imposes a no-discount practice. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive Lens not covered - fund as a Bifocal Lens. Standard Progressive Lens covered - fund

Premium Progressive as a Standard. Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.

#### Additional Information

Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.

Members receive a 15% discount off the retail price or 5% off any promotional price of LASIK or PRK laser vision correction procedures. LASIK and PRK correction procedures are provided by the U.S. Laser Network, owned by LCA-Vision. Please note that since LASIK or PRK Vision Correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location, so members should first call 1-877-5LASER6 for the nearest facility and to receive authorization for the discount.

Notice of Privacy Practice: Your Notice of Privacy Practice can be obtained at any time by calling the phone number listed on your ID card or by visiting www.eyemed.com.

**EyeMed Member/Patient Services:** Visit your member website or call the number on the front of the card.

#### EyeMed Doctors/Providers only:

Visit eyemed.com to receive plan information or authorization online or call 1.800.521.3605.

est hetwork and the most choice. Because more is more.

#### EyeMed Member/Patient Services:

Visit your member website or call the number on the front of the card.

#### EyeMed Doctors/Providers only:

detach carefully at perfor

Visit eyemed.com to receive plan information or authorization online or call 1.800.521.3605.

 
 OPERATE Med
 Modependent PRE-WIDER
 +
 Image: Processory
 PEARLE VISION
 Sears PEARLE VISION
 O OPTICAL
 Image: Processory

 The biggest path with and the proof should be proof to be and the biggest path with and the proof should be proof.
 Description
 O optical
 Image: Proof.

# **)** What

What is a copay? A fixed amount that you owe at the time of your visit. And, the remaining balance is on us! Flip this over to find out your co-pay.

What is an allowance? This is how much we give you for purchases. So if your allowance is \$100 and you pick frames that are \$150 - you owe \$50. Simple math!

# **30**

# When

When can I use my benefits? Visit the website listed on the reverse side of this packet to see when your benefits go into effect.

How often can I use them? This is what we call frequency. It's the first line item in the chart on the back of this page.

# 6

# How

How do I save more money? You receive 40% off additional complete pairs of prescription eyeglasses and 20% off non-prescription sunglasses at any in-network provider. Just mention our name. It pays to know good people.\* How do I keep my current provider? Out of network? Not a problem. We'll cover some of that cost - flip for details.

# Where

State of the local division of the local div

Where can I use my benefits? Check out the participating providers that are closest to you on the other side. Now that's convenient!

Where can I get more details? For the fine print, just flip this over. Need to read between the lines? Visit the website listed on your ID card to satisfy all your vision benefit needs.

# Nice to see you

# Keep in line, online!

Find providers near you, view your benefits, see your claims and more just by visiting the member website listed on the front of your ID card.

Download the EyeMed iPhone app to view your benefit details and ID card right when you need it. Don't have an iPhone? Just visit our mobile optimized website on your Android or Tablet.

Not all providers offer all services or discounts. Please confirm the services and discounts available at the provider when making your appointment. Please note your benefits cannot be combined with any other discounts, coupons or promotional offers. Out-of-network benefits may apply.



INDEPENDENT PROVIDER NETWORK









The biggest network and the most choice. Because more is more.

# Exhibit 3 Performance Guarantees



#### City of Hollywood Performance Guarantees

Contract Period: 4/1/2015 - 3/31/2019

#### Fixed Fee Quote

Fees At Risk: Results Reported: Fees Measured and Paid: 5% of Premiums Quarterly Annually

Performance Guarantee	Performance Results	Definition/Calculation	Amount At
Implementation and On-Going Admin	istration		Risk
Member ID Cards	100% of Member ID cards will be mailed	Measured from the date the Membership	0.5% of
	within 10 business days of receipt of clean membership data. (excludes cards requiring translation).	file is received by EyeMed to the date ID Cards delivered to USPS (Membership files after 4:00pm ET will count as the next business day)	Premiums
Eligibility Updating	98% of electronic eligibility files will be processed within two (2) business days of receipt of clean data delivered via SFTP (Paper, email delivery, other = 5 days)	Measured from the date the eligibility file is received by Eyemed to the date eligibility files are loaded to EyeMed's system (Files after 4:00pm ET will count as the next business day)	0.5% of Premiums
Claim Processing	• •		
Financial Accuracy	EyeMed will pay the correct amount on clean and valid claims with at least 99.5% accuracy	Based on daily audit of 3% of all claims. Calculation: (Total \$ correctly paid in sample / Total \$ in sample)	0.5% of Premiums
Processing Accuracy	EyeMed will process clean and valid claims	Based on daily audit of 3% of all claims.	0.5% of
· · · · · · · · · · · · · · · · · · ·	with at least 99% accuracy	Calculation: (Total # of accurate claims sampled / Total # of claims sampled)	Premiums
Claim Turnaround Time - Paid	99% of Clean and Valid Claims processed	Measurement: Claim Received Date to	0.5% of
	and paid within 10 business days	Claim Paid Date (This includes both In- Network and Out-of-Network claims)	Premiums
Member Services		•	
Average Speed of Answer	Will not exceed 25 seconds	The Average Speed of Answer equals the	0.5% of
		average length of time a caller waits in queue prior to being answered. Calculation equals total calls and their avg time on hold - inclusive of all calls.	Premiums
Call Abandonment Rate	No more than 2.5% of calls received	The Abandonment Rate represents the % of all callers who hang up prior to being answered (calls abandoned within 8 seconds or less are excluded from calculation). Calculation equals all abandoned calls divided by the total numbers of calls received.	0.5% of Premiums
Provider Relations			
Complaints / Appeals / Grievance Resolution	98% of all written complaints will be acknowledged in writing within 3 business days of mail/fax receipt by the EyeMed Provider Relations Department, 98% complaint resolution in 30 days.	Self Explanatory	0.5% of Premiums
Utilization Reporting		•	
Standard Utilization Reporting Package	Producing standard Utilization Reporting Package within 30 days of the end of the reporting period	Self Explanatory	0.5% of Premiums
Surveys			
Member Survey (National Results)	95% member satisfaction	95% (top 3 box)	0.5% of Premiums
TOTAL			5% of
			Premiums

\*\* Performance guarantee results are measured on our entire book of business on an averaged annual basis, and payments, if any, are made annually.

# Exhibit 4 Implementation Timeline

Note: This is a sample project plan timeline. A working project plan will be shared with the client during implementation. Actual timelines and Start/Finish dates may vary depending upon the needs of the client. The time frames shown are estimates and may change based on each unique project. Days are based on business days. Overall Plan Days not inclusive of Phase 1 and 5.

