



Fulton County

Legislation Text

File #: 23-0551, 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 fourth of four renewal options. No renewal option remains. Effective dates: January 1, 2024, through December 31, 2024. **(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, 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 administration fee from 2023 to 2024. The 2024 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	Monthly admin fee per enrolled employee/retiree/beneficiary
1st Renewal	20-0829	11/18/2020	Monthly admin fee per enrolled employee/retiree/beneficiary
2 nd Renewal	21-0648	09/01/2021	Monthly admin fee per enrolled employee/retiree/beneficiary
3 rd Renewal	22-2488	9/7/2022	Monthly admin fee per enrolled employee/retiree/beneficiary
4 th Renewal		8/16/23	Monthly admin fee per enrolled employee/retiree/beneficiary
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

Total Contract Value: \$0.55 per enrolled employee/retiree/beneficiary

Total Certified Value: \$0.00 or 0.00%

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 Verna Thomas, Employee Benefits Manager, Finance 404-612-7639

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:

Match Required:

Start Date:

End Date:

Match Account \$:

- Cash
- In-Kind
- Approval to Award
- Apply & Accept

Fiscal Impact / Funding Source

Funding Line 1:

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

Key Contract Terms	
Start Date: 1/1/2024	End Date: 12/31/2024
Cost Adjustment:	Renewal/Extension Terms: 4 4

Overall Contractor Performance Rating: 89%

Would you select/recommend this vendor again?

Yes

Report Period Start:
1/1/2023

Report Period End:
6/30/2023