



CITY OF PORT ST. LUCIE

E-Bid#20190081
(Electronic Bid)

Administrative Services for Vision Insurance

Prepared By:
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INVITATION TO E-BID

Sealed Bid #20190081 for the Administrative Services for Vision Insurance will be received by the City of Port St. Lucie, in the Procurement Management Department, City of Port St. Lucie, until **2:00 p.m. on Monday, June 10, 2019.**

Electronic replies will be the **only** method allowed for Bidders to respond to this solicitation. All submittals must be compatible with Microsoft Office 2007. E-Bidding will be done through a secure locked box. Bidders can only view/submit their E-Bid and will not have access to any other Bidder's submittals. The Bidder's E-Bid may be changed at the Bidder's discretion until the due date and time have been reached at which time the Bidder will no longer have access to the electronic bid submittal. The City will then open the E-Bids. Bidders who e-bidding for the first time are strongly encouraged to contact DemandStar to obtain assistance by e-mailing questions to demandstar@demandstar.com.

All bids must be received by the date and time specified above, when they will be opened, via computer, and publicly read aloud. The bid time shall be scrupulously observed. Under no circumstances shall bids delivered after the time specified be accepted or considered. It is the sole responsibility of the Bidder to ensure that his or her bid is uploaded to DemandStar on or before the closing date and time. The City shall in no way be responsible for delays caused by any occurrence. No exceptions will be made.

The City of Port St. Lucie reserves the right, to waive any and all informalities or irregularities, to accept or reject any and all bids, in whole or in part, to solicit and re-advertise for new bid, abandon the project in its entirety, or take other such action as serves the best interest of the City.

The City reserves the right to extend the bid opening date when no responses or only one (1) response is received.

For the purpose of this bid, the term Bidder, E-Bidder, Proposer and Contractor may be used interchangeably.

Submit all questions concerning procedures for responding to this bid and the Contract Documents, in writing, to Ms. Dolan in the City of Port St. Lucie Procurement Management Department, 121 SW Port St. Lucie Boulevard, Port St. Lucie, Florida 34984, Phone (772) 873-6338, Fax (772) 871-7337, and/or email: sdolan@cityofpsl.com. Such contact is to be for clarification purposes only. The City will not be responsible for oral clarification of questions. Questions received **after May 14, 2019** may not be answered and will not be cause for additional compensation. To ensure fair consideration for all Bidder(s) it must clearly understand that Ms. Dolan is the only individual authorized to represent the City.

Questions submitted to any other person in any other department will not be addressed. Additionally, the City prohibits communications initiated by a Bidder to **any** City Official or employee evaluating or considering the bids (**up to and including the Mayor and City Council**), prior to the time an award decision has been made.

Questions will be answered in the form of an addendum. The Bidder, in turn, shall acknowledge receipt of the addendum by marking the Bid Reply Sheet with the Addendum number and the date of issuance in the submittal of his/her bid. The City will not be responsible for any interpretation, other than those transmitted by addendum to the bid, made or given prior to the bid award. The Bidder(s) is responsible for verifying receipt of all Bid Addenda.

- It is the responsibility of the Bidder to receive any and all bid information and documents. Material changes, if any, to the scope of services, or bidding procedures will be transmitted only by addendum by Demandstar.com.

If you have obtained this document from a source other than directly from the City or from DemandStar by Onvia.com you are not on record as a plan holder. Procurement Management Department takes no responsibility to provide Addenda to parties not listed by the City as plan holders. It is the Bidder's responsibility to check with our office prior to submitting your proposal to ensure you have a complete, up-to-date package.

Documents required for this E-Bid:

- E-Bid Specifications, pages 1-32
- E-Bid Reply Sheet/Questionnaire #20190081, pages 33- 38 (included in E-Bid Specifications)
- Drug-Free Workplace Form
- Checklist
- Exhibits I & II, pages 39-40

Shelby Dolan
Procurement Agent I

CAUTION: The Bidders should take caution that the City is not responsible for any power outages or internet failures. It is suggested that you upload your response in adequate time to assure that it will post on the day prior to the closing date.

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**SPECIFICATIONS
SEALED E-BID #20190081
Administrative Services for Vision Insurance**

1.0 BACKGROUND

The City of Port St. Lucie, Florida ("City") currently offers a self-funded vision plan established and managed for the benefit of the employees of the City. The vision plan administration, through an Administrative Services Only (ASO) Agreement, is currently provided by Vision Service Plan Insurance Company (VSP).

The benefits program covers its eligible employees, dependents, retirees, and Elected Officials. Current participation in the City's Vision insurance plan is one thousand and fifty-nine (1,059) employees, surviving spouses, retirees, and COBRA participants.

The City has retained BenTek for on-line enrollment and electronic administration of the City's benefit programs, all proposers must have the technological capacity to transmit and accept a HIPPA 834 5010 eligibility file with proper confirmation of receipt and discrepancy reporting. Employees are currently offered a PPO Health Plan.

Employee Monthly Contributions and Rate History

Employee monthly contributions and rate history are as follows:

EMPLOYEE MONTHLY CONTRIBUTIONS:

Vision	Active	Retiree Rate/Total Rate
<i>VSP</i>	<i>Coverage</i>	<i>Coverage</i>
Employee	\$0.51	\$6.33
Employee + Spouse	\$4.18	\$24.60
Employee + Family	\$4.22	\$24.81
Employee + Children	\$2.37	\$13.93

RATE HISTORY

Vision ASO	2014-2019
<i>Self-Insured PEPM</i>	<i>VSP</i>
Administrative Fee	\$1.21

Eligibility:

- All active full-time employees and retirees are eligible for vision coverage
- Vision coverage is offered as part of the benefits along with medical and dental coverages.
- Retirees are eligible to continue enrollment in medical/dental/vision coverage if they were enrolled at the time of retirement.

2.0 INTENT

The City of Port St. Lucie desires to obtain quotations from qualified individuals, firms, and legal entities relative to provide Administrative Services for Vision Insurance. It is the intent of the City to secure a qualified and responsible company to provide vision insurance or administration services for an effective date of **October 1, 2019**. The Contract period will be for a five (5) year period with an option to renew for one (1) additional five (5) year period as appropriations allow in the budget.

Agent/Broker Services - It is the City's intention to handle all insurance carriers or third party administrators via its Agent of Record, the Gehring Group.

Some of the services to be provided to the Gehring Group include, but not limited to:

- Enrollment assistance.
- Renewal assistance.
- Assistance with any disputes that arise.
- Assistance with elevated claims issues.

Specifications have been prepared outlining the coverage and services to be provided. Any alternative service(s) may be submitted, in addition to responses to the items requested in the outlined specifications and should be preceded with a summary of how the alternative could be more advantageous to the City. Alternative services will be reviewed and considered "value-added" services for the purposes of evaluation and contractual negotiations.

The issuance of this E-Bid and receipt of proposals does not commit the City to award approval of an offer to provide services. The City reserves the right to postpone the Bid Due Date and Time, accept or reject any or all proposals received in response to this E-Bid, waive any informality or defect in any proposal, or to cancel all or part of this BID if it is in the best interests of the City. All proposals, plans and other documents submitted shall become the property of the City and are considered public information subject to review under Florida's public records law.

In addition, the selected Proposer shall be expected to be familiar with and adhere to not only any applicable City Code, which can be viewed on the City's website at www.cityofpsl.com, but also any other laws, rules, or regulations governing the use of the Property.

NOTE: The City will not accept proposals from firms, that have had adversarial relationships with the City or firms that have represented entities that have had adversarial relationships with the City. This includes the firm, employees and financial or legal interests.

The City will not enter into a contract or conduct business with any firm or any personnel that is listed on the Federal, State, or other local government agencies' Excluded Parties List, Suspended List or Debarment List.

3.0 SCOPE OF SERVICES

The City is requesting responses to one or more of the following coverages/services as further described in the E-BID:

A. Compliance with Federal Law, Florida Statutes: Bidders are expected to assure that proposed programs will meet the City's obligations set forth by any Federal or State legislation in effect at, or subsequent to, contract inception. Bidders shall comply with all applicable Florida Statutes, including but not limited to Chapters 112 and 627, regarding insurance or self-insurance of group benefits.

B. General Administration Services: The City expects that the insurer will perform general administration services. Claims handling and statistical reporting services, recommendations of rates and premiums to be charged and other services normally provided by professional administrators should be proposed.

C. Program Implementation: The successful Bidder will be expected to participate in the reenrollment process, to conduct employee orientation meetings and to present cost containment explanations and instructions. The successful Bidder will be expected to provide a plan document, benefits I.D. cards, certificates or booklets, and any other appropriate literature available (especially for orientation meetings) to describe the benefits to employees. Literature distributed to employees should be in layman's terms.

D. Claim Service: Bidders are expected to provide prompt claims service for benefits which require submission of claims. The City expects claims turnaround to be in a timely manner. The preferred definition should be from the date a claim is mailed by the City until payment is received by the City and its participants. **A toll-free telephone number** shall be made available or the City or plan participants should be allowed to call the administrator collect regarding group administration problems, questions, etc. Where claims are involved, the administrator shall perform the following functions with regard to insurance claims submitted by participants in the City's group program:

- Verify coverage and eligibility for benefits.
- Make any necessary investigations or consultations with plan participants, insurance care Contractors or others necessary to assure claim validity.
- Establish and maintain complete claims files on each claim.
- Coordinate with preferred Contractors, review services and others who have an effect on claims activity.
- Properly review, process and pay claims.
- Provide for coordination of benefits with all other available sources, so long as not prohibited by law.
- Provide Explanations of Benefits (EOBs) to plan participants.
- Continuously advise with regard to actions, procedures, etc. which will result in control of claims and cost containment.

The administrator shall use its best judgment in applying plan coverage and shall pay or deny claims accordingly. Bidders shall agree that the City shall be held harmless and shall not be charged within the contract term or upon renewal rereating for any payments in excess of valid claims. The City reserves the right to audit claims, at the City's expense, as it deems necessary and Bidders are expected to state their agreement in the group contract.

E. Premium/Claims Experience Records: The Bidder will provide the City regular and timely reports for review of details of its experience and to detect trends in benefit utilization which can be managed to reduce ultimate group benefits program costs. The City requires reports to include, at minimum, premium paid, and

total claims paid to employees and dependents Claim reports should be provided additionally for three (3) months after plan termination or until there are no run-out claims.

Each Bidder must confirm that they will provide, at a minimum, the following reports upon request:

- a. Paid claims / Claims experience
- b. Open, closed and pending claims by claimant
- c. Disability Reserves

3.1 Additional Services:

1. Supply all postage required to service the City's account.
2. Create an EOB that meets with the City's approval that uses a format and terminology such that a person not of an insurance or insurance background can easily understand the content.
3. Review evidence of insurance on late enrollees.
4. Send correspondence using City approved pre-formatted letters to the claimant or Contractor. The content of these letters must be easily understandable by a person not of an insurance or insurance background.
5. The City will have first review and pre-approval of any correspondence that will be sent to claimants that includes changes/amendments to the plan.
6. Fax or e-mail a check register to the City twice a month.
7. Reconcile the statements of the payment account on a monthly basis and maintain canceled checks, unclaimed check detail, and other records relating to bank reconciliation. Prepare an unclaimed check report for presentation to the State of Florida.
8. Provide the City, on a monthly basis, a copy of the statement accompanied by a copy of the completed reconciliation within five (5) working days from receipt of bank statement.
9. Maintain all records of business transacted in accordance with this E-BID. At the end of the contract period, all documents, papers, records, canceled checks, and claims history shall be captured in such a manner for media storage and delivered to the City in the format directed by the City.
10. Provide access to archived data within ten (10) working days of a request by the City.
11. Provide reports inclusive of data elements specified by the City, and in mutually agreed upon formats. The required standard reports include, but are not limited to, the following:
 - a. Monthly reports are due on the fifteenth (15th) workday following the end of the "report" month. These reports should include: check stop-pay listing, check registers, paid claims summaries (separated by employee, dependent, retiree, and COBRA participants).
 - b. Quarterly and Year-to-Date Reports are due on the fifteenth (15th) working day following the "report" quarter. These reports should include: benefit payment summaries.