TASK NAME	DURATION	RESOURCE NAMES
Client Implementation Project	90 days	
PHASE 1 - CONTRACT PROFILE	5 days	EYEMED
Provide all applicable implementation documentation to Implementation	0 00/0	EyeMed Sales Representative
Acknowledge receipt and notify EyeMed Finance that implementation has		
begun		EyeMed Implementation Lead
Assign ongoing Account Manager		EyeMed Director, Client Service
Assemble implementation team		EyeMed Implementation Lead
Hold Pre-Implementation Meeting to review submission docs, RFP, Client		
expectations, etc.		EyeMed Implementation Lead
PHASE 2 - DISCOVER / DEFINE REQUIREMENTS	15 days	CLIENT / EYEMED
Schedule implementation kick-off discussion with client		EveMed Implementation Lead
Conduct client implementation kick-off meeting (sub group discussions if		
applicable)		EyeMed Implementation Lead
Review the project plan draft to obtain agreement on project timing		Client/EyeMed
Review the final plan designs being offered to members		Client/EyeMed
Define plan administration and plan structure		Client/EyeMed
Define client's membership transmission method / Begin eligibility-TPA		
discussions		Client/EyeMed
Discuss member service process flows (Call Center-IVR/Web/Printed		
Materials)		Client/EyeMed
Discuss In Network/Out of Network member experience		Client/EyeMed
Discuss communication plan - Open Enrollment & ID Cards		Client/EyeMed
Define billing and reporting requirements/timing		Client/EyeMed
Finalize business requirements and project plan		Client/EyeMed
That ize basiness requirements and project plan		
PHASE 3 - DEVELOP / COMMUNICATE REQUIREMENTS	15 days	CLIENT / EYEMED
System Set-Up Execution	10 0035	EyeMed Implementation Lead
Complete and route the Plan Announcement Packet		EyeMed Implementation Lead
Complete and roate the right Announcement racket		EyeMed Plan Set-Up
Audit the plan in EyeMed system		EyeMed Plan Set-Up
Copy the plan into EyeMed test environment and audit		EyeMed Plan Set-Up
Eligibility File Requirements		Client/TPA/EyeMed
Confirm schedule for submitting data (i.e. weekly, bi-weekly, etc.)		Client/TPA/EyeMed
Confirm data layout		Client/TPA/EyeMed
Obtain signoff on the data layout and delivery schedule from Client		Client/EyeMed
Communication Materials/Requirements		Client/EyeMed
Confirm member communication strategy		Client/EyeMed
Determine training/ongoing support needs		Client/EyeMed
Complete a member communication plan		Client/EyeMed
Receive signoff on the communication plan		Client/EyeMed
		Client/EyeMed
Develop draft materials for review/approval		,
Develop draft materials for review/approval Review drafts and provide comments as needed		Client/EyeMed
Develop draft materials for review/approval Review drafts and provide comments as needed Materials are put into production/shipped/distributed as needed		Client/EyeMed Client/EyeMed
Develop draft materials for review/approval Review drafts and provide comments as needed Materials are put into production/shipped/distributed as needed Claims Data Feed Requirements		Client/EyeMed Client/EyeMed EyeMed Implementation Lead
Develop draft materials for review/approval Review drafts and provide comments as needed Materials are put into production/shipped/distributed as needed Claims Data Feed Requirements Complete requirements document and send to EyeMed Systems Planning		Client/EyeMed Client/EyeMed <b>EyeMed Implementation Lead</b> EyeMed Implementation Lead
Develop draft materials for review/approval Review drafts and provide comments as needed Materials are put into production/shipped/distributed as needed Claims Data Feed Requirements Complete requirements document and send to EyeMed Systems Planning Receive timing from EyeMed Systems Planning		Client/EyeMed Client/EyeMed EyeMed Implementation Lead EyeMed Implementation Lead EyeMed Implementation Lead
Develop draft materials for review/approval Review drafts and provide comments as needed Materials are put into production/shipped/distributed as needed Claims Data Feed Requirements Complete requirements document and send to EyeMed Systems Planning Receive timing from EyeMed Systems Planning Communicate timing to client and obtain sign-off		Client/EyeMed Client/EyeMed EyeMed Implementation Lead EyeMed Implementation Lead EyeMed Implementation Lead EyeMed Implementation Lead
Develop draft materials for review/approval Review drafts and provide comments as needed Materials are put into production/shipped/distributed as needed Claims Data Feed Requirements Complete requirements document and send to EyeMed Systems Planning Receive timing from EyeMed Systems Planning Communicate timing to client and obtain sign-off Other EDI files		Client/EyeMed Client/EyeMed EyeMed Implementation Lead EyeMed Implementation Lead EyeMed Implementation Lead
Develop draft materials for review/approval Review drafts and provide comments as needed Materials are put into production/shipped/distributed as needed Claims Data Feed Requirements Complete requirements document and send to EyeMed Systems Planning Receive timing from EyeMed Systems Planning Communicate timing to client and obtain sign-off Other EDI files Complete Requirements document for requested data feeds and send to		Client/EyeMed Client/EyeMed EyeMed Implementation Lead EyeMed Implementation Lead EyeMed Implementation Lead EyeMed Implementation Lead EyeMed Implementation Lead
Develop draft materials for review/approval Review drafts and provide comments as needed Materials are put into production/shipped/distributed as needed Claims Data Feed Requirements Complete requirements document and send to EyeMed Systems Planning Receive timing from EyeMed Systems Planning Communicate timing to client and obtain sign-off Other EDI files Complete Requirements document for requested data feeds and send to EyeMed Systems Planning		Client/EyeMed Client/EyeMed EyeMed Implementation Lead EyeMed Implementation Lead EyeMed Implementation Lead EyeMed Implementation Lead EyeMed Implementation Lead
Develop draft materials for review/approval Review drafts and provide comments as needed Materials are put into production/shipped/distributed as needed <b>Claims Data Feed Requirements</b> Complete requirements document and send to EyeMed Systems Planning Receive timing from EyeMed Systems Planning Communicate timing to client and obtain sign-off <b>Other EDI files</b> Complete Requirements document for requested data feeds and send to EyeMed Systems Planning Receive timing from EyeMed Systems Planning		Client/EyeMed Client/EyeMed EyeMed Implementation Lead EyeMed Implementation Lead EyeMed Implementation Lead EyeMed Implementation Lead EyeMed Implementation Lead EyeMed Implementation Lead EyeMed Implementation Lead
Develop draft materials for review/approval Review drafts and provide comments as needed Materials are put into production/shipped/distributed as needed Claims Data Feed Requirements Complete requirements document and send to EyeMed Systems Planning Receive timing from EyeMed Systems Planning Communicate timing to client and obtain sign-off Other EDI files Complete Requirements document for requested data feeds and send to EyeMed Systems Planning Receive timing from EyeMed Systems Planning Receive timing from EyeMed Systems Planning Communicate timing to client and obtain sign-off		Client/EyeMed Client/EyeMed EyeMed Implementation Lead EyeMed Implementation Lead
Develop draft materials for review/approval Review drafts and provide comments as needed Materials are put into production/shipped/distributed as needed <b>Claims Data Feed Requirements</b> Complete requirements document and send to EyeMed Systems Planning Receive timing from EyeMed Systems Planning Communicate timing to client and obtain sign-off <b>Other EDI files</b> Complete Requirements document for requested data feeds and send to EyeMed Systems Planning Receive timing from EyeMed Systems Planning		Client/EyeMed Client/EyeMed EyeMed Implementation Lead EyeMed Implementation Lead EyeMed Implementation Lead EyeMed Implementation Lead EyeMed Implementation Lead EyeMed Implementation Lead EyeMed Implementation Lead



