

Resolution 2024-207

A Resolution Approving the 2025 Vision Service Plan (VSP) Contract

The Board of Trustees of Franklin Township, Franklin County, Ohio, met in person in a Special Meeting at 9:00am. on Monday, December 23, 2024. The trustee marked below made a motion for the adoption of the following Resolution:

Leezer

Fleshman

Blevins

BE IT RESOLVED that effective January 1, 2025, the Board of Trustees of Franklin Township, Franklin County, Ohio approves and authorizes a contract with Vision Service Plan (VSP) for the calendar year 2025 offering vision care insurance coverage for benefit eligible employees of Franklin Township. (See Exhibit A)

BE IT FURTHER RESOLVED that all formal actions of this Board concerning and relating to this Resolution were passed in an open meeting of the Board, and that all deliberations of this Board and any of its committees that resulted in such formal action were in a meeting open to the public, in compliance with all legal requirements including Section 121.22 of the Ohio Revised Code.

BE IT FURTHER RESOLVED that this Resolution shall be declared an emergency and be in full force and effective immediately upon its adoption.

The following trustee marked below seconded the motion:

Leezer

Fleshman

Blevins

Roll was called for the adoption of the Resolution, and the vote was as follows:

Leezer: YES/ NO

Fleshman: YES/ NO

Blevins: YES/ NO



Trustee James Leezer



Trustee John Fleshman



Trustee Mike Blevins

Adopted: December 23, 2024

Vision Benefit Renewal Notice

CUSTOMIZED FOR FRANKLIN TOWNSHIP BD. OF TRUST – 12022916
 Renewal Effective Date: 1/1/2025



Benefits that Hit the Spot

You've already found the "fit" in your vision benefits, so let's keep them going. Here are details to renew your current plan—providing just what your team needs and values. Let's continue to amaze your employees by all that's included.

Big on Access

A huge provider network with private practice and retail locations, and an in-network, online-shop offering today's trendiest eyewear.

Easy on the Wallet

Give your team the lowest out-of-pocket costs on exams and lenses of any vision carrier.*

Coverage for More than 20/20 Vision

Keep healthcare costs down with built-in coverage for urgent and medical eye care and extra preventative care for employees with diabetes.

VSP SIGNATURE PLANSM; CUSTOMIZED BENEFIT OPTIONS AND MONTHLY RATES

| | | CURRENT PLAN | |
|---|--|-----------------------------|---------------------------------------|
| Frequency | | | |
| Exam | | Every 12 months | |
| Lenses | | Every 12 months | |
| Frame | | Every 24 months | |
| Contact Lenses (Instead of lenses and frame) | | Every 12 months | |
| Copays and Allowances | | | |
| Exam Copay | | \$0 | |
| Lens/Frame Copay | | \$0 | |
| Frame Allowance | | \$140 | |
| Contact Lens Exam Copay | | \$60 | |
| Contact Lens Allowance | | \$105 | |
| Enhancements and Supplemental Benefits | | | |
| | | Standard progressive lenses | |
| Rates | | Current Rate | Renewal Rate |
| Admin Fee PEPM | | \$2.63 / 7.64 | Rate/Negotiated Rate \$2.93 / 8.50 |
| Projected Monthly Claim Cost | | \$9.01 | \$10.74 |
| Rate Guarantee | | 32 months | 3 years |
| Commissions | | \$1.22 PEPM | \$1.22 PEPM |

This Renewal Notice has been designed by VSP[®] specifically for Franklin Township BD. of Trust, headquartered in Ohio. Rates include all applicable taxes, health assessment, and platform participation fees known as of the date of the renewal.

**Ready to renew your plan?
 Fill out and return your renewal acceptance
 at least 60 days before your renewal effective date.**

Vision Benefit Renewal Notice

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Renewal Effective Date: 1/1/2025



The VSP Signature Plan is Full of Benefits

If you're looking for a first-class vision plan, look no further. The VSP Signature Plan is a premier full-service plan that offers choice, flexibility, and maximum value through a VSP network provider.