4.0 **BID SUBMISSION**

Unless otherwise provided herein, all bids shall be submitted by completing and returning the E-Bid Reply Sheet and any other documentation that is required by this bid. The E-Bid Reply Sheet #20190081 should be typed or printed and signed in blue ink. The individual signing the bid must initial all changes. All submittals are required to be electronic and preferably contained in one (1) file. **No hard copies will be accepted. To submit an E-Bid:**

- A. Request Bid Specifications and all Attachments, #20190081 from Demandstar, via internet demandstar@demandstar.com or via internet www.cityofpsl.com.
- B. Download the Bid Reply and save to your hard drive, program is in Word 2007 Professional. Enter information requested on the Bid Reply.
- C. Upload in one file and in the following order the Bid Reply for E-Bid #20190081, proposal response formatted as instructed on Pages 13-14, then add documents starting from Pages 33-46 only: W9, current Certificate of Insurance, license, 4 references, E-Verify, Drug Free Workplace form, Contactor Code of Ethics, Contractor Verification, Non-Collusion, and E- BID checklist, onto Demandstar in one file by the due date and time. Acknowledge all Addenda on the Bid Reply. Additional documents should be submitted in the order of the question in the bid reply.
- D. Electronically sign the E-Bid Reply Sheet/Questionnaire #20190081 where indicated.
- E. The Submit button at the bottom of the page must be selected to send the documents.

**** Only electronic replies are required. ****

CAUTION

It is the sole responsibility of the Bidder to assure that his or her submittal is uploaded to DemandStar on or before the Bid Due Date and Time. The City shall in no way whatsoever be responsible for any delays caused by any power outages or internet failures. No exceptions will be made.

NOTICE OF BIDS BEING PUBLIC RECORDS

Any material that is submitted in response to this Bid, including anything considered by the Bidder to be confidential or a trade secret, will become a public document pursuant to Chapter 119 of the Florida Statutes. Any claim of confidentiality is waived upon submission, effective after the City's opening of the proposals pursuant to Section 119.07, Florida Statutes. Therefore, the Bidder is hereby cautioned to NOT submit any documents that the Bidder does not want to be made public.

5.0 **BID SUBMISSION DEADLINE**

Bids shall be submitted no later than the Bid Deadline time and date. Bidders shall respond to the written Bid and any exhibits, attachments, or amendments. A Bidder's failure to submit a bid as required before the deadline shall cause their bid to be disqualified. Under no circumstances shall bids be delivered to or received by the City after the E-Bid Due Date and Time be accepted or considered. Late bids will be returned to the Bidders unopened. It is the sole responsibility of the Bidder to ensure that the bid reaches the Procurement Management Department on or before the E-Bid Due Date and Time. The City shall in no way be responsible for any delays arising from or caused

by any occurrence whatsoever in its receipt of any bids after the E-Bid Due Date and Time. No exceptions will be made.

5.1 Bid Due Date
June 10, 2019 @ 2:00PM (EST)

5.2 Pre-Bid Meeting

The City will hold one Pre-Bid Meeting: **May 13, 2019 @ 10:00AM (EST)** City of Port St. Lucie, Procurement Management Conference Room, Suite 390, Building A, 121 S.W. Port St. Lucie Blvd. – Port St. Lucie, FL 34984

Attendance at the Pre-Bid Meeting is voluntary and not a pre-requisite to submitting a Bid; however, it is strongly encouraged that all potential Bidder's attend.

TENTATIVE SCHEDULE

The following projected timetable should be used as a working guide for planning purposes. The City reserves the right to adjust this timetable as required during the course of the Bid process.

It is the intent of the City to have this project completed within a limited time frame. Therefore, priority will be given to firms who recognize and display the ability to work within the restrictions of the following tentative schedule:

REVIEW AND SELECTION PROCESS

ACTION	DATE	TIME
Advertisement with Onvia DemandStar	May 2, 2019	
Pre-Bid Meeting	May 13, 2019	10:00AM (EST)
Questions Due	May 14, 2019	5:00PM (EST)
Answers Posted on DemandStar	May 21, 2019	5:00PM (EST)
Proposals Due	June 10, 2019	2:00 PM (EST)
** Approval to Execute Contract	July 8, 2019	6:30PM (EST)

**City Council Meetings are held at 7:00 PM in the Council Chambers, at City Hall, 121 SW Port St. Lucie Blvd., Port St. Lucie, FL 34984. Please check City's website at cityofpsl.com to confirm time.

6.0 BID QUESTIONS

All questions related to the E-BID must be directed to Shelby Dolan, Procurement Agent I in the Procurement Management Department. All communication should be in writing to the BID Facilitator. Any oral communications shall be considered unofficial and non-binding. Written comments, including questions and requests for clarification, must reference the E-BID number. Questions may be emailed to sdolan@cityofpsl.com.

6.1 Questions Due Date
May 14, 2019 @ 5:00PM (EST)
 Late questions will not be accepted or answered.

6.2 Answers Posted
May 21, 2019 @ 5:00PM (EST)

7.0 **ADMINISTRATIVE INFORMATION**

Incorporation of Proposal into the contract: The contents of this proposal and the selected Proposer's response and any negotiated changes are to be incorporated, in its entirety, into the Contract.

- 7.1 E-BID Facilitator: The main point of contact for this BID shall be:
Shelby Dolan
Procurement Agent I
Procurement Management Department
121 SW Port St. Lucie Boulevard
Port St. Lucie, FL 34984-5099
772-873-6338 / FAX 772-871-7337
E-mail: sdolan@cityofpsl.com

The main point of contact shall hereinafter be referred to as the BID Facilitator.

7.2 Communications Regarding the E-BID:

- 7.2.1 Communications Paragraph / Restrictive
During the proposal process, firms shall not contact City staff. Additionally, firms and their employees of related companies as well as paid or unpaid personnel acting on their behalf shall not contact or participate in any type of contact outside the City offices with City employees, including elected officials. Such contact may result in the vendor being disqualified. All contact must be coordinated through Shelby Dolan, E-BID Facilitator, for this procurement.
- 7.2.2 Upon release of this E-BID, all bidder communications concerning this procurement must be directed to the E-BID Facilitator.
- 7.2.3 All communication should be in writing to the E-BID Facilitator. Any oral communications shall be considered unofficial and non-binding. Written comments, including questions and requests for clarification, must reference the E-BID number and should be submitted no later than **May 14, 2019 no later than 5:00PM (EST)**
- 7.2.4 The City shall respond in writing to written communications. Such response shall constitute an addendum to the E-BID. Only written responses to written communication shall be considered official and binding upon the City. The City reserves the right, at its sole discretion, to determine appropriate and adequate responses to the written comments, questions, and requests for clarification.

7.3 Bid Preparation Costs:

The City of Port St. Lucie shall not be responsible or liable for any costs associated with the preparation, submittal, presentation, or other costs incurred by participating in this procurement process.

7.4 Bid Withdrawal:

A proposing Firm may withdraw their Proposal by submitting a written request for its withdrawal, such request having the signature of an authorized company representative, to the City E-BID Facilitator at any time prior to the submission deadline. The Firm may thereafter submit a new Proposal prior to the deadline. Modifications offered after the deadline and before the BAFO (if applicable) process will not be considered.

7.5 Bid Amendment:

The City shall not accept any amendments, revisions, or alterations to proposals after the deadline for submittal unless such is formally requested in writing.

7.6 Ambiguity, Conflict or Errors in E-BID:

Due care and diligence have been used in the preparation of this information, and it is believed to be substantially correct. However, the responsibility for determining the full extent of the exposure and the verification of all information presented herein shall rest solely with the proposer.

If a firm discovers any ambiguity, conflict, discrepancy, omission or other error in the E-Bid, he shall immediately notify the City of such error in writing and request modification or clarification of the document. Any modification made to this E-Bid will be issued as an addendum. Written notice will be given to all parties who have been furnished with the E-Bid without divulging the source of the request.

If a firm fails to notify the City prior to the date and time fixed for submission of an error or ambiguity in the BID known to him, or an error or ambiguity that reasonably should have been known to him, he shall not be entitled to additional time by reason of the error/ambiguity or its late resolution.

The City may also modify the E-Bid prior to the date and time fixed for submission of proposals by issuance/posting of an addendum. All addenda will be numbered consecutively beginning with 1.

7.7 Bid Acceptance Period:

Each proposal shall be valid for a period of one hundred twenty (120) days after the E-Bid submission deadline date to allow time for evaluation, selection, and any unforeseen delays. The one hundred twenty (120) days may be extended upon agreement of the parties.

7.8 Right to Rejection:

7.8.1 The City of Port St. Lucie reserves the right, at its sole discretion, to reject any and all proposals or to cancel this E-Bid entirely if determined to be in the best interest of the City. Any firm who is currently involved, either directly or indirectly with any litigation against or involving the City, which, as determined by the City Council majority vote, may not be in the best interest of the City may be disqualified and/or not considered for an award

7.8.2 Any bid received which does not meet the requirements of this E-Bid may be considered non-responsive, and the proposal may be rejected. Bidders must comply with all of the terms of this E-Bid and all applicable federal, state and local laws and regulations. The City of Port St. Lucie may reject any bids that does not comply with all of the terms, conditions, and performance requirements of this E-Bid.

7.8.3 The City of Port St. Lucie reserves the right, at its sole discretion, to waive any technicality in proposals provided such action is in the best interest of City. Where the City waives minor technicalities in bid, such waiver does not modify the E-Bid requirements or excuse the proposer from full compliance with the E-Bid. Notwithstanding any minor technicalities, the City may hold any bidder to strict compliance with the E-Bid.

7.9 Implied Requirements:

Products and services not specifically mentioned in this E-Bid, but which are necessary to provide the service described by this E-Bid, shall be included in the proposal. It is intended that this E-Bid describe the requirements and response format in sufficient detail to secure comparable proposals.

7.10 Proposal of Additional Services:

If a proposer indicates an offer of services in addition to those required by and described in this E-Bid, these additional services may be added to the original contract at the sole discretion of the City of Port St. Lucie.

8.0 INSTRUCTIONS FOR PREPARATION OF PROPOSALS

A. Qualification Information. The submitted response to the E-Bid must contain detailed and concise qualifications of the Firm and personnel. Bidding Firms should respond in enough detail so that the specific guidelines and purpose are clearly represented. The response to the E-Bid must include information as described below and as addressed in criteria.

B. Organization. Such materials should be organized in the following format:

1. Cover letter including name, address, phone number, date of submission, name and number of this solicitation. (Not to exceed one (1) page.)
2. Table of contents.
3. Executive summary. This section should include the Firm's overall concept of the working relationship that will be required to successfully complete this service. The proposer shall provide an executive summary narrative containing information that indicates an understanding of the overall need for and purpose of the services presented in the Bid.
4. Quality, experience, capabilities, resources and key differentiators. Provide the name, title, contact information and bio or resume of the individual who would have direct daily account responsibility for the employee benefits program(s) you are proposing. If more than one person will be filling this role, please respond with complete information for all.
5. Firm's response, approach, and philosophy for approaching the dental administrative services.
6. Firm's current contracts for like services and projects.
7. Firm's address of its local and national office.
8. Prior litigation, arbitration, and professional claims, including those involving the City. Any pending agreements to merge or sell your company.
9. References for similar projects within the last two (2) years. **Note: The City of Port St. Lucie "may not" be used as a reference if you are currently doing business with the City.**

C. Management Plan. This section shall describe the Firm's detailed plans for accomplishing the objectives of the service and project. It should include methods for planning, organizing, scheduling, coordinating, and administering

the total effort. Explain the overall approach for the administrative services. Bidders are required to complete **Exhibit I and/or Exhibit II of the E-Bid (Excel files) as applicable**. Bidders must provide a Geo Access report that illustrates the number of:

- In-Network – 2 within 5 miles.
- Specialty – 2 within 10 miles.
- Optometrists – 2 within 20 miles.

The report format should include a breakdown by employee city of residence with the number of employees in that location and the number of Contractors servicing that location. The report should also include reporting on the number and location of employees who do not meet the above criteria. Please confirm this information has been included in your proposal.