#### Sample Implementation Project Plan - 90 Day

TASK NAME	DURATION	RESOURCE NAMES
PHASE 4 - DEVELOP (IT) / TEST / DEPLOY	60 days	CLIENT / EYEMED
Call Center Training/ Readiness		EyeMed Implementation Lead
Review training materials		EyeMed Implementation Lead
Confirm EyeMed Customer Care Center Preparedness		EyeMed Implementation Lead
Eligibility Testing		Client/TPA/EyeMed Implementation Lead
Develop and install technical requirements to support data layout		Client/TPA/EyeMed Implementation Lead
Receive eligibility test file		EyeMed Membership
Test against the requirements, mapping, member ID		EyeMed Membership
Review/document errors and issues to correct		Client/TPA/EyeMed Implementation Lead
Edit programming as needed		Client/TPA/EyeMed Implementation Lead
Complete testing to support the file		Client/TPA/EyeMed Implementation Lead
Signoff on the final programming and move to production		Client/TPA/EyeMed Implementation Lead
Claims Data Feed		EyeMed Systems Planning
Develop and install technical requirements for data feed		EyeMed Systems Planning
Begin testing files		Client/EyeMed
Approve tested files		Client/EyeMed
Move to Production		EyeMed
Other EDI Files		EyeMed Systems Planning
Develop and install technical requirements for EDI files/FSA files		EyeMed Systems Planning
Begin testing files		Client/EyeMed
Approve tested files		Client/EyeMed
Move to Production		EyeMed
Production Eligibility File		Client/TPA/EyeMed Implementation Lead
Receive Production annual enrollment file		EyeMed Membership
Load to Production		EyeMed Membership
Provide load confirmations to Client/TPA		EyeMed Membership
ID Cards		EyeMed Implementation Lead
Proof card based on client specifications		Client/EyeMed
Release to print vendor		EyeMed Card Production
Print vendor release to USPS		EyeMed Print Vendor
Billing		EyeMed Billing
Release first invoice		EyeMed Billing
EFFECTIVE DATEI	0 days	
PHASE 5 - TRANSITION TO SERVICE	20 days	EYEMED
Send completed Plan Administration document to client and Account Manager		EyeMed Implementation Lead
Review open items with Account Manager and EyeMed functional areas		EyeMed Implementation Lead
Conduct client implementation wrap-up call		EyeMed Implementation Lead
Complete Implementation Feedback Survey		Client



# Exhibit 5 Sun Perks

# More than sunscreen eyes need protection, too!

#### Not all sunglasses are created equal

Sure – most people know it's important to protect their skin from harmful UVA and UVB rays. However, many don't realize it's just as critical to protect their eyes. In fact, extended sun exposure has been linked to damage of the lens, retina and the eye's surface.

The good news? Quality sunglasses can provide excellent protection, blocking at least 99 percent of both UVA and UVB rays. Plus, when you select premium lenses, you'll get better clarity, sharpened details and better depth perception – without distortion or glare. Polarized lenses take it one step further by absorbing and filtering out unwanted light rays.

#### Give your employees an exclusive sun perk they'll love

We know you want what's best for your employees. Now, you can cover the first \$50 of their non-prescription-quality sunglasses at Sunglass Hut.\* (Don't worry – we'll let you take the credit!) This unique perk is something your employees are sure to treasure.

We'll make it easy for them to take this extra step to protect their eye health. They can simply redeem their sun savings online at sunglasshut.com or at any Sunglass Hut store.

\*May not be combined with any other offers or discounts. Transaction must be completed by 12/31/2015. This is not insurance.