Average Savings of 40% on All Lens Enhancements¹

Protection from UV, help to relieve digital eyestrain, and more.

Coverage for Urgent and Medical Eye Care

Care for conditions like pink eye, dry eye, diabetic eye disease, and glaucoma.

Up to \$3,000 in Savings

Rebates on contact lenses and sunglasses plus other big savings through Exclusive Member Extras.²

VSP SIGNATURE PLAN BENEFITS

| | In-network | Out-of-network |
|--|---|-------------------------------------|
| VISION CARE | | |
| WellVision Exam [®] | Covered-in-full after copay | Reimbursed up to \$50 |
| Routine Retinal Scanning | Covered-in-full after copay, not to exceed \$39 ⁴ | |
| Contact Lens Exam, Fitting, and Evaluation (Standard and Premium) | 15% off professional services; covered-in-full after copay, not to exceed \$60 ⁵ | Reimbursed \$105–\$210 ³ |
| FRAMES | | |
| Enhanced coverage may apply. Refer to the Enhancements and Supplemental Benefits under Customized Benefit Options and Monthly Rates. | | |
| | Covered-in-full after copay, up to frame allowance ⁵ | |
| | 20% off any amount above the allowance ^{4,5} | Reimbursed up to \$70 |
| | Extra \$20 allowance on Featured Frame Brands ^{5,7} | |
| LENSES | | |
| Single Vision | | Reimbursed up to \$50 |
| Lined Bifocal | | Reimbursed up to \$75 |
| Lined Trifocal | Covered-in-full after copay | Reimbursed up to \$100 |
| Lenticular | | Reimbursed up to \$125 |
| Standard Progressive Lenses | | Reimbursed up to \$75 |
| LENS ENHANCEMENTS | | |
| Covered-in-full after copay. | | |
| Enhanced coverage may apply. Refer to the Enhancements and Supplemental Benefits under Customized Benefit Options and Monthly Rates. | | |
| Premium Progressive Lenses | \$80–\$90 | Reimbursed up to \$75 |
| Custom Progressive Lenses | \$120–\$160 | Reimbursed up to \$75 |
| Standard Anti-Reflective Coating | \$37 | |
| Photochromic Lenses | \$70 | |
| Solid Tints and Dyes | \$13 | |
| Plastic Gradient Tints | \$15 | Not applicable |
| Polycarbonate Lenses | \$33; \$0 for children | |
| Scratch-Resistant Coating | \$15 | |
| UV Protection | \$14 | |

Vision Benefit Renewal Notice

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VSP SIGNATURE PLAN BENEFITS (CONTINUED)

| | In-network | Out-of-network |
|---|--|-------------------------------------|
| CONTACT LENSES | | |
| In lieu of lenses and frames. | | |
| Elective | Covered-in-full, up to Contact Lens Allowance | Reimbursed up to \$105 ³ |
| Necessary | Covered-in-full after copay | Reimbursed up to \$210 ³ |
| ADDITIONAL BENEFITS | | |
| Essential Medical Eye Care Supplemental coverage beyond routine care to treat urgent issues/monitor ongoing conditions like pink eye, sudden vision changes, dry eye, diabetic eye disease, and glaucoma ⁸ | Medical eye exam covered-in-full after copay, not to exceed \$20; all other services are covered-in-full | |
| Low Vision Supplemental testing and coverage for approved low vision aids; for members with vision loss that prevents reading, moving around in unfamiliar surroundings, and completing desired tasks | Up to \$1,000 every two years; covers 100% supplemental testing and 75% for approved low vision aids | Not applicable ¹⁰ |
| VSP Laser VisionCareSM Program Discounted access for laser vision correction services ⁹ | Average savings of 15%–20% off retail price or 5% off promotional price | |
| Additional Pairs of Glasses | 30% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses ^{4,5,6} | |
| Sunglasses Use of frame allowance for non-prescription sunglasses; for members who have had laser surgery | Covered-in-full after copay, up to frame allowance ⁴ | |

Confidentiality Statement

This Renewal Notice has been designed by VSP specifically for Franklin Township BD. of Trust. It contains confidential information that is unique to our plan designs and rate structures, all of which are critical to VSP trade secrets. For this reason, we respectfully request that the information in this proposal be treated as confidential, as allowed under applicable laws, and not released to any interested parties without VSP written consent. It is also important to note that our proposal is based on the scope of the obligations that VSP agrees to undertake. VSP will comply with state and/or federal rules and regulations as they pertain to prepaid vision plans with a defined benefit.

