

# Application for Vision Care Benefits

Underwritten by Fidelity Security Life Insurance Company  
Kansas City, Missouri



### I. GROUP INFORMATION

Group Name: Nassau County Board of County Commissioners Tax ID#: 59-1863042  
DBA Name (If other than above): \_\_\_\_\_  
Business Address: 76347 Veterans Way Ste 4000 City: Yulee State: FL ZIP: ~~32034~~ 32097  
Mailing Address: 96135 Nassau Place Suite 5 City: Yulee State: FL ZIP: 32097  
Primary Contact: Ashley Metz Title: Human Resources Director  
Phone Number: (904) 530-6075 Fax Number: (904) 321-5797  
E-mail Address: ametz@nassaucountyfl.com  
Type of Business:  Proprietorship  Corporation  Other (Specify): County Government

**PLEASE NOTE THE FOLLOWING TYPE BUSINESSES REQUIRE PRIOR CARRIER APPROVAL:**

MEWA  PEO  Trust  Union  
Service Area:  National (U.S.– does not include Puerto Rico)  State Specific (List) \_\_\_\_\_  
If any subsidiary or affiliated companies are to be insured or any Employees/Members are working at a location other than the business address above, please explain and list states. \_\_\_\_\_

Billing Contact Name: Laura L. Scott Phone: (904) 530-6075  
Billing Address: 96135 Nassau Place Suite 5 City: Yulee State: FL ZIP: 32097

If you have subsidiaries, affiliated companies, or divisions who use another name and will be covered by this plan, AND require separate billing invoices, please attach the following information on a separate sheet of paper signed by you:  
• Name • Address • Billing Contact & Phone Number

Will this plan replace any existing coverage?  Yes  No  
If "Yes," indicate name of existing insurer: Florida Blue  
If "Yes," are any Employees/Members on COBRA continuation?  Yes  No How many? \_\_\_\_\_  
Do you intend to offer Employees/Members COBRA continuation?  Yes  No

### II. PLAN SELECTION

Please refer to the attached proposal page. Services are provided by EyeMed Vision Care.

### III. PREMIUMS

Group's Premium Contribution for\*: Employees/Members: 0 % Dependents: 0 %  
Employee's/Member's Premium Contribution for: Employees/Members: 100 % Dependents: 100 %  
Are Employee/Member and Dependent premiums paid through a Section 125 Plan?  Yes  No  
Are Employee/Member and Dependent premiums collected via payroll deduction?  Yes  No  
Premiums shall be payable at the rates included on the attached proposal page.

*\*If the Group's contribution percentage is changed or the number of eligible Employees/Members increases or decreases, premium may be adjusted as allowed under the Policy. The premium may be adjusted at the end of the calendar month in which the change occurred.*

**IV. ELIGIBILITY**

Number of Employees/Members: 868 Number Applying: 736

Number of Dependents: \_\_\_\_\_ Number of Retirees: 200

Are Domestic Partners covered under this Plan\*? \_\_\_ Yes  No Same Sex\*? \_\_\_ Yes \_\_\_ No Opposite Sex\*? \_\_\_ Yes \_\_\_ No

Dependent Children Covered to Age\*: \_\_\_ 25  26\*\*

Dependent Part-Time or Full-Time Students are covered to Age 30\*.

*\*Unless state law has different requirements.*

*\*\*Dependent Children covered to age 26 regardless of financial dependency, residency, student status or marital status.*

Eligibility Reporting Contact (produces the eligibility file): Laura L. Scott

Address (if different from Group): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail Address: lscott@nassaucountyfl.com

Phone: (904) 530-6075 Fax: (904) 321-5797

Eligibility Authorization Contact (Benefits Administrator or Third Party Administrator responsible for verifying vision election for Employees/Members):

Name: Laura L. Scott/Diana Siebers Phone: (904) 530-6075

Days/Hours of Availability: M-F 8am-5pm E-mail Address: lscott@nassaucountyfl.com

dsiebers@nassaucountyfl.com

**PROBATIONARY PERIOD**

For New Employees/Members: \_\_\_ 30 days  60 days \_\_\_ 90 days \_\_\_ 180 days \_\_\_ Other \_\_\_\_\_

Probationary Period is waived for present Employees/Members:  Yes \_\_\_ No

Number of Employees/Members who have not yet completed the probationary period: \_\_\_\_\_

**V. EFFECTIVE DATE**

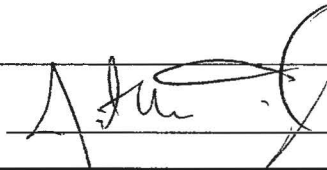
This plan will become effective at 12:01 a.m. Local Time at the Group's address herein, on the first day of January 1, 2020, provided all of the following have been completed prior to this effective date:

- A. This application has been received and accepted by the Company (must be submitted 30 days in advance of the effective date).
- B. EyeMed has been furnished a working file of all eligible Employees/Members, according to the layout guidelines. It is understood and agreed that EyeMed may rely on this information to provide services to individuals designated as eligible.