eye Med

First

\$50

toward non-

prescription sunglasses\*

# Exhibit 6 Broward County Provider Directory

# **Broward County Providers**

#### CITY OF COCONUT CREEK

COCONUT CREEK OPTICAL 9549750009

LENSCRAFTERS 9549700398

CITY OF COOPER CITY

EYE OPTICAL 9544341414

PALM VISION CENTER INC 9546809334

VISIONCARE FAMILY 9544342020

#### **CITY OF CORAL SPRINGS** ADVANTAGE VISION CARE

9545104777

BRUCE STARR 9543446896

CITY EYECARE 9547521553

5351 LYONS RD POMPANO BEACH, FL 33073

4413 LYONS RD POMPANO BEACH, FL 33073

8711 STIRLING RD FORT LAUDERDALE, FL 33328

10064 GRIFFIN RD FORT LAUDERDALE, FL 33328

5540 S FLAMINGO RD FORT LAUDERDALE, FL 33330

11312 WILES RD POMPANO BEACH, FL 33076

10327 ROYAL PALM BLVD POMPANO BEACH, FL 33065

2812 N UNIVERSITY DR POMPANO BEACH, FL 33065

DR IVAN ROSENTHAL OPTOMETRIST 8136 WILES RD POMPANO BEACH, FL 33067 5614870818

EYE SITE VISION CENTER 9543443937

FOR EYES OPTICAL 9549053470

JCPENNEY OPTICAL 9547528116

LENSCRAFTERS 9543465210

**REISCH & GENDALS VISION WORLD** 9547520589

RICHARD A BERMAN OD PA 9549053474

SEARS OPTICAL 9543451366

TARGET OPTICAL 9547526897

2344 UNIVERSITY DR POMPANO BEACH, FL 33065

4635 N UNIVERISTY DR POMPANO BEACH, FL 33067

9303 W ATLANTIC BLVD POMPANO BEACH, FL 33071

926 UNIVERSITY DR POMPANO BEACH, FL 33071

2059 UNIVERSITY DR CORAL SPRINGS, FL 33071

4635 N UNIVERSITY RD POMPANO BEACH, FL 33067

9565 W ATLANTIC BLVD POMPANO BEACH, FL 33071

4400 N STATE RD 7 POMPANO BEACH, FL 33065

## CITY OF DANIA

DANIA EYE CARE 3055732090

FAMILY EYE CENTER INC 9549201122

CITY OF DAVIE ALL EYES OPTICAL 9544520999

DR RICHARD NORMAN 9544344671

JANE M THERRIEN OD PA 9548889393

#### JAZZY EYES 9544749823

SOUTH FLORIDA VISION CENTERS 9543705883

TARGET OPTICAL 9546803808

#### CITY OF DEERFIELD BEACH 20/20 OPTICAL

9545712022

BARRY M SIMON OD PA 9543600033

NEW LOOK EYEWEAR 9547250017

SOUTH FLORIDA VISION CENTERS 9544299600

TARGET OPTICAL 9544287480

#### **CITY OF FORT LAUDERDALE**

**BROWARD EYECARE** 7329377399

ENKER EYE CENTER 9544917141

FOR EYES OPTICAL CO 9545656600

599 S FEDERAL HWY 102 DANIA, FL 33004

1216 S FEDERAL HWY DANIA, FL 33004

13688 W STATE ROAD 84 FORT LAUDERDALE, FL 33325

4671 S UNIVERSITY DR FORT LAUDERDALE, FL 33328

4472 WESTON RD FORT LAUDERDALE, FL 33331

2279 SUNIVERSITY DR FORT LAUDERDALE, FL 33324

2551 S UNIVERSITY DR DAVIE, FL 33324

5800 S UNIVERSITY DR FORT LAUDERDALE, FL 33328

100 S MILITARY TRL STE 6 DEERFIELD BEACH, FL 33442

3996 W HILLSBORO BLVD DEERFIELD BEACH, FL 33442

260 S FEDERAL HWY DEERFIELD BEACH, FL 33441

143 N POWERLINE RD DEERFIELD BEACH, FL 33442

3599 W HILLSBORO BLVD DEERFIELD BEACH, FL 33442

2502 E OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306

6215 N FEDERAL HWY FORT LAUDERDALE, FL 33308

2520 N FEDERAL HIGHWAY FORT LAUDERDALE, FL 33305



Confidential, proprietary, trade secret

LENSCRAFTERS 9545611500

LENSCRAFTERS 9545644103

OAKLAND OPTICAL CTR 9545635331

SOUTH FLORIDA VISION CENTERS 9547265047

VISION SOURCE FORT LAUDERDALE 640 N FEDERAL HWY 9548398526 FORT LAUDERDALE, FL 33304

VISION SOURCE OF EAST BROWARD 2161 EAST COMMERICAL BLVD 9547719120 FORT LAUDERDALE, FL 33308

VISION UNLIMITED 3052628309

1608 TOWN CENTER BLVD STE C WESTON, FL 33327

#### **CITY OF HOLLYWOOD**

FOR EYES OPTICAL CO 9549629994

5727-29 HOLLYWOOD BLVD HOLLYWOOD, FL 33021

PEARLE VISION 9549215330

2914 OAKWOOD BLVD HOLLYWOOD, FL 33020

1744 N FEDERAL HWY

FORT LAUDERDALE, FL 33305

2312 E SUNRISE BLVD STE B1

FORT LAUDERDALE, FL 33304

2140 E OAKLAND PARK BLVD

2900 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309

FORT LAUDERDALE, FL 33306

VISUALLY YOURS 9549893333

**CITY OF LAUDERDALE LAKES** 2878 NORTH STATE ROAD 7 FORT LAUDERDALE, FL 33313

CITY OF LAUDERHILL

BELL VISION 9547170036

PEARLE VISION

9547311220

FORT LAUDERDALE, FL 33313 5251 N UNIVERSITY DR

LAUDERHILL, FL 33351

9547412500 GERALD A MAYER OD PA

9545789599

FOR EYES OPTICAL CO

SHELDON H KREDA OD PA 9547490000

**CITY OF LIGHTHOUSE POINT** 

STEVEN WIGDOR OD 9549436210

9549732150

9549747695

CITY OF MARGATE ISABEL M CARVAJAL OD PA

SOUTH FLORIDA VISION CTRS

3650 N FEDERAL HWY POMPANO BEACH, FL 33064

5542 W OAKLAND PARK BLVD

7187 W OAKLAND PARK BLVD

FORT LAUDERDALE, FL 33313

7020 W COMMERCIAL BLVD

FORT LAUDERDALE, FL 33319

258 N STATE RD 7 POMPANO BEACH, FL 33063

3181 N STATE RD 7 POMPANO BEACH, FL 33063

#### CITY OF MIRAMAR

BRUCE J FEINSTEIN OD 9544312020

DAVID L POPPER OD 9549612200

MIRAMAR VISION CENTER 9544300430

PEARLE VISION 9544379733

TARGET OPTICAL 9544419576

CITY OF OAKLAND PARK SOUTH FLORIDA VISION CENTERS 9545661404

**CITY OF PEMBROKE PINES** CANO VISION 9545386868

EYE CENTER OF SOUTH FLORIDA 9544307338

FLAMINGO FALLS EYE CARE 9544331490

FOR EYES OPTICAL CO 9544434959

JCPENNEY OPTICAL 9544334883

KATIE GLADSTONE O.D. 9544433330

LENSCRAFTERS 9544350118

LENSCRAFTERS 9544382428

LENSCRAFTERS 9544303810

PINES FAMILY EYE CARE 9544314262

PINES OPHTHALMOLOGY CARE 9544335152

PINES VISION CARE 9544383937

SEARS OPTICAL 9544383139

3176 S UNIVERSITY DR HOLLYWOOD, FL 33025

6850 MIRAMAR PKWY HOLLYWOOD, FL 33023

9939 MIRAMAR PKWY HOLLYWOOD, FL 33025

2909 SW 160TH AVENUE HOLLYWOOD, FL 33027

16901 MIRAMAR PARKWAY HOLLYWOOD, FL 33027

1666 E OAKLAND PARK BLVD FORT LAUDERDALE, FL 33334

680 N UNIVERSITY DR HOLLYWOOD, FL 33024

1951 NORTHWEST 150 AVE. HOLLYWOOD, FL 33028

1770 NW 122ND TERRACE HOLLYWOOD, FL 33026

12890 PINES BLVD HOLLYWOOD, FL 33028

11725 PINES BLVD HOLLYWOOD, FL 33026

8925 TAFT ST HOLLYWOOD, FL 33024

11401 PINES BLVD SP 888 HOLLYWOOD, FL 33026

11605 PINES BLVD HOLLYWOOD, FL 33026

9910 PINES BLVD HOLLYWOOD, FL 33024

9101 PEMBROKE RD HOLLYWOOD, FL 33025

302 NW 179TH AVE STE 202 HOLLYWOOD, FL 33029

17782 SW SECOND ST PEMBROKE PINES, FL 33029

12055 PINES BLVD HOLLYWOOD, FL 33026



5700 STIRLING RD HOLLYWOOD, FL 33021
SOUTH FLORIDA VISION OF PALM 9544304030

**THE EYE CENTER** 9544327711

CITY OF PLANTATION JCPENNEY OPTICAL 9544754259

**JONATHAN E GORDON OD** 9545831311

**LENSCRAFTERS** 9544745550

PLANTATION EYE CENTER 9546252388

**SEARS OPTICAL** 9543702868

**STEVE ATLAS OD** 9544751611

**WISE EYES OPTICAL** 9544730066

CITY OF POMPANO BEACH FOR EYES OPTICAL CO

9547836303

**LENSCRAFTERS** 9547852655

**SEARS OPTICAL** 9547831169

SOUTH FLORIDA VISION CENTERS 9549776636