- D. Current Contracts. This section should show obligations that could pose a potential conflict of interest and any current City contracts in effect.
- E. Firm's Location. This section should include a statement that shows the Contractor's knowledge of local circumstances; the customer base in the area, along with market knowledge of the City's services, customers and taxpayers.
- F. Firm's Work Plans. This section should include, but is not limited to, all reports derived from the area research via your Geo Access report to achieve the deliverables as outlined in the scope of work for successful dental administrative services. Proposers should provide a response to each required service and deliverable outlined in the SCOPE OF SERVICES.
- G. Prior Litigation, Arbitration, and Claims, Including with City. This section should list all professional related litigation, arbitration or claims involving your Firm and sub-Contractors, inclusive of any litigation, arbitration or claims involving the City of Port St. Lucie, St. Lucie County.
- H. Other Material. Please include any additional material that may assist the City in evaluating the proposals and approach to the project. Pre-printed advertisements, brochures, and promotional material may be attached as additional information, but shall not serve as a substitute for a specific response. Attachment of brochures instead of the written response request will be grounds for disqualification or devaluation. A simple "yes" or "no" answer alone will not be acceptable unless clearly requested; an explanation shall be provided for each question/issue listed in this response outline. However, clarity and brevity of presentation, not length, will be favorably considered.
- I. Proposed Schedule. This section shall include a detailed breakdown and timelines for achieving the scope of work, with a delineation of assigned staff for each task associated with the service and project. Also include quality assurance efforts for the data collection and analysis tasks, a process for ensuring that no inaccurate data is submitted. The proposer must have sufficient equipment and personnel for back-up and/or emergencies to assure prompt scheduling and completion of services within the schedule.
- J. Fee Schedule. The fees proposed (in U.S. dollars) will be used for proposal evaluation, and all pricing included in the proposal shall be in effect throughout the contract period. The Company requires that vendors' responses to this E-Bid shall remain in effect for a period of (120) one-hundred-twenty days, allowing the closing date of the E-Bid, in order to allow adequate time for evaluation, approval, and award of contract. Any vendor who does not agree to this condition shall specifically communicate in its proposal such disagreement to the Company, along with proposed

alternatives. The Company may accept or reject such proposed alternatives without further notification or explanation.

9.0 **GENERAL REQUIREMENTS**

9.1 Invitation to Bid - All requirements contained in the Invitation to Bid are hereby incorporated in this specification.

9.2 Cost of Preparation of Bid - The City will not be responsible for any cost incurred by any selected Bidder in the preparation of his/her bid.

9.3 Examination of Contract Documents – The selected Bidders shall thoroughly examine these specifications and all other documents or other materials referred to herein and conduct such investigations and visits as may be necessary to thoroughly inform themselves regarding existing plant, facility, personnel and other conditions relative to compliance with this specification. No plea of ignorance by the selected Bidder of conditions that exist or may hereafter exist, as a result of failure or omission on the part of the selected Bidder to make said investigations and visits, and/or failure to fulfill in every detail the requirements of this specification and documents promulgated therein, will be accepted as a basis for varying the requirements of the City or the compensation of the Bidder(s).

9.4 Bid Price – The Bidders must agree to furnish all item(s) that are awarded to them as a result of their response to this specification at the price(s) indicated on their respective E-Bid Reply Sheet/Questionnaire/Questionnaire #20190081. The Bidders shall guarantee that said price(s) shall be firm, and not subject to escalation, for the ninety (90) days after bid opening period. Submittal of a bid shall be prima facie evidence of the Bidder's intent to comply with this requirement. Any bid submitted with escalation clauses shall be rejected.

9.5 Qualifications - The Bidders shall have the necessary organization, experience, capital, and equipment to carry out the provisions of the Contract to the satisfaction of the City. Bidders will submit all required licenses and certifications required to perform this project with the E-Bid Reply Sheet/Questionnaire #20190081. Three (3) references shall be listed from existing firms in Florida to which it has provided these types of services in the past or with which it is under contract for such services presently and the names of company representatives who may be contacted for references shall be furnished on the E-Bid Reply/Questionnaire # 20190081. The City of Port St. Lucie shall **NOT** be used as a reference. References are subject to verification by the City and will be utilized as part of the award process. If requested, performance history, list of projects recently completed and in process, major equipment available for this project and experience of the principal members of the Bidder's organization must be furnished within seven (7) days.

9.6 Award of Contract - The City shall take measures as deemed necessary to determine the ability of the Bidder to perform the obligations of the Contract. The City may reject any bid where an investigation of the available information indicates a Bidder is not the most qualified to perform the obligation of the Contract. The City may require a Bidder to furnish additional statements of qualifications. Some or all of the following criteria may be used to select the bid(s) that will provide the best value to the City:

- ◆ Accept Payment by Visa
- ◆ Has sufficient financial resources to complete the order
- ◆ Can meet quoted delivery considering all other business commitments
- ◆ Has a satisfactory record of performance
- ◆ Has adequate staffing to fulfill requirements

- ◆ Has the necessary production, technical equipment and facilities (or ability to readily obtain them)
- ◆ Has necessary organization experience, operational controls, and technical skills (or ability to readily obtain them)
- ◆ Bidder is a manufacturer, supplier, authorized distributor or vendor for the requirement for this bid.
- ◆ The Bidder is qualified and eligible to receive an award under applicable laws and regulations
- ◆ Has bid within a competitive price range in relation to the needed goods, services or construction
- ◆ The skill and experience demonstrated by the bidder in performing contracts of a similar nature
- ◆ The Bidder's past performance with City
- ◆ Has met all requirements of the solicitation (delivery, quality and price)
- ◆ Has met bounds of commonality; absolute conformity is not required, just substantial or material compliance
- ◆ Has met bid security requirements; lack of security, where required, is a material nonconformity
- ◆ Price: The element of price is but one of the criteria elements. When considering a proposal: The City shall evaluate the pricing offered by the Bidder; consider lifecycle costing, other relative factors and depreciation.
- ◆ Determine what proposal provides the best value to the City
- ◆ City Ordinance 35.12 Local Preference will apply
- ◆ Award will be based on the Annual unit price amount entered on line 5.3 on the E-Bid Reply Sheet/Questionnaire # 20190081 that demonstrates the best value for the City of Port St. Lucie.

The award date is the date that City Council executed the motion to award the bid(s) regardless of the date the Bidder received notification of award. Notification of the award may be given by e-mail, facsimile, U.S. mail system, courier, or on the website.

9.6.1 Collusion - The City reserves the right to disqualify bids, upon evidence of collusion with intent to defraud or other illegal practices upon the part of the Bidder. More than one (1) bid from an individual, partnership, corporation, association, firm, or other legal entity under the same or different names will not be considered. Reasonable grounds for believing that a Bidder is interested in more than one (1) proposal for the same work will be cause for rejection of all proposals in which such Bidders are believed to be interested. Any or all proposals will be rejected if there is any reason to believe that collusion exists among the Bidders.

9.6.2 Negotiation of Bids: The City reserves the right to negotiate prices with the bidder that provides the best value to the City provided that the scope of work of the solicitation remains the same. The City may terminate the negotiation if unsuccessful and begin negotiations with the next bidder that provides the best value to the City.

9.6.3 Best and Final Offer: The City reserves the right to negotiate with all bidders for the purpose of obtaining best and final offers. Bidders shall be accorded fair and equal treatment with respect to any opportunity for discussion and revision of proposals. Any such revisions may be permitted throughout negotiations after submissions and prior to award for obtaining best and final offers. Any revisions to scope or work will be offered to all bidders for the purpose of obtaining the best and final offer. The City at any time during these negotiations may request a "best and final offer" from any or all of the responsive and responsible bidders that submitted proposals. At the date and time established by the City the "best and final offer" will be provided in a sealed envelope at a public meeting and will follow the same procedure as a formal bid opening.

9.6.4 Tie Bid Statement – In the event of two (2) or more bids that are equal with respect to price, quality, and service are received by the City for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program, Pursuant to Section 287.087 Florida Statutes, shall be given preference in the award process. Please submit the form that is enclosed with the bid response

9.7 Variances to Specifications – The Bidders must indicate any variances to the Specifications. Additionally, if bids are based on alternate products, the Bidder must indicate the manufacturer's name and number of the alternate item(s) being offered and attach appropriate specifications. If variations and/or alternates are not stated in Bidder's reply, it shall be construed that the bid fully conforms to the specifications.

9.8 Shipping Terms – Bidders shall quote F.O.B. Destination

9.9 Execution of Contract– The Bidder will be required to execute a Standard City Contract within ten (10) calendar days after notification by the City that Contract is available and thereafter comply with the terms and conditions contained therein. The Bidder shall execute the Contract, deliver the required Insurance Certificates and other documentation as required by the bid. The City will execute the Contract however, it is agreed and understood that the City will not be bound by the Contract unless and until it has been executed by the City Purchasing Agent and a purchase order or a Visa order form has been issued.

9.9.1 Failure to Execute Contract - Failure on the part of the selected Bidder to execute the Contract as required may be justification for the annulment of the award and the Bid Bond shall be forfeited.

9.10 Subcontracting or Assigning of the Contract – The selected Bidder shall not subcontract, sell, transfer, assign or otherwise dispose of the Contract or any portion thereof, or of the work provided for therein, or of any right, title or interest therein, to any person, firm or corporation without the written consent of the City. Each Bidder shall list all subContractors and the work provided by the suppliers in the area provided on the E-Bid Reply Sheet.

The successful Bidder(s) shall provide a listing of all subContractors, suppliers, and other persons and organizations (including those who are to furnish the principal items of material and equipment), other than those identified in the E-Bid Reply, to the City within five (5) days after the bid opening. Such list shall be accompanied by an experience statement for each such subContractor, supplier, person or organization if requested by City. The City, who, after due investigation, has objection to any proposed subContractor, supplier, other person or organization, may, before the Notice of Award is given, request apparent successful Bidder to submit an acceptable substitute without an increase in Bid price.

If the apparent successful Bidder(s) declines to make any such substitution, City may award the Contract to the next acceptable Bidder(s) that proposes to use acceptable subContractors, suppliers, and other persons and organizations. Declining to make requested substitutions will not constitute grounds for sacrificing the Bid security of any Bidder(s). Any subContractor, supplier, other person or organization listed and to whom the City does not make written objection prior to giving of the Notice of Award will be deemed acceptable to the City subject to revocation of such acceptance after the effective date of the Contract as provided in the General Requirements.

9.11 Public Entity Statement - A person or affiliate who has been placed on the convicted vendor list following a conviction for public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public

building or public work, may not submit bids on leases of real property to public entity, may not be awarded or perform work as a Contractor, supplier, subContractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Florida Statute, Section 287.017, for CATEGORY TWO for a period of thirty six (36) months from the date of being placed on the convicted vendor list.

9.12 Cooperative Purchasing Agreement - This Proposal may be expanded to include other governmental agencies provided a cooperative Purchasing Agreement exists or an Inter-Local Agreement for joint purchasing exists between the City of Port St. Lucie and other public agencies. Contractor may agree to allow other public agencies the same items at the same terms and conditions as this Proposal, during the period of time that this Proposal is in effect. Each political entity will be responsible for execution of its own requirements with the selected Proposer.

9.13 Discrimination - An entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid on a contract to provide goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not award or perform work as a Contractor, supplier, subContractor, or consultant under contract with any public entity, and may not transact business with any public entity.

9.14 Permits – The selected Proposer shall be responsible for obtaining all permits, licenses, certifications, etc., required by federal, state, county, and municipal laws, regulations codes, and ordinances for the performance of the work required in these specifications and to conform to the requirements of said legislation.

9.15 Material Safety Data Sheets - The Proposer shall provide MSDS and description literature for each chemical/compound/mixture used in the performance of the Contract to the City before the commencement of any work. All MSDS shall be of the latest version and comply with 29 CFR1910.1200. Hazardous products shall not be used except with prior approval of the City and must be disposed of properly by the Proposer in accordance with U.S. Environmental Protection Agency 40-CFR 260-265. The Proposer shall maintain and have readily accessible on-site a complete MSDS book of all chemicals, compounds/mixtures used in the execution of the contract.

