BOCC CONTRACT APPROVAL FORM

CONTRACT TRACKING NO. CM3566

SECTION 6 - AMENDMENT INFORMATION Contract Tracking No:		
SECTION 2 - VENDOR INFORMATION Name: Expended Address: 4000 Lucrotica Places City: Cancinnull City: City: Cancinnull City: City: Cancinnull City: Cit		
SECTION 2 - VENDOR INFORMATION Name, Eymbad Address; 4000 Lucotine Plator City: Cancinesii Vendor's Administrator Name: Mason Smith Telephone; 6131 603-6403 Email: marnif=@goyn=mat.com SECTION 3 - VENDOR AUTHORIZED SIGNATORY Authorized Signatory Name: MA Authorized Signatory Name: MA Authorized Signatory Name: MA Authorized Signatory Same: MA (IDENTIFY WHO WILL SIGN THE CONTRACT ON BEHALF OF THE VENDOR. OFFICENDIRECTOR WITH AUTHORITY TO BIND COMPANY.) SECTION 4 - CONTRACT INFORMATION Contract Name: Eymbade Employee Vision Benefits Type: Mew Contract Work Authorization Supplemental Agreement Short Description of Product(s)/Service(s) Being Requested: Supplemental Employee Vision Insurance (GOODS ANDIOR SERVICES TO BE PROCURED, PHYSIGAL LOCATION, ETC.) Procured Method: Quotes ITB IRFP IRFO Piggy back Exemption Sole Source Single Source Other The Balley Group wents bis on the Carrylys behad. Total Amount of Contract: Employee Funded - Est 53.700 a mornin. (Estimate if necessary) Account Number: Employee Funded Source of Funds: County Ustate Federal Other: Employees County Authorized Signatory: BOCC Chairman County Manager SECTION 5 - INSURANCE Insurance Category: Category L Category M Category H Other:	Requesting Department: Human Resources Talenhone: (904) 530-6076	
Name: Epinhed Address: 4000 Lundita Plato City: Controlles: 4004	receptione. 1884, 1886	Email.
Name: Epinhed Address: 4000 Lundita Plato City: Controlles: 4004	SECTION 2 - VENDOR INFORMATION	
City: Concinent State: OH		
Vendor's Administrator Name: Mason Smith Title: Account Manager Telephone: (\$13) 609-8493 Email: manifo@gopemed.com SECTION 3 - VENDOR AUTHORIZED SIGNATORY Authorized Signatory Name: MA Authorized Signatory Name: MA Authorized Signatory Name: MA (IDENTIFY WHO WILL SIGN THE CONTRACT ON BEHALF OF THE VENDOR. OFFICER/DIRECTOR WITH AUTHORITY TO BIND COMPANY.) SECTION 4 - CONTRACT INFORMATION Contract Name: EpeMed Employee Vision Bendits Type: MNew Contract Work Authorization Supplemental Agreement Short Description of Product(sy)/Service(s) Being Requested: Supplemental Employee Vision Insurance (GOODS ANDION SERVICES TO BE PROCURED, PHYSICAL LOCATION, ETC.) Procured Method: Quotes ITB RFP RFQ Piggyback Exemption Sole Source Single Source Gother The Basicy Group want to bid on the Courtly's behalf. Total Amount of Contract: Employee Funded = Lis. \$3,700 a month. (Estimate if necessary) Account Number: Employee Funded Source of Funds: Country State Federal Gother: Employees Country Authorized Signatory BOCC Chairman Country Manager (IDENTIFY WHO WILL SIGN CONTRACT ON BEHALF OF BOCC) SECTION 5 - INSURANCE Insurance Category: Category L Category M © Category H Other: Risk Manager Initials: SECTION 6 - AMENDMENT INFORMATION Contract Tracking No: Amendment No: Amendment No: Type of Amendment: Renewal Time Only Extension Additional Scope Other: Increased Amount to Existing Contract: (if any) Total with Amended Amount: Account Code Change From: To: APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY Increased Amount to Existing Contract: (if any) Total with Amended Amount: Account Code Change From: It It It It It It It I		State: 0H 7' 0 1 45040
SECTION 3 - VENDOR AUTHORIZED SIGNATORY		ZIP Code: 45040 Title: Account Manager
Authorized Signatory Name: NA Authorized Signatory Email: NA GIDENTIFY WHO WILL SIGN THE CONTRACT ON BEHALF OF THE VENDOR. OFFICER/DIRECTOR WITH AUTHORITY TO BIND COMPANY.) SECTION 4 - CONTRACT INFORMATION Contract Name: Eyelked Employee Valsion Benefits Type: New Contract Work Authorization Supplemental Agreement Short Description of Product(s)/Service(s) Being Requested: Supplemental Employee Valsion Insurance GOODS AND/OR SERVICES TO BE PROCURED, PHYSICAL LOCATION, ETC.) Procured Method: Quotes ITTB DIRFP DIRFQ Piggyback Direction Direct		
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Short Description of Product(s)/Service(s) Being Requested: Supplemental Employee Vision Insurance GOODS AND/OR SERVICES TO BE PROGURED, PHYSICAL LOCATION, ETC.)		n
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County Authorized Signatory: BOCC Chairman County Manager		
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SECTION 6 – AMENDMENT INFORMATION Contract Tracking No: Amendment No: Type of Amendment: Renewal Time Only Extension Additional Scope Other: Increased Amount to Existing Contract: (if any) Total with Amended Amount: Account Code Change From: To: APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY 1 Supering Method	Insurance Category: □Category L □Category	WIV.
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eye med

