

# Contract Renewal Evaluation Form

|                  |                                        |
|------------------|----------------------------------------|
| Date:            | August 23, 2022                        |
| Department:      | FINANCE                                |
| Contract Number: | RFP 19-RFP060519C-MH                   |
| Contract Title:  | Employee Benefits Health Plan (Vision) |

## Instructions:

It is extremely important that every contract be rigidly scrutinized to determine if the contract provides the County with value. Each renewal shall be reviewed and answers provided to determine whether services should be maintained, services/scope reduced, services brought in-house or if the contract should be terminated. Please submit a completed copy of this form with all renewal requests.

### 1. Describe what efforts were made to reduce the scope and cost of this contract.

Eye Med administer the self-insured Vision PPO Plan offered to eligible employees, retirees and beneficiaries on behalf of the County. All of the healthcare plans went through a formal procurement process in 2019 to ensure that the County was partnering with quality vendors and effective plans. This contract provides vision benefits. There is no change to the admin fee for 2023; the rate will remain at \$0.55 per enrollee per month. EyeMed again reported a decrease in per capita claims for the experience period used in the 2023 premium rate setting. There is no change in the vision premiums from 2022 to 2023.

### 2. Describe the analysis you made to determine if the current prices for this good or service is reflective of the current market. Check all applicable statements and provide documentation:

The competitive bid process during the last procurement that was effective 1/1/2020. The 2023 plan year will exercise the third of four renewal options of the contract cycle.

#### ☐ Internet search of pricing for same product or service:

|                                                              |                                           |
|--------------------------------------------------------------|-------------------------------------------|
| Date of search:                                              | RFP Review Process                        |
| Price found:                                                 | <a href="#">Click here to enter text.</a> |
| Different features / Conditions:                             | <a href="#">Click here to enter text.</a> |
| Percent difference between internet price and renewal price: | <a href="#">Click here to enter text.</a> |

#### Explanation / Notes:

[Click here to enter text.](#)

☐ **Market Survey of other jurisdictions:**

|                                                                   |                                                          |
|-------------------------------------------------------------------|----------------------------------------------------------|
| Date contacted:                                                   | Click here to enter a date.                              |
| Jurisdiction Name / Contact name:                                 | Click here to enter text.                                |
| Date of last purchase:                                            | Click here to enter a date.                              |
| Price paid:                                                       | Click here to enter text.                                |
| Inflation rate:                                                   | Click here to enter text.                                |
| Adjusted price:                                                   | Click here to enter text.                                |
| Percent difference between past purchase price and renewal price: | Click here to enter text.                                |
| Are they aware of any new vendors?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are they aware of a reduction in pricing in this industry?        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How does pricing compare to Fulton County's award contract?       | Click here to enter text.                                |

**Explanation / Notes:**

Click here to enter text.

☐ **Other (Describe in detail the analysis conducted and the outcome):**

3. What was the actual expenditure (from the AMS system) spent for this contract for previous fiscal year?

**\$ 1,027,235.00**

4. Does the renewal option include an adjustment for inflation? ☐ Yes ☒ No  
(Information can be obtained from CPI index)

Was it part of the initial contract? ☐ Yes ☐ No

|                        |                             |
|------------------------|-----------------------------|
| Date of last purchase: | Click here to enter a date. |
| Price paid:            | Click here to enter text.   |
| Inflation rate:        | Click here to enter text.   |
| Adjusted price:        | Click here to enter text.   |

Percent difference between past purchase price and renewal price:

[Click here to enter text.](#)

**Explanation / Notes:**

[Click here to enter text.](#)

5. Is this a seasonal item or service? ☐ Yes ☒ No

6. Has an analysis been conducted to determine if this service can be performed in-house? ☐ Yes  
☒ No If yes, attach the analysis.

The level of expertise, staffing levels and resources do not exist in-house to handle this type services.

7. What would be the impact on your department if this contract was not approved?

Inability to administer vision benefits plan designs and other contract requirements to eligible active employees, beneficiaries and covered dependents.

Melissa Barnett, Benefits Manager

August 23, 2022

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**Prepared by**

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**Date**

Hakeem Oshikoya, Finance Director

August 23, 2022

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**Department Head**

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**Date**