#### CITY OF SUNRISE

ASTUTE VISION CARE 9548886466

**JON S JACOBS OD** 9545815400

LENSCRAFTERS 9548519944

REESE VISION CARE PA 9547464009

SPECTACLES FAMILY EYE CARE 9544529914

SUNSET VISION CENTER 9545727954 12538 PINES BLVD HOLLYWOOD, FL 33027

1732 UNIVERSITY DR HOLLYWOOD, FL 33024

8000 W BROWARD BLVD FORT LAUDERDALE, FL 33388

4320 W BROWARD BLVD STE 2 FORT LAUDERDALE, FL 33317

8000 W BROWARD BLVD STE 206 FORT LAUDERDALE, FL 33388

7045 W BROWARD BLVD FORT LAUDERDALE, FL 33317

100 BROWARD MALL FORT LAUDERDALE, FL 33388

8128 W BROWARD BLVD PLANTATION, FL 33324

10049 CLEARY BLVD FORT LAUDERDALE, FL 33324

1800 N FEDERAL HWY POMPANO BEACH, FL 33062

2001 N FEDERAL HWY POMPANO BEACH, FL 33062

2251 N FEDERAL HWY POMPANO BEACH, FL 33062

1205 S POWERLINE RD POMPANO BEACH, FL 33069

1396 SW 160 AVE STE 2 WESTON, FL 33326

1085 SUNSET STRIP FORT LAUDERDALE, FL 33313

12801 W SUNRISE BLVD STE 938 FORT LAUDERDALE, FL 33323

6244 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 33313

8451 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 33351

8259 SUNSET STRIP FORT LAUDERDALE, FL 33322 **TARGET OPTICAL** 9545781746

CITY OF TAMARAC KING EYE CARE PA 7869995886

WEST BROWARD EYECARE ASSOC 9547260204

CITY OF WESTON DEBORAH C WESTON OD PA 9543840266

**FOR EYES OPTICAL CO** 9543849184

**PEARLE VISION** 9542173991

#### CITY OF WILTON MANORS

ISLAND CITY EYECARE 9547646906 7730 W COMMERCIAL BLVD FORT LAUDERDALE, FL 33351

8971 NW 78TH PLACE 454 FORT LAUDERDALE, FL 33321

7822 N UNIVERSITY DR TAMARAC, FL 33321

1673 MARKET ST WESTON, FL 33326

1352 WESTON RD WESTON, FL 33326

2234 WESTON RD WESTON, FL 33326

2301 WILTON DR STE C1 FORT LAUDERDALE, FL 33305



For a complete and upto-date listing, check out our provider locator at

### eyemed.com



## Exhibit 7 Deviations Summary

## Variance and Clarification Summary

City of Hollywood Florida Solicitation #RFP-4448-15-RD

### Voluntary Vision Insurance

Specification	EyeMed Response
General Terms and Conditions Sec. 1.28 Audit Rights	We are always happy to show off the great work that goes on behind the scenes. We would request that audits be limited to one time per year and that the City provide us with 45 days' notice so that we can be prepared for your visit. And of course, there are also limitations on the scope of the audit due to HIPAA and other privacy regulations.
General Terms and Conditions Sec. 1.43 Litigation Venue	We don't ever anticipate a situation where we would end up in litigation. Our goal is to provide you and your associates and their families with great customer service. In such an unlikely event, we would request that any litigation take place in the federal court in the Southern District of Florida.
General Terms and Conditions Sec. 1.46 Indemnification And Hold Harmless Agreement	Our legal department requires that we clarify that requests for indemnification must arise out of third party claims. In addition, we do not provide indemnification for Participating Providers and any such claims should be brought directly against the Participating Provider(s). And our obligations understandably do not extend to damages or claims arising from the sole negligent acts or omissions of the City. "Participating Providers" refers to optometrists, ophthalmologists, et al. that contract directly with us to provide vision-care services to our client groups and plan participants. The vision- care services provided by the Participating Provider are between the member and the Participating Provider. We do not provide the vision-care services. Participating Providers are not subcontractors, agents, contractors, employees or representatives of Vendor.



General Terms and Conditions Sec. 1.58 Mutual Obligations	To clarify: in a fully insured scenario like the City has selected, a Master Policy and Certificate of Insurance will be issued by Combined Insurance Company of America, the Underwriter (a sample copy of those documents is attached for your reference as Exhibit 9). These documents have been reviewed and approved by the Florida Department of Insurance that requires these documents be controlling with respect to the matters set forth therein.
General Terms and Conditions Sec. 1.59 Sub-contractual Relations	We do not intend to use any subcontractors to provide services exclusively for the fulfillment of our contract with the City. We do utilize the services of a couple of best in class vendors who provide services across our entire book of business (Convergys: who provides some call center support; and Consolidated Solutions who does printing for the ID cards and Welcome Packets). We are responsible for the acts of these vendors as if we performed the services ourselves.
General Terms and Conditions Sec. 1.62 Event Of Default Sec. 1.63 Remedies In The Event Of Default	Just as we don't ever anticipate a situation where we would be in litigation with the City, we also don't see a situation where we would be in Default. If the City believes such a situation exists, we would request that the City provide us with notice of the circumstances that the City is deeming a default and provide us with thirty (30) days to cure the default.
General Terms and Conditions Sec. 1.69 Cost Adjustments	We are pleased to offer the City a four (4) year rate guaranty so no need to worry about cost adjustments during the term of the Agreement.



## Exhibit 8 Reference Questionnaire

### **REFERENCE QUESTIONNAIRE**

fo ຣເ G	Our clients are important to us and we are thankful for their trust in keeping their information private. While we respond to hundreds of proposals each year that ask for references, we prefer to provide client references after being named a finalist in an effort to respect their time and privacy. As an EyeMed client, you can feel confident that the same respect and privacy will be given to you.	
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Exhibit 9 Master Policy and Certificate of Insurance



INSURANCE Combined Insurance Company of America 5050 Broadway, Chicago, Illinois 60640 Administrator's Office: 4000 Luxottica Place; Mason, OH 45040

#### **GROUP VISION INSURANCE POLICY**

**POLICYHOLDER:** 

STATE OF ISSUE:

**POLICY EFFECTIVE DATE:** 

POLICY ANNIVERSARY DATE:

Combined Insurance Company of America agrees to pay the benefits provided by the Policy in accordance with its terms and conditions.