YOUR CUSTOM VISION QUOTE

Nassau County Board of County

More of what's best, not more of the same

Get the most out of your vision plan with these EyeMed highlights

- Ability to use the frame and contact lens allowances in the same benefit year-worth up to an extra $\$130.00^1$
- Separate contact lens fit & follow-up coverage leaving the entire allowance for materials

Plus, with us, you always get

NETWORK Reinventing choice and convenience	BENEFITS Redefining flexibility and value	EASY Reimagining simple and transparent
 America's Largest vision network² 	The freedom to choose any prescription frame, lens or contact lens without restrictions at any of our retail and independent provider locations, or at one of our many online options.	Cost transparency with our Know Before You Go cost estimator
The right mix of independent eye doctors and national and regional retail providers – so members can go where they want, when they want	 Complimentary HealthyEyes wellness program that keeps the focus on eye health with online tools, articles and videos to make the conversation around vision even easier. 	Digital Tools like online scheduling ⁴ , a mobile app and personalized text alerts
• In-network options for buying glasses and contacts online at glasses.com, lenscrafters.com, contactsdirect.com, targetoptical.com and rayban.com — with benefits applied directly in the shopping cart	 Members enjoy exclusive savings on LASIK at preferred providers, including \$800 off or 5% off the in-store promotional price.³ 	

We can't wait to work with you-Contact Mason Smith Acct Spec Tier1 at msmith9@eyemed.com with questions

¹ This document provides highlights of one or more EyeMed plans. Frame allowances may vary by plan. Please consult your EyeMed representative for more information.

² Based on the EyeMed Insight network, Spring 2022.

³ Preferred lasik providers include LasikPlus, TLC Laser Eye Centers and The LASIK Vision Institute

⁴ At select locations

BENEFITS

Nassau County Board of County

Benefits

As Is Exam & Materials Insight Fully Insured **Employee Paid**



Monthly rates

Subscriber \$5.12

Subscriber + Spouse



SL	JMMARY OF BENEFITS	
VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES (once every plan year)	ing attention, the bulletings	
Exam	\$10 copay	Up to \$40
Fit and Follow-Up – Standard	\$15 copay; contact lens 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
FRAME (once every other plan year)		
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$91
STANDARD PLASTIC LENSES in lieu of contacts	(once every plan year)	
Single Vision	\$15 copay	Up to \$30
Bifocal	\$15 copay	Up to \$50
Trifocal/Lenticular	\$15 copay	Up to \$70
Progressive – Standard	\$70 copay	Up to \$50
Progressive – Premium Tier I, II, or III	\$100, \$110, or \$125 copay	Up to \$50
Progressive - Premium Tier IV	\$190 copay	Up to \$50
LENS OPTIONS		
Anti Reflective Coating – Standard	\$45 copay	Up to \$5
Anti Reflective Coating - Premium Tier I, II, or III	\$57, \$68, or \$85 copay	Up to \$5
CONTACT LENSES in lieu of lenses (once every p	•	
Contacts – Conventional	\$0 copay; 15% off balance over \$105 allowance	Up to \$74
Contacts – Disposable	\$0 copay; 100% of balance over \$105 allowance	Up to \$74
Contacts – Medically Necessary	\$0 copay; paid-in-full	Up to \$210

All plans are based on a 48 month contract 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. The Plan reserves the right to make changes to the products available on each tier.

Quote for group sitused in the State of FL and will be valid until the 01/01/2024 implementation date. Date Quoted 05/26/2023. 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-146, form number M-9191. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Plan Exclusions/Limitations

No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; 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; orthoptic or vision training, subnormal vision aids and associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; 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 the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider, Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state.

By signing below, the Group agrees to receive all documents and correspondence electronically and that the Group can access the internet or the email address provided. The Group understands that the Group may revoke this authorization or request specific paper documents without revoking this authorization by contacting EyeMed by mail, email, or telephone. If Nassau County Board of County Commissioners has chosen this benefit design, attach this document to the group application and sign here

CS-23-057

MEMBER SAVINGS

Nassau County Board of County



We're committed to keeping money in our members' pockets. That's why we offer our members additional discounts above the proposed plan benefits

VISION CARE SERVICES	IN-NETWORK MEMBER COST	
EXAM SERVICES Retinal Imaging	Up to \$39	
LENS OPTIONS Photochromic – Non-Glass	\$75	
Polycarbonate - Standard Scratch Coating - Standard Plastic	\$40 \$15	
Tint – Solid or Gradient UV Treatment All Other Lens Options	\$15 \$15 20% off retail price	

40%OFF

additional pairs of glasses

20%OFF

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

15%OFF

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

#64%OFF

hearing aids, with an extended warranty and free batteries through Amplifon Hearing Health Care Network



Members can get exclusive additional discounts and deals that are often stackable with their vision benefits at member.eyemedvisioncare.com

DISCOUNT DETAILS

Discounts are not insured benefits. Member receives a 20% discount on items not covered by the insurance plan at EyeMed In-Network locations. 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. The Plan 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.