9.16 Familiarity with Laws - The selected Proposer is assumed to be familiar with all Federal, State and local laws, ordinances, rules and regulations that may affect the work. Ignorance on the part of the Proposer will in no way relieve him from responsibility. The selected Proposer will submit all proposals in compliance with the 28 C.F.R. § 35.151.

9.17 Personal Protective Equipment (PPE) - All personnel are required to wear PPE in the process of the work including eye protection, hearing protection, respiratory protection as necessary, gloves, and any other PPE as necessary for the work.

9.18 W-9 Taxpayer Identification Form - The Selected Bidder shall be required to complete a W-9 Taxpayer Identification Form provided with the City's contract and return it with the contract and insurance documents.

9.19 Withdrawal of Bids - A Bidder may withdraw his/her bid without prejudice no later than the day and hour set in the E-Bid by removing all documents from DemandStar.

9.20 Intent to Perform - The Selected Bidder must agree that time is of the essence and that all requirements stated in these specifications are critical as it relates to the time of performance. Submittal of a quotation shall be prima facie evidence of the Selected Bidders intent to comply with the specifications.

10.0 ADDITIONAL INFORMATION

10.1 Protest - Any person who wishes to protest any issue pertaining to this Request for Proposal may do so by attending the scheduled City Council meeting that the Proposal will be scheduled to appear, and voicing their concerns at the 'Public to be heard' section. All persons will be required to sign in at the front desk at City Hall and fill out the necessary Sign-In Forms prior to the start of the meeting.

11.0 RULING ORDER OF DOCUMENTS

This E-Bid and the Bid response documents submitted shall be incorporated into the final contract by reference. Therefore, all requirements in the E-Bid not specifically addressed in an exception statement in the proposal and accepted in the contract documents, shall stand as contractual responsibilities of the proposal respondent. The Contract shall be the controlling document over the Bid response and the E-Bid; the E-Bid shall be the ruling document over the Bid response for all requirements in the E-Bid not specifically addressed in an exception statement in the proposal. Statement and requirements in the E-Bid shall rule over the Bid document.

In the event of a conflict between provisions of the Contract and the E-Bid or Response to the E-Bid, the Contract shall control. In the event of a conflict between the Response to the E-Bid and the E-Bid, the Response to the E-Bid shall control. In the event of a conflict between the Contract and any of its attachments or exhibits thereto, the Contract shall control.

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(THIS IS A SAMPLE ONLY - DO NOT EXECUTE)

**CITY OF PORT SAINT LUCIE
CONTRACT FORM #20190081**

This Administrative Services for Vision Insurance contract, executed this _____ day of _____, 2019, by and between the CITY OF PORT ST. LUCIE, FLORIDA, a municipal corporation, duly organized under the laws of the State of Florida, hereinafter called "City" party of the first part, and name of vendor, address, Telephone No. () ____ Fax No. () _____, hereinafter called "Contractor" or "Contractor", party of the second part.

SECTION I
RECITALS

WHEREAS, Contractor is a licensed *Company* doing business in Florida; and

WHEREAS, the City wishes to contract for Administrative Services for Vision Insurance for the City of Port Saint Lucie for the employees of the City, retirees and their dependents based on the terms and conditions contained herein; and

WHEREAS, Contractor is qualified, willing and able to provide the Scope of Services and work for vision insurance on the terms and conditions set forth herein; and

WHEREAS, the City desires to enter into this contract with Contractor to perform the Scope of Services and work / administrative services for vision insurance specified and, in an amount, agreed to below.

NOW THEREFORE, in consideration of the premises and the mutual covenants herein name, the Parties agree as follows: The Recitals set forth above are hereby incorporated into this Contract and made a part of hereof for reference.

SECTION II
NOTICES

All notices or other communications hereunder shall be in writing and shall be deemed duly given if sent by certified mail with return receipt request, email (with proof of confirmation) and addressed as follows unless written notice of a change of address is given pursuant to the provisions of this Contract.

Firm/Contractor:

City Contract Administrator: Shelby Dolan, Procurement Agent I
City of Port St Lucie, Procurement Management Department
121 SW Port St. Lucie Blvd.
Port St. Lucie, FL 34984
Telephone: 772-873-6338 / Fax: 772-871-7337
Email: sdolan@cityofpsl.com

City Project Manager: Claudia McCaskill, Sr. Benefits Analyst
City of Port St. Lucie, Human Resource Manager
121 SW Port St Lucie Blvd
Port St Lucie, FL 34984
Telephone: 772-344-4081 Fax: 772-871-5274

Email: CMcCaskill@cityofpsl.com

SECTION III DESCRIPTION OF SERVICES TO BE PROVIDED

SCOPE OF SERVICES

The City seeks a contractor to provide the following coverages and services as outlined:

A. Compliance with Federal Law, Florida Statutes: Bidders are expected to assure that proposed programs will meet the City's obligations set forth by any Federal or State legislation in effect at, or subsequent to, contract inception. Bidders shall comply with all applicable Florida Statutes, including but not limited to Chapters 112 and 627, regarding insurance or self-insurance of group benefits.

B. General Administration Services: The City expects that the insurer will perform general administration services. Claims handling and statistical reporting services, recommendations of rates and premiums to be charged and other services normally provided by professional administrators should be proposed.

C. Program Implementation: The successful Bidder will be expected to participate in the reenrollment process, to conduct employee orientation meetings and to present cost containment explanations and instructions. The successful Bidder will be expected to provide a plan document, benefits I.D. cards, certificates or booklets, and any other appropriate literature available (especially for orientation meetings) to describe the benefits to employees. Literature distributed to employees should be in layman's terms.

D. Claim Service: Bidders are expected to provide prompt claims service for benefits which require submission of claims. The City expects claims turnaround to be in a timely manner. The preferred definition should be from the date a claim is mailed by the City until payment is received by the City and its participants. **A toll-free telephone number** shall be made available or the City or plan participants should be allowed to call the administrator collect regarding group administration problems, questions, etc. Where claims are involved, the administrator shall perform the following functions with regard to insurance claims submitted by participants in the City's group program:

- Verify coverage and eligibility for benefits.
- Make any necessary investigations or consultations with plan participants, insurance care Contractors or others necessary to assure claim validity.
- Establish and maintain complete claims files on each claim.
- Coordinate with preferred Contractors, review services and others who have an effect on claims activity.
- Properly review, process and pay claims.
- Provide for coordination of benefits with all other available sources, so long as not prohibited by law.
- Provide Explanations of Benefits (EOBs) to plan participants.
- Continuously advise with regard to actions, procedures, etc. which will result in control of claims and cost containment.

The administrator shall use its best judgment in applying plan coverage and shall pay or deny claims accordingly. Bidders shall agree that the City shall be held harmless and shall not be charged within the contract term or upon renewal rerating for any payments in excess of valid claims. The City reserves the

right to audit claims, at the City's expense, as it deems necessary and Bidders are expected to state their agreement in the group contract.

E. Premium/Claims Experience Records: The Bidder will provide the City regular and timely reports for review of details of its experience and to detect trends in benefit utilization which can be managed to reduce ultimate group benefits program costs. The City requires reports to include, at minimum, premium paid, and total claims paid to employees and dependents. Claim reports should be provided additionally for three (3) months after plan termination or until there are no run-out claims.

Each Bidder must confirm that they will provide, at a minimum, the following reports upon request:

- a. Paid claims / Claims experience
- b. Open, closed and pending claims by claimant
- c. Disability Reserves

Additional Services:

1. Supply all postage required to service the City's account.
2. Create an EOB that meets with the City's approval that uses a format and terminology such that a person not of an insurance or insurance background can easily understand the content.
3. Review evidence of insurance on late enrollees.
4. Send correspondence using City approved pre-formatted letters to the claimant or Contractor. The content of these letters must be easily understandable by a person not of an insurance or insurance background.
5. The City will have first review and pre-approval of any correspondence that will be sent to claimants that includes changes/amendments to the plan.
6. Fax or e-mail a check register to the City twice a month.
7. Reconcile the statements of the payment account on a monthly basis and maintain canceled checks, unclaimed check detail, and other records relating to bank reconciliation. Prepare an unclaimed check report for presentation to the State of Florida.
8. Provide the City, on a monthly basis, a copy of the statement accompanied by a copy of the completed reconciliation within five (5) working days from receipt of bank statement.
9. Maintain all records of business transacted in accordance with this E-BID. At the end of the contract period, all documents, papers, records, canceled checks, and claims history shall be captured in such a manner for media storage and delivered to the City in the format directed by the City.
10. Provide access to archived data within ten (10) working days of a request by the City.
11. Provide reports inclusive of data elements specified by the City, and in mutually agreed upon formats. The required standard reports include, but are not limited to, the following:
 - a. Monthly reports are due on the fifteenth (15th) workday following the end of the "report" month. These reports should include: check stop-pay listing, check registers, paid claims summaries (separated by employee, dependent, retiree, and COBRA participants).
 - b. Quarterly and Year-to-Date Reports are due on the fifteenth (15th) working day following the "report" quarter. These reports should include: benefit payment summaries.

SECTION IV
TIME OF PERFORMANCE

The initial Contract period shall commence upon approval of Council on _____ and is valid for five (5) year period. The work shall begin with a Notice to Proceed on the date specified by the Project Manager.

SECTION V
RENEWAL OPTION

The Contract period will be for a five (5) year period with an option to renew for one (1) additional five (5) year period as appropriations allow in the budget. Renewals shall be based on mutual agreement between the City and the Contractor to provide the identical services required under this Contract as outlined in the Scope of Services and maintain the same terms, conditions, and cost structure as delineated herein. All renewals must be offered in writing at least one hundred eighty (180) days' prior to the termination of this Contract period.

NOTE: Contractor may exercise the option to renew by submitting a written submission one hundred eighty (180) days prior to the termination of the contract period.

SECTION VI
COMPENSATION

The total amount to be paid by the City to the Contractor is to be determined by awarded services and products based on the submitted Plan Proposal of the contractor. Payments will be disbursed in the following manner; based on the cost schedule herein included as **(Exhibit I and Exhibit II)**, payment in-full upon completion of service(s), provided contract Project Manager approves the expenses delineated on the invoice.

Invoices for services shall be submitted once a month, by the 15th of the month, and payments shall be made net forty-five (45) days unless Contractor has chosen to take advantage of the Purchasing Card Program, which guarantees payment within several days. Payments shall be made provided the submitted invoice is accompanied by adequate supporting documentation and approved by Project Manager.

Invoices for services shall be submitted once a month, by the tenth (10th) day of each month, and payments shall be made net thirty (30) days after invoice unless Contractor has chosen to take advantage of the Purchasing Card Program, which guarantees payment within several days. Payments shall be made net thirty (30) calendar days of receipt of Contractor's valid invoice, provided that the invoice is accompanied by adequate supporting documentation, including any necessary partial release of liens, and is approved by the Project Manager as required under Section IX of the Contract.

All invoices and correspondence relative to this Contract must contain the Purchase Order number or VISA number, Contract number, detail of items with prices that correspond to the Contract, unique invoice number, detailed description of work performed.

SECTION VII
WORK CHANGES

The City reserves the right to order work changes in the nature of additions, deletions or modifications without invalidating the Contract, and agrees to make corresponding adjustments in the contract price and time for completion. Any and all changes must be authorized by a written change order signed by the City's Purchasing Agent or his designee as representing the City. Work shall be changed and the contract price and completion time shall be modified only as set out

in the written change order. Any adjustment in the contract price resulting in a credit or a charge to the City shall be determined by mutual agreement of the parties before starting the work involved in the change.

SECTION VIII
CONFORMANCE WITH PROPOSAL

It is understood that the materials and/or work required herein are in accordance with the proposal made by the Contractor pursuant to the Request for Proposal and Specifications on file in the Procurement Management Department of the City. All documents submitted by the Contractor in relation to said proposal, and all documents promulgated by the City for inviting proposals are, by reference, made a part hereof as if set forth herein in full.

