



Nolan M. Fields IV
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APPROVED

JUN 17 2019

TO: Board of County Commissioners
Karen Keith, Chairman
Stan Sallee
Ron Peters

DATE: June 13, 2019

REFERENCE: Renewal Agreement with Vision Services Plan, Inc. Oklahoma of the
Group Vision Care Policy for FY 19-20

248135

Please place this item on the agenda for the next meeting of the Board of County Commissioners. It will not be necessary to review this matter in executive session. This document is presented for this Board's review and potential action. Please let me know if you have any questions.

Respectfully,

Nolan M. Fields IV

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Assistant District Attorney

CC:
Kathy Burrows, HR Director

2 C to NF 6/17/19 LMA

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RENEWAL EXHIBIT
TULSA COUNTY GOVERNMENT
GROUP #01108607
EFFECTIVE - July 1, 2019

Please mark the box for the option you elect for 2019:		
PLAN TYPE	CURRENT VSP Signature Plan	RENEWAL VSP Signature Plan
Exam Copay (comprehensive eye exam with dilation)	\$50	\$50
Material Copay (included Lens and Frame)	\$20	\$20
Diabetic EyeCare Plus Program	\$20	\$20
BENEFIT FREQUENCY		
Exam, Lenses, Frame (or Contacts instead of glasses)	12/12/24	12/12/24
IN NETWORK ALLOWANCE		
Retail Frame Allowance	\$120	\$120
COVERED LENS OPTIONS		
Polycarbonate for Children	Covered	Covered
Standard Progressives	Covered 7/1/2018	Covered
CONTACT LENS ALLOWANCE		
Contact Lens Fitting & Evaluation (Standard & Premium)	Up to \$60	Up to \$60
Elective Contact Lens Materials & Exam	\$120	\$120
ADDITIONAL BENEFITS & DISCOUNTS		
Diabetic EyeCare Plus Program	Provides additional services for Type 1 and Type 2 diabetes, glaucoma, or age-related macular degeneration (AMD)	
Free Diabetic Awareness Program	Outreach program and exam reminders	
Additional pairs of Prescriptive Glasses or Non-Prescriptive	30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam.	
Laser Vision Correction	15% discount or 5% off promotional pricing	
OPEN ACCESS		
Examination up to:	\$50	\$50
Single Vision Lenses up to:	\$50	\$50
Bifocal Lenses up to:	\$75	\$75
Trifocal Lenses up to:	\$100	\$100
Lenticular up to:	\$125	\$125
Frame up to:	\$70	\$70
Contact Lenses up to:	\$105	\$105
FULLY INSURED RATES*		
Employee Only	\$3.23	\$3.60
Employee + Family	\$10.66	\$11.86
RATE INFORMATION		
Guarantee Period	7/1/2015 - 6/30/2019	48 Months

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*The Affordable Care Act requires fully-insured vision, dental and medical insurance policies to pay Health Insurance Provider Fees (HIPF) to the IRS beginning in 2014. In compliance, the renewal rates include the required ACA tax.

To renew your contract and ensure continuous service, please have the appropriate representative review this information, sign and email this renewal to Emily.morris@vsp.com or fax to 972-334-0399.

By: [Signature]
 Title: Chairman
 Date: 6/17/2019

[Signature]
 County Clerk
 OKLAHOMA

VSP Proprietary & Confidential

Delshon M. Fildes 6-17-19
APPROVED AS TO FORM
ASSISTANT DISTRICT ATTORNEY

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