The Group hereby makes application to Fidelity Security Life Insurance Company for Vision Care Benefits. The Group agrees to maintain and furnish any records necessary to administer this plan and to forward premiums monthly.

The Group certifies that all the information shown on this application and any attachments are correct and complete as of the date this application is signed. The Group understands that the Company intends to rely on this information in determining whether or not the enrolling Employees/Members and their Dependents may become insured. It is further understood and agreed that **NO INSURANCE WILL BECOME EFFECTIVE UNTIL APPROVED BY THE COMPANY**; and that no field representative of the Company has the authority to modify any conditions of the application or the Policy by making any promise or representation. It is understood that the insurance as to any Employee/Member will not become effective on the date insurance should otherwise become effective if he or she is not at work on such date performing all duties of his or her occupation and otherwise meets the requirements of the Company.

**Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**

Dated at: \_\_\_\_\_ this 18th day of November, 2019  
Signed for the Group:  Title: Chairman

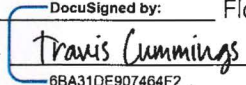
**VI. COMPANY DISPLAY NAME (Your Group name as it should appear to your employees)**

Company Name Nassau County  
(Maximum of 30 characters, including punctuation and spacing.)

**ATTENTION: THE DEPARTMENT OF INSURANCE REQUIRES THAT ONLY THE AGENT AND/OR GENERAL AGENT WHO SOLD THE PRODUCT AND HOLDS A VALID LIFE AND HEALTH LICENSE MAY COMPLETE THE CERTIFYING STATEMENT**

**WRITING AGENT'S CERTIFYING STATEMENT**

I certify that I have accurately recorded on this application the information supplied by the applicant, if such information has been provided directly to me for recording purposes, and I am properly licensed in the state in which the Group is domiciled.

Firm Name (print): M.F.B Financial dba The Bailey Group Tax ID No.: 593391619  
Address: 1200 Plantation Island Dr. Suite 210 City: St. Augustine State: FL ZIP: 32080  
Phone: (\_\_\_\_\_) (904) 461-1800 Fax: (\_\_\_\_\_) \_\_\_\_\_  
Primary Contact: Travis Cummings Secondary Contact: \_\_\_\_\_  
Title: \_\_\_\_\_ Title: \_\_\_\_\_  
E-mail Address: tcummings@mbaileygroup.com E-mail Address: \_\_\_\_\_  
Commission checks payable to:  Firm  Agent  
Florida Licensed Agent's Name (print): Travis Cummings  
SS#: \_\_\_\_\_ DocuSigned by: \_\_\_\_\_ Florida License I.D. No.: E013572  
Florida Licensed Agent's Signature:  \_\_\_\_\_  
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**WRITING AGENT'S CERTIFYING STATEMENT**

I certify that I have accurately recorded on this application the information supplied by the applicant, if such information has been provided directly to me for recording purposes, and I am properly licensed in the state in which the Group is domiciled.

Firm Name (print): \_\_\_\_\_ Tax ID No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Secondary Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Commission checks payable to:  Firm  General Agent

Florida Licensed Agent's Name (print): \_\_\_\_\_

SS#: \_\_\_\_\_ Florida License I.D. No.: \_\_\_\_\_

Florida Licensed Agent's Signature: ► \_\_\_\_\_

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## EyeMed Implementation Questionnaire

Once all paperwork is returned to EyeMed, the Implementation process will begin. We will use the information you provide below to build your plan(s) - if you have any questions, please contact [smb\\_implementation@eyemed.com](mailto:smb_implementation@eyemed.com).

### 1. Initial Enrollment / Membership

EyeMed can accept enrollment data a few different ways and will provide the appropriate file specifications based on your selection.