DocuSign

Certificate Of Completion

Envelope Id: FE389F1E7F284A59A974E0DCDF68C793

Subject: Contract #CM3566 \$3,700/Mo Description: Employee Vision Benefits

Source Envelope:

Document Pages: 4

Certificate Pages: 3

AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed

Envelope Originator:

Tina Keiter

tkeiter@nassaucountyfl.com IP Address: 50.238.237.26

Record Tracking

Status: Original

11/21/2023 1:46:11 PM

Holder: Tina Keiter

tkeiter@nassaucountyfl.com

Location: DocuSign

Signer Events

Ashley Metz

ametz@nassaucountyfl.com **Human Resources Director**

Nassau County BOCC

Security Level: Email, Account Authentication (None)

Signature

Signatures: 5 Initials: 3

ashley Metz

Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26

Timestamp

Sent: 11/21/2023 1:48:28 PM Viewed: 11/21/2023 2:28:47 PM

Signed: 11/21/2023 2:28:52 PM

Electronic Record and Signature Disclosure: Not Offered via DocuSign

Tracy Poore

tpoore@nassaucountyfl.com

OMB Admin

Nassau County BOCC

Security Level: Email, Account Authentication

(None)

17

Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26

Sent: 11/21/2023 1:48:28 PM Viewed: 11/21/2023 2:44:12 PM

Signed: 11/21/2023 2:44:38 PM

Electronic Record and Signature Disclosure: Not Offered via DocuSign

chris lacambra

clacambra@nassaucountyfl.com

OMB Director

Nassau County BOCC

Security Level: Email, Account Authentication

(None)

Chris Lacambra

Signature Adoption: Pre-selected Style Using IP Address: 50,238,237,26

Sent: 11/21/2023 2:44:39 PM

Viewed: 11/21/2023 3:50:17 PM Signed: 11/21/2023 3:50:50 PM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Ashley Metz

ametz@nassaucountyfl.com **Human Resources Director**

Nassau County BOCC

Security Level: Email, Account Authentication (None)

am

Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26

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Viewed: 11/21/2023 2:47:03 PM Signed: 11/21/2023 2:47:10 PM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Signer Events	Signature	Timestamp
Lanaee Gilmore	e w	Sent: 11/21/2023 3:50:52 PM
lgilmore@nassaucountyfl.com	Ganace Helmore	Viewed: 11/21/2023 5:17:12 PM
Procurement Director		Signed: 11/21/2023 5:17:17 PM
Nassau County BOCC	Ciamatura Adaptian Dua - I - t - t Ot t	
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Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Abigail Jorandby		Sent: 11/21/2023 5:17:18 PM
ajorandby@nassaucountyfl.com	dj	Viewed: 11/22/2023 9:25:48 AM
Assistant County Attorney		Signed: 11/22/2023 9:25:54 AM
Nassau BOCC		3
Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26	
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Denise C. May		Sent: 11/22/2023 9:25:55 AM
dmay@nassaucountyfl.com	Denise C. May	Viewed: 11/22/2023 9:47:56 AM
Assistant County Attorney	•	Signed: 11/22/2023 9:48:05 AM
Nassau County BOCC		-,5
Security Level: Email, Account Authentication	Signature Adoption: Pre-selected Style	
None)	Using IP Address: 174.212.41.77	
	Signed using mobile	
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Гасо Е. Роре, AICP		Sent: 11/22/2023 9:48:07 AM
pope@nassaucountyfl.com	Taco E. Popey AICP	Viewed: 11/22/2023 5:05:17 PM
County Manager		Signed: 11/22/2023 5:05:21 PM
Nassau County BOCC	Circulation Admitisa Bornella I Cirl	
Security Level: Email, Account Authentication None)	Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26	
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
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Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
ntermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Clerk Admin	CODIED	Sent: 11/22/2023 5:05:23 PM
clerkservices@nassaucountyfl.com	COPIED	
Security Level: Email, Account Authentication None)		

Carbon Copy Events

BOCC Procurement

boccprocurement@nassaucountyfl.com Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure: Not Offered via DocuSign Status

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Timestamp

Sent: 11/22/2023 5:05:24 PM

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Notary Events Signature Timestamp Envelope Summary Events Status Timestamps	Certified Delivered	Security Checked	11/22/2023 5:05:17 PM
Notary Events Signature Timestamp	Envelope Sent	Hashed/Encrypted	11/21/2023 1:48:28 PM
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