

Legislation Text

File #: 21-0648, Version: 1

#### Department

Finance

**Requested Action** (Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)

Request approval to renew existing contracts - Finance Department, 19-RFP060519C-MH, Employee Health Benefit Plan - Vision Benefits on a self-insured basis at the rate of \$0.55 per enrollee per month with Eye Med Vision Care (Atlanta, GA) to administer vision benefit coverage to eligible active employees, retirees and beneficiaries. This action exercises the second of four renewal options. Two renewal options remain. Effective dates: January 1, 2022 through December 31, 2022. (APPROVED)

#### **Requirement for Board Action** (*Cite specific Board policy, statute or code requirement*)

In accordance with Purchasing Code Section 102-394(6), the Purchasing Department shall present all renewal requests to the Board of Commissioners at least 90 days prior to the contract renewal date or 60 days if the contract term is six (6) months or less.

### **Strategic Priority Area related to this item** (*If yes, note strategic priority area below*) **Open and Responsible Government**

## **Commission Districts Affected**

All DistrictsImage: Constrict 1District 1Image: Constrict 2District 2Image: Constrict 3District 3Image: Constrict 4District 4Image: Constrict 5District 5Image: Constrict 6

# Is this a purchasing item?

Yes

**Summary & Background** (First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

**Scope of Work:** The Finance Department request approval to renew existing contract with Eye Med Vision Care to administer self-insured comprehensive vision benefit services for eligible active employees, beneficiaries, retirees and their covered dependents on a self-insured basis. This contract provides an all-inclusive administration fee for vision plan administration, claims adjudication, reporting and customer service. Admin fee will remain the same at \$0.55 per enrollee

per month for 2022. Eye Med continues to offer largest provider network.

#### Community Impact: None

**Department Recommendation:** The Finance Department recommends renewal of existing contract with EyeMed to administer the comprehensive self-insured vision plan at the rate of \$0.55 per enrollee per month. *PROPOSED CHANGE FOR 2022 Three-tier Vision Rates* The Finance Department is proposing a transition of the vision rates from a "flat rate for all" structure, to a 3-tier structure, to be consistent with the other benefit offerings. The 3-tier structure will eliminate the subsidization of higher tiers by the lower tiers. EyeMed again reported a decrease in per capita claims for the experience period used for the 2022 premium rate setting. For 2022, vision premiums will decrease by 10.3%.

#### Project Implications: None

#### Community Issues/Concerns: None

#### Department Issues/Concerns: None

## **Contract Modification**

Current Contract History	BOC Item	Date	Dollar Amount
Original Award Amount	19-0621	8/7/2019	Per approved admin fee.
1st Renewal	20-0829	11/18/2020	Per approved admin fee.
2 <sup>nd</sup> Renewal		9/1/2021	Per approved admin fee.
Total Revised Amount			\$.00

**Contract & Compliance Information** (Provide Contractor and Subcontractor details.)

-	PPO Plan - \$0.55 per enrolled employee/retiree/beneficiary Med Vision Care, LLC Minority Warren County \$0.55 per enrolled employee/retiree/beneficiary
Subcontractor:	Concentrix
Subcontractor Status:	Non-Minority
Location:	Erlanger, KY
County:	Kenton County
Contract Value:	\$2,011.00 or 0.18%
Subcontractor:	AEGIAS Corp
Subcontractor Status:	African American Business Enterprise Certified
Location:	Alpharetta, GA
County:	Fulton County
Contract Value:	\$2,500.00 or 0.23%

Subcontractor:	Consolidated Graphics Group, Inc.
Subcontractor Status:	Non-Minority
Location:	Cleveland, OH
County:	Cuyahoga County
Contract Value:	\$643.00 or 0.06%
Subcontractor:	<b>CO Fluency</b>
Subcontractor Status:	<b>Non-Minority</b>
Location:	Hackensack, NJ
County:	Bergen County
Contract Value:	\$15.00 or 0.01%
Total Contract Value:	PPO Plan \$0.55 per Enrolled Employee/Retiree/Beneficiary

Total M/FBE Value: \$2,500.00 or 0.23%

Exhibits Attached (Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)

Exhibit 1: Contract Renewal Agreement Exhibit 2: Contract Renewal Evaluation Form Exhibit 3: Contractor Performance Report **Contact Information** (*Type Name, Title, Agency and Phone*)

Ray Turner, Deputy Finance Director 404-612-7737 or Melissa Barnett, Employee Benefits Manager, Finance 404-612-4243

## **Contract Attached**

Yes

## **Previous Contracts**

Yes

# **Total Contract Value**

Original Approved Amount: Previous Adjustments: This Request: TOTAL:

# **Grant Information Summary**

□ In-Kind

Approval to Award

Apply & Accept

Match Account \$:

# **Fiscal Impact / Funding Source**

# Funding Line 1:

426-999-P003-1560: Group Insurance Stabilization, General Fund, Administrative

Key Contract Terms	
Start Date: 1/1/2022	End Date: 12/31/2022
Cost Adjustment:	Renewal/Extension Terms: 2 of 4

# **Overall Contractor Performance Rating:**

Would you select/recommend this vendor again? Yes

Report Period Start:	Report Period End:
1/1/2021	6/30/2021