A. Please indicate which option you would prefer for initial enrollment: **Excel Eligibility File**

B. Who will be sending in the Initial Enrollment file?

TPA Company Name: Nassau County BOCC  
Contact Name: Laura L. Scott  
Email: lscott@nassaucountyfl.com

Will this TPA include COBRA in initial membership? **Yes**

C. Open enrollment estimated deadline: **October 31, 2019**

D. Estimated date file sent to EyeMed - or - Portal data entered by: **December 6, 2019**

### 2. Ongoing Enrollment/Membership

A. Please indicate which option you would prefer for ongoing enrollment: **Portal**

B. Who will be sending in the Ongoing Enrollment files?

TPA Company Name: Nassau County  
Contact Name: Diana Siebers  
Email: dsiebers@nassaucountyfl.com

Will this TPA include COBRA in ongoing membership? **Yes**

### 3. Invoices and Roster

The monthly online invoice will include a roster that can pre-sort your employee populations as you'd like for ease of administration (e.g. Department Name, Office Location, Salaried, Hourly, etc.).

A. Do you need to sort and subtotal your invoice and roster? **Yes**

### 4. EyeMed Client Portal

The primary client contact listed on the application will receive full-user access to online monthly invoices, rosters, enrollment reports and the ability to view, add or edit member information. The primary user will have the ability to create additional users, if needed.

A. Does the brokers office have an existing ID? **No**

If YES, please provide and access will be granted as soon as the setup is complete:

# Explore a new vision with us



Thanks for giving EyeMed the opportunity to provide a vision benefits quote. As America's fastest growing vision benefits company,<sup>1</sup> we're looking forward to providing you with the results other groups have already seen - with us, more employees enroll, more employees visit in-network providers and more employees use their benefits.<sup>3</sup>



## THE VISION NETWORK EMPLOYEES WANT

**98% of members choose an in-network provider<sup>2</sup>**

**America's largest vision network<sup>5</sup>**

**The right mix of providers to match consumer preferences**

**Favorite national retail chains** like LensCrafters, Pearle Vision and Target Optical, plus a wide selection of regional retailers, such as America's Best, Shopko, MyEyeDr. and more

**Several in-network options for buying online:**

- Glasses.com
- ContactsDirect.com
- LensCrafters.com
- TargetOptical.com
- Ray-Ban.com

**Eye care and eyewear directly to you** at your facility with our Pop-Up Clinics<sup>7</sup>



## BENEFITS THAT REDEFINE EXPECTATIONS

**96% of members are satisfied with their benefits<sup>4</sup>**

**The flexibility to design a benefits package that fits your employees**

**The freedom to choose any ophthalmic frame, lens or contact lens** without frame towers, formularies or restrictions

**Up to \$50 savings on non-prescription sunglasses** at Sunglass Hut

**Members-only savings on eyewear, LASIK, hearing aids** and more on our Member Web

**Emergency eyewear**, access to providers and 24/7 support for vision care problems outside the U.S.



## ABOVE ALL ELSE, WE MAKE BENEFITS EASY

**100% of clients say we're easy to work with<sup>4</sup>**

**Open enrollment and communication support** to make sure employees understand their benefits

**Welcome Kit with ID cards** for all enrolled employees

**User-friendly resources** like our Enhanced Provider Search, EyeMed Members App, new customized text alerts and cost transparency tools

**Award-winning service available 7 days a week**, with hours aligned to provider office hours

**100% implementation satisfaction** for the past 11 years<sup>4</sup>

<sup>1</sup>Internal analysis of EyeMed membership data compared to data from leading vision benefit companies, as reported in publicly available information. <sup>2</sup>EyeMed internal book of business data, 2018 <sup>3</sup>EyeMed analysis of new business that transferred over from a prior benefits company, 2017. <sup>4</sup>EyeMed external satisfaction surveys, conducted by Walker and Convergys, 2018. <sup>5</sup>Based on the EyeMed Insight network, October 2018.

<sup>7</sup>Not available for all groups or all group sizes.

