



Fulton County

Legislation Text

File #: 22-0607, 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 provided on a self-funded basis administered by EyeMed Vision Care, to eligible active employees, retirees/beneficiaries and their eligible dependents. This action exercises the third of four renewal options. One renewal option remains. Effective dates: January 1, 2023 through December 31, 2023. **(APPROVED UPON ADOPTION OF THE CONSENT AGENDA)**

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, 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 Districts ☒
- District 1 ☐
- District 2 ☐
- District 3 ☐
- District 4 ☐
- District 5 ☐
- District 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 requests approval to renew existing contract with EyeMed Vision Care to administer self-funded comprehensive vision benefit services for eligible active employees, retirees/beneficiaries and their covered dependents. Under the self-funded arrangement, the carrier administers the plan, but claims are funded by the County. This contract provides an all-inclusive administration fee for vision plan administration, claims adjudication, reporting and customer

service. EyeMed continues to offer the largest provider network.

Community Impact: None

Department Recommendation: The Finance Department recommends renewal of existing contract with EyeMed to administer the comprehensive self-funded vision plan at the rate of \$0.55 per enrollee per month. There is no change in the vision administrative fee from 2022 to 2023. The 2023 vision premium rates are presented as a separate agenda item for approval.

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	08/7/2019	Enrollment based on per member per month administrative fee.
1st Renewal	20-0829	11/18/2020	Enrollment based on per member per month administrative fee.
2 nd Renewal	21-0648	09/01/2021	Enrollment based on per member per month administrative fee.
3 rd Renewal	22-2488	9/7/2022	Enrollment based on per member per month administrative fee.
Total Revised Amount			

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

Contract Value: PPO Plan - \$0.55 per enrolled employee/retiree/beneficiary

Prime Vendor: Eye Med Vision Care, LLC

Prime Status: Non-Minority

Location: Mason, OH

County: Warren County

Prime Value: \$0.55 per enrolled employee/retiree/beneficiary

Subcontractor: Concentrix

Subcontractor Status: Non-Minority

Location: Erlanger, KY

County: Kenton County

Contract Value: TBD (Call Center Support)

Subcontractor: AEGIAS Corp
Subcontractor Status: African American Business Enterprise Certified
Location: Alpharetta, GA
County: Fulton County
Contract Value: TBD (Assists & Attend Open Enrollment Events)

Subcontractor: Consolidated Graphics Group, Inc.
Subcontractor Status: Non-Minority
Location: Cleveland, OH
County: Cuyahoga County
Contract Value: TBD (Fulfillment Services)

Subcontractor: CO Fluency
Subcontractor Status: Non-Minority
Location: Hackensack, NJ
County: Bergen County
Contract Value: TBD (Language Assists for Customer Care Center)

Total Contract Value: PPO Plan \$0.55 per Enrolled Employee/Retiree/Beneficiary
Total M/FBE Value: TBD

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: [Per approved per member per month administrative fee plus claims cost]

Original Approved Amount: Enrollment based on per
member per month
administrative fee

Previous Adjustments:

This Request:
TOTAL:

Grant Information Summary

Amount Requested:	<input type="checkbox"/> Cash
Match Required:	<input type="checkbox"/> In-Kind
Start Date:	<input type="checkbox"/> Approval to Award
End Date:	<input type="checkbox"/> 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: 1/1/2023	End Date: 12/31/2023
Cost Adjustment:	Renewal/Extension Terms: 3 4

Overall Contractor Performance Rating: 88%

Would you select/recommend this vendor again?

Yes

Report Period Start:	Report Period End:
1/1/2022	6/30/2022