The Policy is issued in consideration of the Policyholder's application (a copy of which is attached) and receipt by the Company of the premiums.

All periods of time under the Policy begin and end at 12:01 A.M. Local Time at the Policyholder's business address.

The Policy may be modified by mutual agreement between the Policyholder and the Company.

The Policy is issued by Combined Insurance Company of America at Chicago, Illinois on the Policy Effective Date.

#### Signed for Combined Insurance Company of America.

? Wendt

Chairman and Chief Executive Officer

Main A. Socale

Secretary

THIS IS A LIMITED BENEFIT POLICY Please read the Policy carefully.

#### PREMIUMS

Premiums are payable in advance by the Policyholder. The first premium is due on the effective date of the Policy. Subsequent premiums are due on the first day of each month thereafter.

The required premium due on each premium due date is the sum of the premiums for all Insureds and their Dependents covered under the Policy. The premiums due will be determined by applying the premium rates then in effect for each plan provided by the Policy to the number of Insured Persons. All premiums are payable to the Company at the Company's home office or to any of the Company's authorized agents.

The premium due may be adjusted due to a change in insurance as requested by the Policyholder or as required by the Company as follows:

1. if an amount of insurance is added or increased during a calendar month, premiums will be increased as of the date the change becomes effective;

2. if an amount of insurance is deleted or decreased during a calendar month, premium will cease or be decreased at the end of the calendar month in which the deletion or decrease occurred;

3. if the Policyholder's contribution percentage is changed, premium will be adjusted at the end of the calendar month in which the change occurred; or

4. if the number of eligible employees increases or decreases by more than 10%, premium will be adjusted at the end of the calendar month in which the increase or decrease occurred, unless otherwise mutually agreed.

If premiums are due the Company, or premium refunds are due the Policyholder as a result of clerical error or delay in the reporting of dates and/or data to the Company, all premiums or refunds will be calculated at the current rate of premium payment and are limited to a maximum period of the current month plus three months.

**Premium Rate Change.** The Company has the right to change the premium rate on or after the fourth Policy Anniversary Date. The Company will provide written notice at least 31 days before the date of change.

**Grace Period**. A grace period of 31 days will be allowed to the Policyholder for the payment of each premium due after the first premium. The Policy will remain in force during the grace period. If the required premium is not paid by the end of the 31-day period, the Policy will terminate. The Policyholder will be required to pay premium for the grace period.

**Return of Premium.** The Company reserves the right to rescind the coverage for one or all Insureds due to misrepresentation or fraud on the Policyholder's application or an Insured's enrollment form, if such misrepresentation materially affected the acceptance of the risk.

If, on the date coverage is rescinded, no claims have been paid under the Policy, the Company will return all premiums paid for such coverage to the Policyholder.

If, on the date coverage is rescinded, claims have been paid under the Policy, the Company reserves the right to deduct an amount equal to the amount of such claims paid from the premiums to be returned to the Policyholder.

#### **TERMINATION OF POLICY**

The Policyholder or the Company may terminate or cancel the Policy on the earliest of the following:

1. on any date on or after the fourth Policy Anniversary Date. Written notice must be provided to the other party at least 31 days prior to termination;

2. the date the number or percentage of persons covered under the Policy does not meet the minimum participation requirement of 10; 3. the date the required premium has not been paid, except as provided in the Grace Period provision. If a premium is not paid when due, the Company will terminate this Policy on the date following the last premium due date, provided that the Company has given the Policyholder written notice of termination within 45 days of the last premium due date. The termination notice will be mailed to the Policyholder's last known address shown in its records; or

4. the date 100% of the eligible employees are not covered when a contribution is not required by the employee.

The Policyholder is responsible for notifying the Insured of the termination of the Policy.

#### CERTIFICATES

The Company will furnish a Certificate for each Insured to the Policyholder which will set forth the essential features of the insurance coverage.

#### **ADDITIONAL INSUREDS**

Insured Persons may be added at any time if they meet the eligibility requirements stated in the Policyholder's application, complete an enrollment form, if required, and pay any required premium.

#### **INCORPORATION PROVISION**

The provisions of the attached Certificate and all Rider(s) issued to amend the Policy after the Policy Effective Date are made a part of the Policy.



INSURANCE Combined Insurance Company of America 5050 Broadway, Chicago, Illinois 60640 Administrator's Office: 4000 Luxottica Place; Mason, OH 45040

#### **GROUP VISION INSURANCE CERTIFICATE**

#### **CERTIFICATE HOLDER:**

#### **POLICYHOLDER:**

#### POLICY ANNIVERSARY DATE:

Combined Insurance Company of America represents that the Insured Person is insured for the benefits described on the following pages, subject to and in accordance with the terms and conditions of the Policy.

The Policy may be amended, changed, cancelled or discontinued without the consent of any Insured Person.

The Certificate explains the plan of insurance. An individual identification card will be issued to the Insured containing the group name, group number and Insured's effective date. The Certificate replaces all certificates previously issued to the Insured under the Policy.

All periods of time under the Policy will begin and end at 12:01 A.M. Local Time at the Policyholder's business address.

The Policy is issued by Combined Insurance Company of America at Chicago, Illinois on the Policy Effective Date.

To make inquiries, request information or resolve complaints, call:

1-800-000-0000.

Signed for Combined Insurance Company of America.

2. Wendt

Chairman and Chief Executive Officer

f. Soldler

Secretary

THIS IS A LIMITED BENEFIT CERTIFICATE Please read the Certificate carefully.

### TABLE OF CONTENTS

SCHEDULE OF BENEFITS	1A
DEFINITIONS	3
EFFECTIVE DATES	4
BENEFITS	5
LIMITATIONS	5
EXCLUSIONS	5
TERMINATION OF INSURANCE	6
CLAIMS	6
GENERAL PROVISIONS	7

#### DEFINITIONS

Please note certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

**Benefit Frequency** means the period of time in which a benefit is payable.

The Benefit Frequency begins on the later of the Insured Person's effective date or last date services were provided to the Insured Person. Each new Benefit Frequency begins at the expiration of the previous Benefit Frequency.

**Co-payment** means the designated amount, if any, shown in the Schedule of Benefits each Insured Person must pay to a Provider before benefits are payable for covered Vision Examination and Vision Materials per Benefit Frequency.

**Comprehensive Eye Examination** means a comprehensive ophthalmological service as defined in the Current Procedural Technology (CPT) and the Documentation Guidelines listed under "Eyes-examination items". Comprehensive ophthalmological service describes a general evaluation of the complete visual system. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external and ophthalmoscopic examinations, gross visual fields and basic sensorimotor examination. It often includes, as indicated by examination, biomicroscopy, examination with cyclopegia or mydriasis and tonometry. It always includes initiation of diagnostic and treatment programs.