SECTION IX
INDEMNIFICATION/HOLD HARMLESS

Contractor agrees to indemnify, defend and hold harmless, the City, its officers, agents, and employees from, and against any and all claims, actions, liabilities, losses and expenses including, but not limited to, attorney's fees for personal, economic or bodily injury, wrongful death, loss of or damage to property, at law or in equity, which may arise or may be alleged to have arisen from the negligent acts, errors, omissions or other wrongful conduct of Contractor, agents, laborers, subcontractors or other personnel entity acting under Contractor control in connection with the Contractor's performance of services under this Contract and to that extent Contractor shall pay such claims and losses and shall pay all such costs and judgments which may issue from any lawsuit arising from such claims and losses including wrongful termination or allegations of discrimination or harassment, and shall pay all costs and attorney's fees expended by the City in defense of such claims and losses including appeals. That the aforesaid hold-harmless Contract by Contractor shall apply to all damages and claims for damages of every kind suffered, or alleged to have been suffered, by reason of any of the aforesaid operations of Contractor or any agent laborers, subcontractors or employee of Contractor regardless of whether such insurance policies shall have been determined to be applicable to any of such damages or claims for damages. Contractor shall be held responsible for any violation of laws, rules, regulations or ordinances affecting in any way the conduct of all persons engaged in or the materials or methods used by Contractor on the work. This indemnification shall survive the termination of this Contract.

SECTION X
SOVERIEGN IMMUNITY

Nothing contained in this Contract shall be deemed or otherwise interpreted as waiving the City's sovereign immunity protections existing under the laws of the State of Florida, or as increasing the limits of liability as set forth in Section 768.28, Florida Statutes.

SECTION XI
INSURANCE

The Contractor shall, on a primary basis and at its sole expense, agree to maintain in full force and effect at all times during the life of this Contract, insurance coverage, limits, including endorsements, as described herein. The requirements contained herein, as well as City's review or acceptance of insurance maintained by Contractor are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by Contractor under the Contract.

The parties agree and recognize that it is not the intent of the City of Port St. Lucie that any insurance policy/coverage that it may obtain pursuant to any provision of this Contract will provide insurance coverage to any entity, corporation, business, person, or organization, other than the City of Port St. Lucie and the City shall not be obligated to provide any insurance coverage other than for the City of Port St. Lucie or extend its sovereign immunity pursuant to Section 768.28, Florida Statutes, under its self-insured program. Any provision contained herein to the contrary shall be considered void and

unenforceable by any party. This provision does not apply to any obligation imposed on any other party to obtain insurance coverage for this project, any obligation to name the City of Port St. Lucie as an additional insured under any other insurance policy, or otherwise protect the interests of the City of Port St. Lucie as specified in this Contract.

Workers' Compensation Insurance & Employer's Liability: The Contractor shall agree to maintain Workers' Compensation Insurance & Employers' Liability in accordance with Section 440, Florida Statutes. Employers' Liability and must include limits of at least \$100,000.00 each accident, \$100,000.00 each disease/employee, \$500,000.00 each disease/maximum. A Waiver of Subrogation endorsement shall be provided. Coverage shall apply on a primary basis. Should scope of work performed by Contractor qualify its employee for benefits under Federal Workers' Compensation Statute (example, U.S. Longshore & Harbor Workers Act or Merchant Marine Act), proof of appropriate Federal Act coverage must be provided.

Commercial General Liability Insurance: The Contractor shall agree to maintain Commercial General Liability insurance issued under an Occurrence form basis, including Contractual liability, to cover the hold harmless agreement set forth herein, with limits of not less than:

Each occurrence	\$1,000,000
Personal/advertising injury	\$1,000,000
Products/completed operations aggregate	\$2,000,000
General aggregate	\$2,000,000
Fire damage	\$100,000 any 1 fire
Medical expense	\$10,000 any 1 person

Additional Insured: An Additional Insured endorsement **must** be attached to the certificate of insurance (should be CG2026) under the General Liability policy. Coverage is to be written on an occurrence form basis and shall apply as primary. A per project aggregate limit endorsement should be attached. Defense costs are to be in addition to the limit of liability. A waiver of subrogation shall be provided in favor of the City. Coverage shall extend to independent Contractors and fellow employees. Contractual Liability is to be included. Coverage is to include a cross liability or severability of interests' provision as provided under the standard ISO form separation of insurers clause.

Except as to Workers' Compensation and Employers' Liability, said Certificate(s) and policies shall clearly state that coverage required by the Contract has been endorsed to include the City of Port St. Lucie, a municipality of the State of Florida, its

officers, agents and employees as Additional Insured added to its Commercial General Liability policy, Business Auto policy, and Cyber policy. The name for the Additional Insured endorsement issued by the insurer shall read "**City of Port St. Lucie, a municipality of the State of Florida, its officers, employees and agents and shall include Contract #20190081 Administrative Services for Vision Insurance shall be listed as additionally insured.**". The Policy shall be specifically endorsed to provide thirty (30) day written notice to the City prior to any adverse changes, cancellation, or non-renewal of coverage thereunder. In the event that the statutory liability of the City is amended during the term of this Contract to exceed the above limits, the Contractor shall be required, upon thirty (30) days written notice by the City, to provide coverage at least equal to the amended statutory limit of liability of the City. Copies of the Additional Insured endorsements shall be attached to the Certificate of Insurance. All independent Contractors and Sub-Contractors utilized in this project shall furnish a Certificate of Insurance to the City in accordance with the same requirements set forth herein.

Automobile Liability Insurance: The Contractor shall agree to maintain Business Automobile Liability at a limit of liability not less than \$1,000,000.00 each accident covering any auto, owned, non-owned and hired automobiles. In the event, the Contractor does not own any automobiles; the Business Auto Liability requirement shall be amended allowing Contractor to agree to maintain only Hired & Non-Owned Auto Liability. This amended requirement may be satisfied by way of

endorsement to the Commercial General Liability, or separate Business Auto Coverage form. Certificate holder must be listed as additional insured. A waiver of subrogation shall be provided. Coverage shall apply on a primary basis.

Professional Liability: Contractor shall agree to maintain Professional Liability, or equivalent Errors & Omissions Liability at a limit of liability not less than \$2,000,000 Per Occurrence. When a self-insured retention (SIR) or deductible exceeds \$10,000 the City reserves the right, but not the obligation, to review and request a copy of Contractor's most recent annual report or audited financial statement. For policies written on a "Claims-Made" basis, the Contractor warrants the retroactive date equals or precedes the effective date of this Contract. In the event the policy is canceled, non-renewed, switched to an Occurrence Form, retroactive date advanced, or any other event triggering the right to purchase a Supplemental Extended Reporting Period (SERP) during the life of this Contract, Contractor shall agree to purchase a SERP with a minimum reporting period not less than five (5) years. If policy contains an exclusion for dishonest or criminal acts, defense coverage for the same shall be provided.

Cyber Liability: Contractor shall agree to maintain Cyber Liability in limits not less \$1,000,000 Per Occurrence for direct loss, legal liability and consequential loss resulting from cyber security breaches. Coverage to include coverage for Privacy & Security Liability, Security Breach Response / Customer Breach Notice Expense, Cyber Extortion and Electronic Media Liability. The City of Port St. Lucie must be listed as an additional insured. A waiver of subrogation shall be provided in favor of the City. Coverage shall apply on a primary basis.

Waiver of Subrogation: The Contractor shall agree by entering into this Contract to a Waiver of Subrogation for each required policy. When required by the insurer or should a policy condition not permit an Insured to enter into a pre-loss Contract to waive subrogation without an endorsement then Contractor shall agree to notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy where a condition to the policy specifically prohibits such an endorsement, or voids coverage should Contractor enter into such a Contract on a pre-loss basis.

Deductibles: All deductible amounts shall be paid for and be the responsibility of the Contractor for any and all claims under this Contract. Where an SIR or deductible exceeds \$5,000, the City of Port St. Lucie reserves the right, but not obligation, to review and request a copy of the Proposer's most recent annual report or audited financial statement.

It shall be the responsibility of the Contractor to ensure that all independent Contractors and/or Sub-Contractor's comply with the same insurance requirements referenced above.

The Contractor may satisfy the minimum limits required above for either Commercial General Liability, Business Auto Liability, and Employers' Liability coverage under Umbrella or Excess Liability. The Umbrella or Excess Liability shall have an Aggregate limit not less than the highest "Each Occurrence" limit for either Commercial General Liability, Business Auto Liability, or Employers' Liability. When required by the insurer, or when Umbrella or Excess Liability is written on Non-Follow Form," the City shall be endorsed as an "Additional Insured."

The City, by and through its Risk Management Department, reserves the right, but not obligation, to review, modify, reject, or accept any required policies of insurance including limits, coverages or endorsements, herein from time to time throughout the term of this contract. All insurance carriers must have an AM Best rating of at least A:VII or better.

A failure on the part of the Contractor to execute the contract and/or punctually deliver the required insurance, and other documentation may be cause for annulment of the award.

SECTION XII
ACTS OF GOD

The Contractor shall be responsible for all preparation of the site for Acts of God, including but not limited to; earthquake, flood, tropical storm, hurricane or other cataclysmic phenomenon of nature, rain, wind or other natural phenomenon of normal intensity, including extreme rainfall. No reparation shall be made to the Contractor for damages to the Work resulting from these Acts. The City is not responsible for any costs associated with pre or post preparations for any Acts of God.

Emergencies – In the event of emergencies affecting the safety of persons, the work, or property, at the site or adjacent thereto, the Contractor, or his designee, without special instruction or authorization from the City, is obligated to act to prevent threatened damage, injury or loss. In the event such actions are taken, the Contractor shall promptly give to the City written notice and contact immediately by phone, of any significant changes in work or deviations from the Contract documents caused thereby, and if such action is deemed appropriate by the City a written authorization signed by the City covering the approved changes and deviations will be issued.

SECTION XIII
PROHIBITION AGAINST FILING OR MAINTAINING LIENS AND SUITS

Subject to the laws of the State of Florida and of the United States, neither Contractor nor any Sub-Contractor supplier of materials, laborer or other person shall file or maintain any lien for labor or materials delivered in the performance of this Contract against the City. The right to maintain such lien for any or all of the above parties is hereby expressly waived.

SECTION XIV
COMPLIANCE WITH LAWS

The Contractor shall give all notices required by and shall otherwise comply with all applicable laws, ordinances, and codes and shall, at his own expense, secure and pay the fees and charges for all permits required for the performance of the Contract. All materials furnished and works done are to comply with all federal, state, and local laws and regulations. Contractor will comply with all requirements of 28 C.F.R. § 35.151. Contractors and Sub-Contractor, shall comply with § 119.0701, Fla. Stat. (2013). The Contractor and Sub-Contractor, are to allow public access to all documents, papers, letters, or other material made or received by the Contractor in conjunction with this Contract, unless the records are exempt from Art. I, § 24(a), Fla. Const. and § 119.07(1)(a), Fla. Stat. (2013). Pursuant to § 119.10(2)(a), Fla. Stat. (2013), any person who willfully and knowingly violates any of the provisions of Ch. 119, Laws of Fla., commits a misdemeanor of the first degree, punishable as provided in § 775.082 and § 775.083 Fla. Stat. (2013).

RECORDS

The City of Port St. Lucie is a public agency subject to Chapter 119, Florida Statutes. The Contractor shall comply with Florida's Public Records Law. CONTRACTOR'S RESPONSIBILITY FOR COMPLIANCE WITH CHAPTER 119, FLORIDA STATUTES. Pursuant to Section 119.0701, F.S.

Contractor agrees to comply with all public records laws, specifically to:

Keep and maintain public records required by the City in order to perform the service;

1. The timeframes and classifications for records retention requirements must be in accordance with the General Records Schedule GS1-SL for State and Local Government Agencies. (see <http://dos.dos.state.fl.us/library-archives/records-management/general-records-schedules/>).

2. During the term of the contract, the Contractor shall maintain all books, reports and records in accordance with generally accepted accounting practices and standards for records directly related to this contract. The form of all records and reports shall be subject to the approval of the City.
3. Records include all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business with the City. Contractor's records under this Contract include but are not limited to, supplier/subcontractor invoices and contracts, project documents, meeting notes, emails and all other documentation generated during this Agreement.
4. The Contractor agrees to make available to the City, during normal business hours all books of account, reports and records relating to this contract.
5. A Contractor who fails to provide the public records to the City within a reasonable time may also be subject to penalties under Section 119.10, Florida Statutes.