Offer more of what's best—  
Contact your EyeMed rep or visit [starthere.eyemed.com](http://starthere.eyemed.com)



Vision Care Services	Member Cost In-Network	Out of Network Member Reimbursement
<b>Exam</b>		
<i>With Dilatation as Necessary</i>	\$10 copay	Up to \$40
Fit and follow-up - Standard	\$15 copay ; Paid-in-full fit and two follow-up visits	Up to \$40
Fit and follow-up - Premium	\$15 copay; 10% off retail price, then apply \$40 allowance	Up to \$40
<b>Frames</b>		
<i>Any available frame at provider location</i>	\$0 copay; 20% off balance over \$130 allowance	Up to \$91
<b>Contact Lenses</b>		
<i>(Contact Lens allowance includes materials only)</i>		
Conventional	\$0 copay; 15% off balance over \$105 allowance	Up to \$74
Disposable	\$0 copay; plus balance over \$105 allowance	Up to \$74
Medically Necessary	\$0 copay; Paid-In-Full	Up to \$210
<b>Standard Plastic Lenses</b>		
Single	\$15 copay	Up to \$30
Bifocal	\$15 copay	Up to \$50
Trifocal	\$15 copay	Up to \$70
Lenticular	\$15 copay	Up to \$70
Standard Progressive	\$70 copay	Up to \$50
Premium Progressive Tier 1	\$100 copay	Up to \$50
Premium Progressive Tier 2	\$110 copay	Up to \$50
Premium Progressive Tier 3	\$125 copay	Up to \$50
Premium Progressive Tier 4	\$190 copay	Up to \$50
<b>Covered Lens Options</b>		
Anti Reflective Coating - Standard	\$45 copay	Up to \$5
Anti Reflective Coating - Premium Tier 1	\$57 copay	Up to \$5
Anti Reflective Coating - Premium Tier 2	\$68 copay	Up to \$5
Anti Reflective Coating - Premium Tier 3	\$85 copay	Up to \$5

**Proposed Benefits**

- EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company
- Option EE Paid
- Exam & Materials
- Insight Network
- Fully Insured
- Employee Paid
- Funded Benefits

**Frequency**

- Examination**  
Once every plan year
- Lenses (in lieu of contacts)**  
Once every plan year
- Contacts (in lieu of lenses)**  
Once every plan year
- Frame**  
Once every other plan year

<b>Monthly Rates</b>	
Subscriber	\$4.49
Subscriber + Spouse	\$8.08
Subscriber + Child(ren)	\$8.52
Subscriber + Family	\$13.46

All plans are based on a 48-month contract term and 48-month rate guarantee. Monthly Rate is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. EyeMed Vision Care reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For members under 19 years of age, if vision prescription changes within the benefit period, the member is entitled to an additional standard eyeglass lens benefit.

**Plan Details**  
Quote for group situated in the State of FL and will be valid until the 01/01/2020 implementation date. Date Quoted 05/24/2019. Benefit allowances provide no remaining balance for future use within the same benefit frequency. Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group. Percentage discounts are not part of the insurance benefit. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19, form number M-9083.

**Plan Exclusions**  
No benefits will be paid for services or materials connected with or changes arising from: Orthoptic or vision training, subnormal vision aids and any associated supplemental testing. Aniseikonic lenses. Medical and/or surgical treatment of the eye, eyes or supporting structures. Any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment. Safety eyewear. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof. Plano (non-prescription) lenses. Non-prescription sunglasses. Two pair of glasses in lieu of bifocals. Services or materials provided by any other group benefit plan providing vision care. Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and services rendered to the Insured Person are within 31 days from the date of such order. Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

## Saving our members some extra green

We're committed to keeping money in our members' pockets.

That's why we offer our members additional discounts above the proposed plan benefits.

### Savings for Members

#### 40% off

additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used – an industry exclusive

#### 20% off

any item not covered by the plan, including non-prescription sunglasses

#### Lasik

Lasik or PRK from US Laser Network  
15% off retail price or 5% off promotional price

#### Hearing Care

Amplifon Hearing Health Care Network  
40% off hearing exams and a low price guarantee on discounted hearing aids

### Additional Discounts

#### Vision Care Services

#### Member Cost In-Network

##### Discounted Exam Services

Retinal Imaging

Up to \$39

##### Discounted Lens Options

Photochromic - Non-Glass

\$75

Polycarbonate - Standard

\$40

Scratch Coating - Standard Plastic

\$15

Tint - Solid or Gradient

\$15

UV Treatment

\$15

##### Other Add-on Services and Materials

20% off retail price

#### Discount Details

Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services, or contact lenses.

Plan discounts cannot be combined with any other discounts or promotional offers.

In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate.

Discounts on vision materials may not be applicable to certain manufacturers' products

EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.

Service and amounts listed above are subject to change at any time