Dependent - means any of the following persons:

1. Your lawful spouse or Domestic Partner;

2. each child from birth to age 25 who meets all of the following: (a) the child is dependent upon You for support; and (b) the child is living in the household, or (c) the child is a full-time or part-time student; or

3. each unmarried child until the end of the calendar year in which the child reaches the age of 30 if the child meets all of the following: (a) the child is unmarried and does not have dependents; (b) the child is a resident of Florida or is a full-time or part-time student; and (c) the child is not provided coverage as a named subscriber under any health benefit plan or is not entitled to benefits under the Social Security Act; or

4. each child at least 25 years of age who is primarily dependent upon You for support and maintenance because the child is incapable of self-sustaining employment by reason of mental incapacity or physical handicap; who was so incapacitated and is an Insured Person under the Policy on his or her  $25^{\text{th}}$  birthday; and who has been continuously so incapacitated since his or her  $25^{\text{th}}$  birthday.

Child includes stepchild, legally adopted child, child legally placed in the Your home for adoption and child under Your legal guardianship. A full-time student is one who is enrolled the minimum number of hours of class a week the school considers as full-time status.

**Domestic Partner** means an adult who is in a committed relationship with the Insured, and the Insured and the Domestic Partner are mutually responsible for one another financially and otherwise. To qualify as a Domestic Partner or Dependent under the Policy, all of the following conditions must be met:

- 1. the Domestic Partner and the Insured are over the age of 18 and are mentally competent to enter into contracts;
- 2. the Domestic Partner and the Insured reside in the same household;
- 3. the Domestic Partner and the Insured have a committed relationship with each other for no less than six months; intend to continue the relationship indefinitely and have no such relationship with any other person;
- 4. the Domestic Partner and the Insured are not related by blood;
- 5. the Domestic Partner and the Insured are not married to any third party;
- 6. the Domestic Partner and the Insured are of the same sex or opposite sex; and
- the Domestic Partner and the Insured are not claiming Dependent status for the primary purpose of gaining insurance coverage under the Policy.

The term "spouse", wherever used, will include a Domestic Partner.

**Insured** means an employee of the Policyholder who meets the eligibility requirements as shown in the Policyholder's application, and whose coverage under the Policy is in force and has not ended.

Insured Person means the Insured. Insured Person will also include the Insured's Dependents, if enrolled.

In-Network Provider means a Provider who has signed a Preferred Provider Agreement with the PPO.

#### Medically Necessary Contact Lenses means:

- 1. Keratoconus where the Insured Person is not correctable to 20/30 in either or both eyes using standard spectacle lenses, or the Provider attests to the specified level of visual improvement;
- 2. High Ametropia exceeding -10D or +10D in spherical equivalent in either eye;
- 3. Anisometropia of 3D in spherical equivalent or more; or
- 4. vision for an Insured Person can be corrected two lines of improvement on the visual acuity chart when compared to best corrected standard spectacle.

**Out-of-Network Provider** means a Provider, located within the PPO Service Area, who has not signed a Preferred Provider Agreement with the PPO.

Policy means the Policy issued to the Policyholder.

Policyholder means the Employer named as the Policyholder in the face page of the Policy.

PPO Service Area means the geographical area where the PPO is located.

**Preferred Provider Agreement** means an agreement between the PPO and a Provider that contains the rates and reimbursement methods for services and supplies provided by such Provider.

**Preferred Provider Organization ("PPO")** means a network of Providers and retail chain stores within the PPO Service Area that has signed a Preferred Provider Agreement.

Provider means a licensed physician or optometrist who is operating within the scope of his or her license or a dispensing optician.

Vision Examination means any eye or visual examination covered under the Policy and shown in the Schedule of Benefits.

Vision Materials means those materials shown in the Schedule of Benefits.

#### **EFFECTIVE DATES**

Effective Date of Insured's Insurance. The Insured's insurance will be effective as follows:

- 1. if the Policyholder does not require the Insured to contribute towards the premium for this coverage, the Insured's insurance will be effective on the date the Insured became eligible;
- 2. if the Policyholder requires the Insured to contribute toward the premium for this coverage, the Insured's insurance will be effective on the date the Insured became eligible, provided;
  - a. the Insured has given the Company the Insured's enrollment form (if required) on, prior to, or within 30 days of the date the Insured became eligible; and
  - b. the Insured has agreed to pay the required premium contributions; and
- 3. if the Insured fails to meet the requirements of 2 a) and 2 b) within 30 days after becoming eligible, the Insured's coverage will not become effective until the Company has verified that the Insured has met these requirements. The Insured will then be advised of the Insured's effective date.

Effective Date of Dependents' Insurance. Coverage for Dependents becomes effective on the later of:

- 1. the date Dependent coverage is first included in the Insured's coverage; or
- 2. the premium due date on or after the date the person first qualifies as the Insured's Dependent. If an enrollment form is required, the Insured must provide such form and agree to pay any premium contribution that may be required prior to coverage becoming effective.

If the Insured and the Insured's spouse are both Insureds, one Insured may request to be a Dependent spouse of the other. A Dependent child may not be covered by more than one Insured.

**Newborn Infant Coverage** - A child born to an Insured is covered from the moment of birth. An adopted newborn child is covered from the moment of birth if You have entered into a written agreement to adopt prior to the child's birth whether or not the agreement is enforceable.

Adopted Children Coverage - A child You adopt, a foster child or child in Your custody by court order is covered as any other child. A child placed with You for adoption will be covered from the date of such placement. Coverage will continue, unless the placement is disrupted prior to legal adoption and the child is removed from placement.

Coverage for the newborn or adopted child is effective from the moment of birth or placement for adoption. If You give Us notice within the first 45 days of birth or placement, We will not change an additional premium for the first 45 days. Any additional premium required to continue coverage will begin from the 45th day after birth or placement. If notice is not given within the first 31 days We will charge an additional premium from date of birth or placement. However, coverage will not be denied because You failed to give Us timely notice.

With respect to a newborn child of Your insured Dependent child, coverage will terminate for such child 18 months after the birth of the newborn.

#### BENEFITS

Benefits are payable for each Insured Person as shown in the Schedule of Benefits for expenses incurred while this insurance is in force.

Comprehensive Eye Examination. An Insured Person is eligible for one Comprehensive Eye Examination in each Benefit Frequency.

**In-Network Provider Benefits.** The Insured Person must pay any Co-payment or any cost above the allowance shown in the Schedule of Benefits at the time the covered service is provided. Benefits will be paid to the In-Network Provider who will file a claim with the Company.

**Out-of-Network Provider Benefits.** The Insured Person must pay the Out-of-Network Provider the full cost at the time the covered service is provided and file a claim with the Company. The Company will reimburse the Insured Person for the Out-of-Network Provider benefits up to the maximum dollar amount shown in the Schedule of Benefits.