Upon request from the City's custodian of public records, provide the public agency with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in this chapter or as otherwise provided by law.

Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the contractor does not transfer the records to the City.

Upon completion of the contract, transfer, at no cost to the City, all public records in possession of the Contractor, or keep and maintain public records required by the City to perform the service. If the Contractor transfers all public records to the City upon completion of the contract, the Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Contractor keeps and maintains public records upon completion of the contract, the Contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the City, upon request from the City's custodian of public records in a format that is compatible with the information technology systems of the City.

IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT:

CITY CLERK
121 SW Port St. Lucie Blvd.
Port St. Lucie, FL 34984
(772) 871 5157
pr@cityofpsl.com

SECTION XV
INSPECTION AND CORRECTION OF DEFECTS

Deductions - In the event the City deems it expedient to perform work which has not been done by the Contractor(s) as required by these Specifications, or to correct work which has been improperly and/or inadequately performed by the Contractor(s) as required in these Specifications, all expenses thus incurred by the City, in the City's option, will be invoiced to the Contractor(s) and/or may be deducted from payments due to the Contractor(s). Deductions thus made will not excuse the Contractor(s) from other penalties and conditions contained in the Contract.

SECTION XVI
SCRUTINIZED COMPANIES

Section 287.135, Florida Statutes, prohibits agencies from contracting with companies, for goods or services over \$1,000,000 that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran petroleum Energy Sector List, or do any business with Cuba or Syria. Both lists are created pursuant to section 215.473, Florida Statutes.

https://www.sbafla.com/fsb/Portals/FSB/Content/Performance/Quarterly/2017_12_13_Web_Update_PFIA_Prohibited_List.pdf?ver=2017-12-13-144624-667

SECTION XVII
ADDITIONAL REQUIREMENTS

In the event of any conflict between the terms and conditions, appearing on any purchase order issued relative to this Contract, and those contained in this Contract and the Specifications herein referenced, the terms of this Contract and Specifications herein referenced shall apply.

City's Public Relations Image – The Contractor's personnel shall at all times handle complaints and any public contact with due regard to the City's relationship with the public. Any personnel in the employ of the Contractor involved in the execution of work that is deemed to be conducting him/her self in an unacceptable manner shall be removed from the project at the request of the City Manager.

Dress Code – All personnel in the employ of the Contractor(s) shall be appropriately attired. Employees engaged in the course of work shall wear company uniforms neat and clean in appearance, readily identifiable to all City employees and the public. No tee shirts with obscene pictures or writings will be allowed. Swimsuits, tank tops, shorts and sandals are also prohibited. Safety toed shoes shall be worn at all times.

Patent Fees, Royalties, and Licenses – If the Contractor requires or desires to use any design, trademark, device, material or process covered by letters of patent or copyright, the Contractor and his surety shall indemnify and hold harmless the City from any and all claims for infringement in connection with the work agreed to be performed. The Contractor shall indemnify the City from any cost, expense, royalty or damage which the City may be obligated to pay by reason of any infringement at any time during the prosecution of or after completion of the work.

Permits - The selected Proposer shall be responsible for obtaining all permits, licenses, certifications, etc., required by Federal, State, County, and Municipal laws, regulations, codes, and ordinances for the performance of the work required in these specifications and to conform with the requirements of said legislation. The selected Proposer shall be required to complete a **W-9 Taxpayer Identification Form**, provided with the City's contract, and return it with the signed contract and insurance documents

Material Safety Data Sheets - The Proposer shall provide MSDS and description literature for each chemical/compound/mixture used in the performance of the Contract to the City before the commencement of any work. All MSDS shall be of the latest version and comply with 29 CFR1910.1200. Hazardous products shall not be used except with prior approval of the City and must be disposed of properly by the Proposer in accordance with U.S. Environmental Protection Agency 40-CFR 260-265. The Proposer shall maintain and have readily accessible on-site a complete MSDS book of all chemicals, compounds/mixtures used in the execution of the contract.

Cooperative Purchasing Agreement - This contract may be expanded to include other governmental agencies provided a cooperative purchasing agreement exists or an inter-local agreement for joint purchasing exists between the City of Port St. Lucie and other public agencies. Contractor(s) may agree to allow other public agencies the same items at the same terms and conditions as this contract, during the period of time that this contract is in effect. Each political entity will be responsible for execution of its own requirements with the Contractor.

Contractual Relations - The Contractor(s) are advised that nothing contained in the contract or specifications shall create any contractual relations between the City and Sub-Contractor of the Contractor(s).

Standard Production Items - All products offered must be standard production items that have been available to the trade for a period of not less than two (2) years and are expected to remain available in future years.

SECTION XVIII **ASSIGNMENT**

Contractor shall not delegate, assign or subcontract any part of the work under this Contract or assign any monies due him hereunder without first obtaining the written consent of the City.

SECTION XIX **TERMINATION, DELAYS AND LIQUIDATED DAMAGES**

If the Contractor refuses or fails to prosecute the work with such diligence as will insure its completion within the time specified in this Contract, or as may be modified in accordance with this Contract, the City by written notice to the Contractor, may terminate Contractor's rights to proceed. On such termination, the City may take over the work and prosecute the same to completion, by contract or otherwise, and the Contractor and his sureties shall be liable to the City for any additional cost incurred by it in its completion of the work.

The City may terminate this Contract with or without cause by giving the Contractor thirty (30) days' notice in writing. Upon delivery of said notice, the Contractor shall discontinue all services in connection with the performance of this Contract and shall proceed to promptly cancel all related existing third-party contracts. Termination of the Contract by the City pursuant to this paragraph shall terminate all of the City's obligations hereunder, and no charges, penalties or other costs shall be due Contractor except for work timely completed.

The obligation to provide further services under this Contract may be terminated by either party upon thirty (30) days written notice in the event of substantial failure by the other party to perform in accordance with the terms hereof through no fault of the terminating party. In the event of any termination, the terminating party will be paid all compensation earned for services performed through the date of cancellation.

SECTION XX
LAW, VENUE AND WAIVER OF JURY TRIAL

This Contract is to be construed as though made in and to be performed in the State of Florida and is to be governed by the laws of Florida in all respects without reference to the laws of any other state or nation. The venue of any action taken to enforce this Contract shall be in St. Lucie County, Florida.

The Parties to this Contract hereby freely, voluntarily and expressly, waive their respective rights to trial by jury on any issues so triable after having the opportunity to consult with an attorney.

SECTION XXI
APPROPRIATION APPROVAL

The Contractor acknowledges that the City of Port St Lucie's performance and obligation to pay under this Contract is contingent upon an annual appropriation by the City Council. The Contractor agrees that, in the event such appropriation is not forthcoming, this Contract may be terminated by the City and that no charges, penalties or other costs shall be assessed.

SECTION XXII
TRUTH-IN-NEGOTIATIONS

In accordance with the provisions of Section 287.055, Florida Statutes, the Contractor agrees to execute a truth-in-negotiations certificate and agrees that the original Contract price and any additions may be adjusted to exclude any significant sums by which the Contract price was increased due to inaccurate, incomplete or non-current wage rates and other factual unit costs.

SECTION XXIII
CONFLICT OF INTEREST

The City hereby acknowledges that the Contractor may be performing professional services for private developers within the Treasure Coast area. Should a conflict of interest arise between providing services to the City and/or other clients, the Contractor shall terminate its relationship with the other client to resolve the conflict of interest. The City Manager shall determine whether a conflict of interest exists. At the time of each Project Proposal the Contractor shall disclose all of its Treasure Coast clients and related Scope of Work.

SECTION XXIV
PUBLIC RECORDS / TRADE SECRETS / COPYRIGHT

The Proposer's response to the BID is a public record pursuant to Florida law, which is subject to disclosure by the City under the State of Florida Public Records Law, Florida Statutes Chapter 119.07 ("Public Records Law"). The City shall permit public access to all documents, papers, letters or other material submitted in connection with this BID and the Contract to be executed for this BID, subject to the provisions of Chapter 119.07 of the Florida Statutes.

Any language contained in the Proposer's response to the BID purporting to require confidentiality of any portion of the Proposer's response to the BID, except to the extent that certain information is in the City's opinion a Trade Secret pursuant to Florida law, shall be void. If a Proposer submits any documents or other information to the City which the Proposer claims is Trade Secret information and exempt from Florida Statutes Chapter 119.07 ("Public Records Laws"), the Proposer shall clearly designate that it is a Trade Secret and that it is asserting that the document or information is exempt. The

Proposer must specifically identify the exemption being claimed under Florida Statutes 119.07. The City shall be the final arbiter of whether any information contained in the Proposer's response to the BID constitutes a Trade Secret. The city's determination of whether an exemption applies shall be final, and the proposer agrees to defend, indemnify, and hold harmless the city and the city's officers, employees, and agent, against any loss or damages incurred by any person or entity as a result of the city's treatment of records as public records. Proposals purporting to be subject to copyright protection in full or in part will be rejected.

EXCEPT FOR CLEARLY MARKED PORTIONS THAT ARE BONA FIDE TRADE SECRETS PURSUANT TO FLORIDA LAW, DO NOT MARK YOUR RESPONSE TO THE BID AS PROPRIETARY OR CONFIDENTIAL. DO NOT MARK YOUR RESPONSE TO THE BID OR ANY PART THEREOF AS COPYRIGHTED.

SECTION XXV
PROHIBITION AGAINST CONTINGENT FEES

The Contractor warrants that he or she has not employed or retained any company or person, other than a bona fide employee working solely for the Contractor to solicit or secure this Contract and that he or she has not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for the Contractor any fee, commission, percentage, gift, or other consideration contingent upon or resulting from the award or making of this Contract.

SECTION XXVI
ATTORNEY'S FEES

If this matter is placed in the hands of an attorney for collection, or in the event suit or action is instituted by the City to enforce any of the terms or conditions of the Contract, Contractor shall pay to the City, in such suit or action in both trial court and appellate court, the City's costs, and reasonable attorney's fees for the anticipated cost of collection and judgment enforcement.

SECTION XXVII
CODE OF ETHICS

Contractor warrants and represents that its employees will abide by any applicable provisions of the State of Florida Code of Ethics in Chapter 112.311 et seq., Florida Statutes, and Code of Ethics Ordinances in Section 9.14 of the City of Port St. Lucie Code.

SECTION XXVIII
POLICY OF NON-DISCRIMINATION

Contractor shall not discriminate against any person in its operations, activities or delivery of services under this Contract. Contractor shall affirmatively comply with all applicable provisions of federal, state and local equal employment laws and shall not engage in or commit any discriminatory practice against any person based on race, age, religion, color, gender, sexual orientation, national origin, marital status, physical or mental disability, political affiliation or any other factor which cannot be lawfully used as a basis for service delivery.

SECTION XXVIX
SEVERABILITY

The Parties to this Contract expressly agree that it is not their intention to violate any public policy, statutory or common law rules, regulations, or decisions of any governmental or regulatory body. If any provision of this Contract is judicially or administratively interpreted or construed as being in violation of any such policy, rule, regulation, or decision, the provision, sections, sentence, word, clause, or combination thereof causing such violation will be inoperative (and in lieu thereof there will be inserted such provision, section, sentence, word, clause, or combination thereof as may be valid and consistent with the intent of the Parties under this Contract) and the remainder of this Contract, as amended, will remain binding upon the Parties, unless the inoperative provision would cause enforcement of the remainder of this Contract to be inequitable under the circumstances.

SECTION XXX
ENTIRE AGREEMENT

The written terms and provisions of this Contract shall supersede any and all prior verbal or written statements of any official or other representative of the City. Such statements shall not be effective or be construed as entering into, or forming a part of, or altering in any manner whatsoever, this Contract or Contract documents.

(balance of page left intentionally blank)

IN WITNESS WHEREOF, the parties have executed this contract, the day and year first above written.

