CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Finance

BID/RFP# NUMBER: RFP 19-RFP060519C-MH

BID/RFP# TITLE: Employee Benefits Health Plan (Vision)

ORIGINAL APPROVAL DATE: August 7, 2019

RENEWAL EFFECTIVE DATES: January 1, 2023 THROUGH December 31, 2023

RENEWAL OPTION #: 3 OF 4

NUMBER OF RENEWAL OPTIONS: 4

RENEWAL AMOUNT: $0.55 per enrollee per month administrative fee

COMPANY'S NAME: EyeMed Vision Care, LLC

ADDRESS: 4000 Luxottica Place

CITY: Mason

STATE: Ohio

ZIP: 45040

This Renewal Agreement No. ___ was approved by the Fulton County Board of Commissioners on BOC DATE: **BOC NUMBER:**

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein:

FULTON COUNTY, GEORGIA	**EYE MED VISION, LLC**
Robert L. Pitts, Chairman **Fulton County Board of Commissioners**	**[Insert name]** **[Insert title]**
ATTEST:	**ATTEST:**
Tonya R. Grier **Clerk to the Commission**	**Secretary/** **Assistant Secretary**
(Affix County Seal)	**(Affix Corporate Seal)**
AUTHORIZATION OF RENEWAL:	**ATTEST:**
Hakeem Oshikoya, Finance Director **Finance Department**	**Notary Public**
	County:_____
	Commission Expires: _____
	(Affix Notary Seal)

ITEM#:_____ RCS:_____ **RECESS MEETING**	**ITEM#:_____ RM:_____** **REGULAR MEETING**