**Vision Materials.** If a Vision Examination results in an Insured Person needing corrective Vision Materials for the Insured Person's visual health and welfare, those Vision Materials prescribed by the Provider will be supplied, subject to certain limitations and exclusions of the Policy, as follows:

- *Lenses* provided one time in each Benefit Frequency.
- *Frame(s)* provided one time in each Benefit Frequency.
- *Contact Lenses* provided one time in each Benefit Frequency in lieu of lenses.

#### LIMITATIONS

Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy.

Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.

#### EXCLUSIONS

No benefits will be paid for services or materials connected with or charges arising from:

- 1. orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses;
- 2. medical and/or surgical treatment of the eye, eyes or supporting structures;
- 3. any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear;
- 4. services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
- 5. plano (non-prescription) lenses;
- 6. non-prescription sunglasses;
- 7. two pair of glasses in lieu of bifocals;
- 8. services or materials provided by any other group benefit plan providing vision care;
- 9. services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; and:
- 10. lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit the Company from providing insurance, including, but not limited to, the payment of claims.

#### TERMINATION OF INSURANCE

The Policyholder or the Company may terminate or cancel the Policy as shown in the Policy.

For All Insureds. The Insureds' insurance will cease on the earliest of the following dates:

- 1. the date the Policy ends;
- 2. the end of the last period for which any required premium contribution agreed to in writing has been made;
- 3. the date the Insured is no longer eligible for insurance; or
- 4. the date the Insured's employment with the Policyholder ends. The Policyholder may, at the Policyholder's option, continue insurance for individuals whose employment has ended, if the Policyholder:
  - a. does so without individual selection between Insureds; and
  - b. continues to pay any premium contribution for those individuals.

For Dependents. A Dependent's insurance will cease on the earlier of:

- 1. on the date the Insured's coverage ends;
- 2. the date on which the Dependent ceases to be an eligible Dependent as defined in the Policyholder's application; or
- 3. the end of the last period for which any required premium contribution has been made.

A Dependent child will not cease to be a Dependent solely because of age if the child is:

- 1. not capable of self-sustaining employment due to mental incapacity or physical handicap that began before the age limit was reached; and
- 2. mainly dependent on the Insured for support.

The Company may ask for proof of the eligible Dependent child's incapacity and dependency two months prior to the date the Dependent child would otherwise cease to be covered.

The Company may require the same proof again, but will not ask for it more than once a year after this coverage has been continued for two years. This continued coverage will end:

- 1. on the date the Policy ends;
- 2. on the date the incapacity or dependency ends;
- 3. on the end of the last period for which any required premium contribution for the Dependent child has been made; or
- 4. 60 days following the date the Company requests proof and such proof is not provided to the Company.

#### CLAIMS

**Notice of Claim.** Written notice of claim must be given to the Company within 60 days after the occurrence or commencement of any loss covered by the Policy, or as soon as is reasonably possible. Notice given by or for the Insured Person to the Company at the Company's home office, to the Company's authorized administrator or to any of the Company's authorized agents with sufficient information to identify the Insured Person will be deemed as notice to the Company.

**Claim Forms.** The Company will furnish claim forms to the Insured Person within 15 days after notice of claim is received. If the Company does not provide the forms within that time, the Insured Person may send written proof of the occurrence, character and extent of loss for which the claim is made within the time stated in the Policy for filing proof of loss.

**Proof of Loss.** Written proof of loss must be furnished to the Company at the Company's home office within 90 days after the date of the loss. Failure to furnish proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within that time, if the proof is furnished as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted later than one year from the time proof is required.

**Time Payment of Claims.** Any benefit payable under the Policy will be paid immediately, but not more than 30 days, upon receipt of due written proof of loss.

**Right of Recovery.** If payment for claims exceeds the amount for which the Insured Person is eligible under any benefit provision or rider of the Policy, the Company has the right to recover the excess of such payment from the Provider or the Insured.

**Legal Action -** No action at law or in equity shall be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the Policy. No such action will be brought after the expiration of the applicable statutes of limitations from the time written proof of loss is required to be furnished.

**Crime Victims Provision.** If the Insured Person is a victim of a violent crime and it is determined that the Insured Person is eligible under the Florida Crimes Compensation Act, any Co-payment provision required under this Policy will not apply. The Insured Person must provide the Company with a copy of the written notification concerning his or her status received from the Office of the Attorney General, Division of Victim Services, State of Florida.

#### GENERAL PROVISIONS

**Clerical Error.** Clerical errors or delays in keeping records for the Policy will not deny insurance that would otherwise have been granted, nor extend insurance that otherwise would have ceased, and call for a fair adjustment of premium and benefits to correct the error.

**Conformity to Law.** Any provision of the Policy that is in conflict with the laws of the state in which it is issued is amended to conform to the laws of that state.

**Entire Contract.** The Policy, including any endorsements and riders, the Certificate, the Policyholder's application, which is attached to the Policy when issued, the Insured's individual enrollment form, if any, and the eligibility file, if any, are the entire contract between the parties. A copy of the Policy may be examined at the Office of the Policyholder during normal business hours. All statements made by the Policyholder or an Insured will, in the absence of fraud, be deemed representations and not warranties, and no such statement shall be used in defense to a claim hereunder unless it is contained in a written instrument signed by the Policyholder, the Insured, the Insured's beneficiary or personal representative, a copy of which has been furnished to the Policyholder, the Insured, the Insured's beneficiary or personal representative.

Amendments and Changes. No agent is authorized to alter or amend the Policy, or to waive any conditions or restrictions herein, or to extend the time for paying any premium. The Policy and the Certificate may be amended at any time by mutual agreement between the Policyholder and the Company without the consent of the Insured, but without prejudice to any loss incurred prior to the effective date of the amendment. No person except an Officer of the Company has authority on behalf of the Company to modify the Policy or to waive or lapse any of the Company's rights or requirements.

**Incontestability.** After the Policy has been in force for two years, it can only be contested for nonpayment of premiums. No statement made by an Insured Person can be used in a contest after the Insured Person's insurance has been in force for two years during the Insured Person's lifetime. No statement an Insured Person makes can be used in a contest unless it is in writing and signed by the Insured Person.

**Insurance Data.** The Policyholder must give the Company the names and ages of all individuals initially insured. The names of persons who later become eligible (whether or not the person becomes insured), and the names of those who cease to be eligible must also be given. The eligibility dates and any other necessary data must be given to the Company so that the premium can be determined.

The Company has the right to audit the Policyholder's books and records as the books and records relate to this insurance. The Company may authorize someone else to perform this audit. Any such inspection may be done at any reasonable time.

**Workers' Compensation.** The Policy is not a Workers' Compensation policy. The Policy does not satisfy any requirement for coverage by Workers' Compensation Insurance.

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