Exclusions and Limitations

- When covered-in-full benefits are obtained from a VSP network doctor, the member will have no out-of-pocket costs other than copays. Vision care and eyewear obtained from an out-of-network provider are subject to product availability and the same copays. For details, see above.
- Some eyewear and vision care may be limited or not covered under this plan, as follows. Please contact VSP Vision Care for more information.
 - Cosmetic materials, such as lenses with refractive correction of less than ± .50 diopter, unless otherwise stated above.
 - Services and/or materials not specifically indicated on this schedule as covered plan benefits.
 - Two pairs of glasses instead of bifocals.
 - Replacement of lenses, frame, and/or contact lenses furnished under this plan which are lost/broken/damaged, except at the normal intervals when services are otherwise available.
 - Orthoptics or vision training and any associated supplemental testing.
 - Medical or surgical treatment of the eyes and services associated with CRT or orthokeratology.
 - Contact lens insurance policies or service agreements. Refitting of contact lenses after the initial (90-day) fitting period.
 - Contact lens modification, polishing, or cleaning.
- Local, state, and/or federal taxes, except where VSP is required by law to pay.
- Coverage shall be governed solely by the terms of your VSP contract.

Additional exclusions and limitations related to specific benefits of the VSP Signature Plan[®]:

1. Savings off average usual and customary pricing based on VSP claims data.
2. Exclusive Member Extras are not part of your insurance plan and are subject to change. Not available directly from VSP in the states of Washington and California.
3. When going out-of-network, a contact lens exam and elective contact lenses are reimbursed up to a total of \$105. When necessary contact lenses are prescribed, a contact lens exam and contact lenses are reimbursed up to \$210.
4. Based on applicable laws, benefits may vary by location.
5. Benefits may vary at retail chain locations. Discount on professional services associated with a contact lens exam, fitting, and evaluation is not available at Costco, Walmart, or Sam's Club. Costco/Walmart/Sam's Club frame allowance is \$75 for \$140 RFA as prices already include discounts instead of those noted.
6. 30% off applies to glasses purchased the same day as the member's eye exam from the same VSP doctor who provided the exam. Members also receive 20% off unlimited additional pairs of glasses valid through any VSP network provider within 12 months of the last covered eye exam. Exceptions at retail locations may apply.
7. Reflects current promotion. Featured Frame Brands are subject to change. Available only to VSP members with applicable plan benefits through VSP network doctors and in-network locations. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.
8. Essential Medical Eye Care pays secondary to other medical eye insurance coverage.
9. Discounts only available from VSP-contracted facilities.
10. Essential Medical Eye Care and Low Vision are available out-of-network in states where it's required by law.

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Renewal Effective Date: 1/1/2025



*Source: Vision Council's VisionWatch Survey, 2018–2020

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RENEWAL ACCEPTANCE

To renew your contract with VSP and ensure continuous service, please have the appropriate representative review this information, specify the desired Renewal Plan Selection, sign, and return this Renewal Agreement to the email address below by November 1, 2024. VSP produces your Plan Policy upon receipt of your confirmation of renewal. Your new Plan Policy may contain some provisions that are changed from those in your current Policy, so you should review the new Policy carefully upon receipt. Please file this Agreement with your VSP contract as it serves as your notice of renewal.

VSP Renewal Notice for Franklin Township BD. of Trust

Renewal Plan Selection: _____

Renewal Effective Date: 1/1/2025

Victoria McLallen

Client Manager

victoria.mclallen@vsp.com

916-407-5440 ext. 113263

Signature: _____

Name: _____

Title: _____

Date: _____