CITY OF PORT ST. LUCIE FLORIDA

CONTRACTOR

By: _____
City Purchasing Agent

By: _____
Authorized Representative

State of: _____ County of: _____

Before me personally appeared: _____
(Please print)

Please check one:

Personally known _____
Produced Identification: _____
(Type of identification)

and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that _____ executed said instrument for the purposes therein expressed.
(s/he)

WITNESS my hand and official seal, this _____ day of _____, 201__.

Notary Signature

Notary Public State of _____ at Large.

My Commission Expires _____.

(seal)

Bid Reply Sheet/ Questionnaire
E-Bid #20190081
Administrative Services for Vision Insurance

COMPANY NAME: _____

DIVISION OF: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE NUMBER: () _____ FAX NO. () _____

CONTACT PERSON : _____ E-MAIL : _____

ORGANIZATIONAL PROFILE: (complete all appropriate information)

Is the firm incorporated? Yes--No If yes, in what state? _____

President

Vice President

Treasurer

How long in present business: _____ how long at present location: _____

Is firm a minority business: Yes () No ()

Does firm have a drug-free workplace program: Yes () No ()
If no, is your company planning to implement such a program? _____

Is the firm claiming Local Preference under City Ordinance 35.12? Yes () No ()

Location of the Office performing this contract? _____

BID RESPONSE:

1. Will Bidder accept the Purchasing Card (Visa)? Yes____ No____ **(please check one)**
2. Percentage of discount when payment is made with Visa: _____ %
(this amount maybe zero)

3. Are you willing to represent and warrant that you are in compliance with all Federal and State laws?
Yes____ No____
4. Will you allow employees to enroll in benefits using Bentek- the City's online enrollment site? Yes____ No____
5. Will you allow Bentek enrollment web site to transmit the City's eligibility electronically? Yes____ No____
6. Will your company be willing and/or able to provide the annual renewal for the programs you are proposing a minimum of 120 days prior to the renewal? Yes ____ No____
7. How many calendar days after receiving a completed application and binder check will Certificate(s) of coverage and policies be available?_____ Available online? _____ Mailed out? _____
8. Indicate the names of any parent and sister companies, as well as any subsidiaries.

9. Describe your company's current process in dealing with the various privacy laws. What precautions are taken to assure claimant confidentiality is maintained?

10. Do you subcontract any services? If so, please describe which services and who the other vendor(s) is/are.

11. Describe your company's disaster recovery program as it relates to continuing services to the City's participants.

12. List all sub-Contractors and major material suppliers for the project. Include scope of work, telephone numbers, and contact information. Insert additional lines if necessary. Include all license that allows them to perform the work.

13. Has the Proposer or any principals of the applicant organization failed to qualify as a responsible Contractor; refused to enter into a contract after an award has been made; failed to complete a contract during the past five (5) years or been declared to be in default in any contract or been assessed liquidated damages in the last five (5) years? If yes, please explain:

(Insert additional lines if necessary.)

14. Has the Proposer or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership? Yes () No ()
If yes, please explain:

15. List any lawsuits pending or completed within the past five (5) years involving the corporation, partnership or individuals with more than ten percent (10 %) interest:

(N/A is not an acceptable answer - insert lines if needed)

16. List any judgments from lawsuits in the last five (5) years:

(N/A is not an acceptable answer - insert lines if needed)

17. List any criminal violations and/or convictions of the Proposer and/or any of its principals:

(N/A is not an acceptable answer - insert lines if needed)

18. List (4) other governmental organizations in the state of Florida of similar size or larger that offer your Vision insurance product and/or services. Include name of employer, contact person, telephone number, email, and lines of coverage offered.

1. Name of firm: _____

Description of Services: _____

Location of Project: _____

Contact Name: _____ Contact phone number: _____

Contact email: _____

2. Name of firm: _____

Description of Services: _____

Location of Project: _____

Contact Name: _____ Contact phone number: _____

Contact email: _____

3. Name of firm: _____

Description of Services: _____

Location of Project: _____

Contact Name: _____ Contact phone number: _____

Contact email: _____

4. Name of firm: _____

Description of Services: _____

Location of Project: _____

Contact Name: _____ Contact phone number: _____

Contact email: _____

ACCOUNT SERVICES

- 19. What are your call center hours of operation? _____
- 20. Provide the name, title, contact information and resume of the individual who would have direct daily account responsibility for the employee benefits program(s) you are proposing. If more than one person will be filling this role, please respond with complete information for all.
- 21. Explain the billing process. Can you accommodate self bill and list bill?
- 22. Please describe reports that will be available.
- 23. How are calls handled during non-business hours?
- 24. Describe your ability to facilitate communications with non-English speaking employees, as well as employees with hearing impairments.
- 25. How do you monitor the quality of your call center staff?
- 26. How do you monitor the quality of your claims staff?
- 27. Indicate any underwriting contingencies.
- 28. How will coverage be affected for persons not Actively at Work on the effective date of your Policy?

29. How do you propose informing employees and assisting them with enrolling?
30. Please indicate any service guarantees you are willing to provide.
31. Provide a sample of your enrollment literature.
32. Describe the services provided by your account service team to the employees.
33. Will you provide COBRA Administration as a part of your proposed services? If so, are the fees for the COBRA Administration included in the costs associated with your proposed programs or are there separate, additional fees?
34. What is your account team service team’s average response time to client requests or questions?
35. Does your company help facilitate annual open enrollments?
 - Onsite Meetings?
 - Educational materials?

VISION INSURANCE AND ADMINISTRATIVE SERVICES:

36. Include a Geographic success report that illustrated the number of:

GeoAccess				
Area	Criteria	# Optometrists	# In-Network Retail Locations	# Specialty Discount Locations
Urban	2 in 5 miles			
Suburban	2 in 10 miles			
Rural	2 in 20 miles			

37. What are the Average discounts for the area the census covers broken down by:

Average Discount				
Charge Type	Palm Beach County	Indian River County	Martin County	St. Lucie County
Discount %				

- a. Please identify which network is included in your proposal.
- b. Do you utilize and “wrap” or leased networks not negotiated or owned by you organization?
- c. Can you provide a disruption report if a list of currently utilized Contractor tax ID numbers are supplied?
- d. Do you agree to allow Retirees to continue coverage under the same plan, at the same rate as active employees?
- e. Please describe your out-of-area coverage for retirees, dependent students or other dependents not residing with the employee (as a result of divorce or other reasons) but covered under their vision plan.

Be specific regarding capability and cost to modify existing report formats to comply with the City’s desire for premium/claim experience information.

Renewal Planning & Additional Fees:

- 38. Will you provide a "Not to Exceed" amount prior to the renewal?
- 39. Are you willing to award a multi-year rate guarantee for administrative fees or fully insured premiums? If so, please provide the details of your guarantee(s).
- 40. Please provide a description of all services included in your Administrative fees.
- 41. Describe any performance guarantee programs your company proposes.
- 42. Will your company be willing and/or able to provide the annual renewal for the programs you are proposing a by April 15th of each year assuming a renewal date of October 1st?
- 43. Are you willing to provide a minimum thirty-six (36) month rate guarantee for all plans proposed?

ADDENDUM ACKNOWLEDGMENT - Bidder acknowledges that the following addenda have been received and are included in its proposal/bid:

Addendum Number	Date Issued

(balance of page left intentionally blank)

CONTRACTOR'S PLAN PROPOSAL
E-Bid #20190081
Administrative Services for Vision Insurance

Please provide a detailed response for Exhibit I Administrative Services Only (ASO) Vision Plan Response Form and Exhibit II Fully Insured Vision Plan Response Form with a suggested schedule, for all services that are requested to be implemented and administered under this contract.

Note: Failure to use the City's Plan Response Form and provide the data requested in the E-Bid may deem your Bid non-responsive.

Exhibit I

ADMINISTRATIVE SERVICES ONLY (ASO) VISION PLAN RESPONSE FORM

Schedule of Benefits		Current Plan		Proposed Plan	
Services	In-Network	Out-of-Network	In-Network	Out-of-Network	
Eye Exam	No Charge	Up to \$45 Reimbursement			
Frequency of Services					
Examination	12 Months	12 Months			
Lenses	12 Months	12 Months			
Frames	12 Months	12 Months			
Contact Lenses	12 Months	12 Months			
Lenses					
Single	No Charge	Up to \$30 Reimbursement			
Bifocal	No Charge	Up to \$50 Reimbursement			
Trifocal	No Charge	Up to \$65 Reimbursement			
Frames					
Allowance	Up to \$115 Allowance; Up to \$135 Allowance for Featured	Up to \$70 Reimbursement			
Contact Lenses*					
Non-Elective (Medically Necessary)	No Charge	Up to \$210 Reimbursement			
Elective (Fitting, Follow-up & Lenses)	Up to \$115 Allowance After Maximum \$60	Up to \$105 Reimbursement			
Proposed Rate Guarantee Period					
ASO Monthly PEPM					

Exhibit II
FULLY INSURED VISION PLAN RESPONSE FORM

Schedule of Benefits	Current Plan		Proposed Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Services				
Eye Exam	No Charge	Up to \$45 Reimbursement		
Frequency of Services				
Examination	12 Months	12 Months		
Lenses	12 Months	12 Months		
Frames	12 Months	12 Months		
Contact Lenses	12 Months	12 Months		
Lenses				
Single	No Charge	Up to \$30 Reimbursement		
Bifocal	No Charge	Up to \$50 Reimbursement		
Trifocal	No Charge	Up to \$65 Reimbursement		
Frames				
Allowance	Up to \$115 Allowance; Up to \$135 Allowance for Featured	Up to \$70 Reimbursement		
Contact Lenses*				
Non-Elective (Medically Necessary)	No Charge	Up to \$210 Reimbursement		
Elective (Fitting, Follow-up & Lenses)	Up to \$115 Allowance After Maximum \$60	Up to \$105 Reimbursement		
Proposed Rate Gurantee Period				
Employee Only Rate				
Employee + Spouse Rate				
Employee + Family Rate				
Employee + Child(ren) Rate				
Are rates vaild regardless of actual enrollment on 10/1/2019?				

CERTIFICATION

This E-Bid is submitted by: Name (print) _____ who is an officer of the above firm duly authorized to sign bids and enter into contracts. I certify that this E-Bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies, or equipment, and is in all respects fair and without collusion or fraud. I understand collusive bidding is a violation of State and Federal law and can result in fines, prison sentences, and civil damage awards. I agree to comply with all requirements stated in the specifications for this E-bid, and to accept the City's Contract in its entirety.

Signature Title

If a corporation renders this E-Bid, the corporate seal attested by the secretary shall be affixed below. Any agent signing this E-Bid shall attach to this form evidence of legal authority.

Witnesses:

If Partnership:

Print Name of Firm
By: _____
(General Partner)

If Corporation:

Print Name of Corporation
By: _____
(President)
Attest: _____
(Secretary)

If Individual:

Signature

Print Name

DRUG-FREE WORKPLACE FORM

E-Bid # 20190081

Administration of the Health Reimbursement Account Program

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that
_____ does:

(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 Florida Statutes or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Bidder's Signature

Date:

CONTRACTOR CODE OF ETHICS
E-BID #20190081
Administrative Services for Vision Insurance

The City of Port St Lucie ("City), through its Procurement Management Department ("PMD") is committed to a procurement process that fosters fair and open competition, is conducted under the highest ethical standards and enjoys the complete confidence of the public. To achieve these purposes, PMD requires each Contractor who seeks to do business with the City to subscribe to this Contractor Code of Ethics.

- ◆ A Contractor's bid or proposal will be competitive, consistent and appropriate to the bid documents.
- ◆ A Contractor will not discuss or consult with other Contractors intending to bid on the same contract or similar City contract for limiting competition. A Contractor will not make any attempt to induce any individual or entity to submit or not submit a bid or proposal.
- ◆ Contractor will not disclose the terms of its bids or proposal, directly or indirectly, to any other competing Contractor prior to the bid or proposal closing date.
- ◆ Contractor will completely perform any contract awarded to it at the contracted price pursuant to the terms set forth in the contract.
- ◆ Contractor will submit timely, accurate and appropriate invoices for goods and/or services performed under the contract.
- ◆ Contractor will not offer or give any gift, item or service of value, directly or indirectly, to a City employee, City official, employee family member or other vendor contracted by the City.
- ◆ Contractor will not cause, influence or attempt to cause or influence, any City employee or City Official, which might tend to impair his/her objectivity or independence of judgment; or to use, or attempt to use, his/her official position to secure any unwarranted privileges or advantages for that Contractor or for any other person.
- ◆ Contractor will disclose to the City any direct or indirect personal interests a City employee or City official holds as it relates to a Contractor contracted by the City.
- ◆ Contractors must comply with all applicable laws, codes or regulations of the countries, states and localities in which they operate. This includes, but is not limited to, laws and regulations relating to environmental, occupational health and safety, and labor practices. In addition, Contractors must require their suppliers (including temporary labor agencies) to do the same. Contractors must conform their practices to any published standards for their industry. Compliance with laws, regulations and practices include, but are not limited to the following:
 - Obtaining and maintaining all required environmental permits. Further, Contractor will endeavor to minimize natural resource consumption through conservation, recycling and substitution methods.
 - Providing workers with a safe working environment, which includes identifying and evaluating workplace risks and establishing processes for which employee can report health and safety incidents, as well as providing adequate safety training.
 - Providing workers with an environment free of discrimination, harassment and abuse, which includes establishing a written antidiscrimination and anti-bullying/harassment policy, as well as clearly noticed policies pertaining to forced labor, child labor, wage and hours, and freedom of association.

Name of Organization/Proposer _____

Signature _____

Printed Name and Title _____

Date _____

DISCLAIMER: This Code of Ethics is intended as a reference and procedural guide to Contractors. The information it contains should not be interpreted to supersede any law or regulation, nor does it supersede the applicable Contractor contract. In the case of any discrepancies between it and the law, regulation(s) and/or Contractor contract, the law, regulatory provision(s) and/or Contractor contract shall prevail.

CITY OF PORT ST. LUCIE, FLORIDA
E-BID #20190081
Administrative Services for Vision Insurance

CONTRACTOR VERIFICATION FORM

THE FOLLOWING IS TO BE COMPLETED BY PRIME PROPOSER:

Name of Firm: _____

Corporate Title: _____

Address: _____

(Zip Code)

By: _____
(Print name) (Print title)

(Authorized Signature)

Telephone: () _____

Fax: () _____

State License # _____ (ATTACH COPY)

County License # _____ (ATTACH COPY)

City License: (ATTACH PROOF OF REGISTRATION WITH THE CITY)

Type of License: _____

Unlimited _____ (yes/no)

If "NO", Limited to what trade? _____

NON-COLLUSION AFFIDAVIT
E-BID #20190081
Administrative Services for Vision Insurance

State of _____ }

County of _____ }

_____, being first duly sworn, disposes and says that:
(Name/s)

1. They are _____ of _____ the Proposer that _____ (Title)
(Name of Company)

has submitted the attached bid/PROPOSAL;

2. He is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such Bid/PROPOSAL;

3. Such Bid/Proposal is genuine and is not a collusive or sham Bid;

4. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Bid in connection with the contract for which the attached bid has been submitted or to refrain from bidding in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and

5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Signed) _____

(Title) _____

STATE OF FLORIDA }
COUNTY OF ST. LUCIE} SS:

The foregoing instrument was acknowledged before me this _____
(Date)

by: _____ who is personally known to me or who has produced
_____ as identification and who did (did not) take an oath.

Notary (print & sign name)

Commission No. _____

CHECKLIST
E-BID #20190081
Administrative Services for Vision Insurance

Name of Bidder: _____

This checklist is provided to assist Bidders in the preparation of their bid response. Included in this checklist are important requirements that are the responsibility of each Bidder to submit with their response in order to make their bid response fully compliant. This checklist is only a guideline -- it is the responsibility of each Bidder to read and comply with the Invitation to Bid in its entirety.

_____ Documents uploaded in one (1) .pdf file and in order of the Proposal Reply SRFP #20190082, Certified Minority Business Certificate (if applicable), Local preference documents (if applicable) W9, current Certificate of Insurance, current License, five (4) reference forms, E-Verify Statement, Drug Free, Contractor Code of Ethics, Contractor Verification, Non-Collusion, and Check list onto Demandstar by the due date and time.

_____ \$500.00 Bid Bond uploaded to DemandStar and received within five (5) business days after the opening or the bid shall be considered non-responsive

_____ All questions on the Proposal Reply are complete and thoroughly answered.

_____ Included the Contractor's Plan Proposal (Exhibit I and Exhibit II).

_____ Each Proposal Addendum (when issued) is acknowledged.

_____ Have reviewed the Contract and accept all City Terms and Conditions.

_____ After review of uploaded documents on DemandStar by Onvia web site selected the Submit button at bottom of page.

THIS FORM SHOULD BE RETURNED WITH THE BID REPLY SHEET

EXHIBIT A
 VSP Vision Benefit Summary
 E-Bid #20190081
 Administrative Services for Vision Insurance



Your VSP Vision Benefits Summary

CITY OF PORT SAINT LUCIE and VSP provide you with an affordable eyecare plan.

VSP Coverage Effective Date: 10/01/2018

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$0	Every 12 months
Prescription Glasses			
Frame	<ul style="list-style-type: none"> \$115 allowance for a wide selection of frames \$135 allowance for featured frame brands 20% savings on the amount over your allowance \$60 Costco® frame allowance 	\$0	Every 12 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	\$0	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$55 \$95 - \$105 \$150 - \$175	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$115 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		
Your Coverage with Out-of-Network Providers			
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.			
Exam	up to \$45	Lined Bifocal Lenses	up to \$50
Frame	up to \$70	Lined Trifocal Lenses	up to \$65
Single Vision Lenses	up to \$30	Progressive Lenses	up to \$50
		Contacts	up to \$105
<small>Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.</small>			

EXHIBIT B
Vision Claims Summary 2017-2018
E-Bid #20190081
Administrative Services for Vision Insurance



CLIENT UTILIZATION REPORT
 For: CITY OF PORT SAINT LUCIE

UTIL0001

Page 1
 Run Date: 04/02/2018

Client ID: 30049883 Summary
 Contract Type: ASP
 Client Type: Individually Rated

PERIOD	NBR COVERED	GROSS \$	RETENTION \$	RETN %	NET \$	CLAIM \$	GAIN/LOSS \$	PLR %	AVG CLM COST	# CLMS PAID	PAID FREQ	REV/MBR
2015	11,740	\$126,328	\$14,225	11.3	\$112,104	\$112,104	\$0	100	\$111.55	1,005	86	\$1.21
2016	11,841	\$126,746	\$14,359	11.3	\$112,387	\$112,387	\$0	100	\$112.61	998	84	\$1.21
2017	12,251	\$127,236 *	\$14,808	11.6	\$112,428	\$112,428	\$0	100	\$110.77	1,015	83	\$1.21
APR	1,017	\$6,218	\$1,220	19.6	\$4,999	\$4,999	\$0	100	\$96.13	52	51	\$1.20
MAY	1,019	\$11,747 *	\$1,232	10.5	\$10,515	\$10,515	\$0	100	\$105.15	100	98	\$1.21
JUN	1,026	\$10,033 *	\$1,241	12.4	\$8,792	\$8,792	\$0	100	\$111.29	79	77	\$1.21
JUL	1,024	\$10,289 *	\$1,239	12.0	\$9,050	\$9,050	\$0	100	\$120.66	75	73	\$1.21
AUG	1,028	\$12,194 *	\$1,244	10.2	\$10,950	\$10,950	\$0	100	\$117.74	93	90	\$1.21
SEP	1,029	\$8,857 *	\$1,245	14.1	\$7,612	\$7,612	\$0	100	\$95.15	80	78	\$1.21
OCT	1,032	\$11,350 *	\$1,249	11.0	\$10,101	\$10,101	\$0	100	\$105.22	96	93	\$1.21
NOV	1,036	\$11,292 *	\$1,254	11.1	\$10,039	\$10,039	\$0	100	\$110.32	91	88	\$1.21
DEC	1,040	\$13,242 *	\$1,257	9.5	\$11,984	\$11,984	\$0	100	\$118.66	101	97	\$1.21
JAN	1,041	\$11,034 *	\$1,258	11.4	\$9,776	\$9,776	\$0	100	\$117.78	83	80	\$1.21
FEB	1,046	\$12,070 *	\$1,266	10.5	\$10,804	\$10,804	\$0	100	\$140.31	77	74	\$1.21
MAR	1,044	\$8,816 *	\$1,263	14.3	\$7,553	\$7,553	\$0	100	\$107.90	70	67	\$1.21
LTM	12,382	\$127,142 *	\$14,968	11.8	\$112,174	\$112,174	\$0	100	\$112.51	997	81	\$1.21
ADJ	0	\$0	\$0	0.0	\$0	\$0	\$0	0	\$0.00	0	0	\$0.00
CC	41,854	\$438,844 *	\$50,684	11.5	\$388,159	\$388,159	\$0	100	\$112.58	3,448	82	\$1.21
YTD	3,131	\$31,920 *	\$3,787	11.9	\$28,133	\$28,133	\$0	100	\$122.32	230	73	\$1.21

MEMBERSHIP AVERAGES					MEMBERS				SPOUSE				DEPENDENTS					
PERIOD	REV/MBR	CLM \$	IND RATE	PNL %	PERIOD	CLMS \$	# CLMS	AVG COST	MBR %	CLMS \$	# CLMS	AVG COST	SP %	CLMS \$	# CLMS	AVG COST	DEP %	SP + DEP %
2015	\$1.21	\$9.55	\$10.76	86	APR	\$2,380	26	\$91.53	50	\$1,768	18	\$98.22	35	\$851	8	\$106.38	15	50
2016	\$1.21	\$9.49	\$10.70	91	MAY	\$6,118	55	\$111.23	55	\$2,463	26	\$94.73	26	\$1,934	19	\$101.80	19	45
2017	\$1.21	\$9.18	\$10.38	88	JUN	\$4,779	43	\$111.14	54	\$2,689	22	\$122.23	28	\$1,324	14	\$94.55	18	46
Q1	\$1.21	\$8.99	\$10.19	92	JUL	\$3,501	31	\$112.94	41	\$2,556	21	\$121.69	28	\$2,993	23	\$130.12	31	59
Q2	\$0.00	\$0.00	\$0.00	0	AUG	\$4,367	33	\$132.32	35	\$2,334	20	\$116.71	22	\$4,249	40	\$106.24	43	65
Q3	\$0.00	\$0.00	\$0.00	0	SEP	\$3,927	40	\$98.17	50	\$1,589	21	\$75.68	26	\$2,096	19	\$110.30	24	50
Q4	\$0.00	\$0.00	\$0.00	0	OCT	\$5,497	49	\$112.18	51	\$2,955	27	\$109.46	28	\$1,649	20	\$82.45	21	49
LTM	\$1.21	\$9.06	\$10.26	88	NOV	\$5,103	41	\$124.47	45	\$2,374	23	\$103.23	25	\$2,561	27	\$94.85	30	55
CC	\$1.21	\$9.27	\$10.48	89	DEC	\$6,469	55	\$117.63	54	\$3,217	27	\$119.14	27	\$2,298	19	\$120.96	19	46
YTD	\$1.21	\$8.99	\$10.19	92	JAN	\$4,620	43	\$107.44	52	\$2,327	23	\$101.19	28	\$2,828	17	\$166.38	20	48
					FEB	\$5,795	45	\$128.77	58	\$3,826	22	\$173.93	29	\$1,183	10	\$118.32	13	42
					MAR	\$4,640	43	\$107.91	61	\$1,052	10	\$105.20	14	\$1,861	17	\$109.48	24	39
					TOT	\$57,195	504	\$113.48	51	\$29,151	260	\$112.12	26	\$25,828	233	\$110.85	23	49

ADJ - Adjustments
 CC- Current Contracts
 LTM - Last Twelve Months
 YTD - Year to Date

* - Asterisks Indicate Estimates Due to Non or Partial Payment

VSP CONFIDENTIAL
 The information contained in this report is confidential and is not intended for distribution outside the VSP client and/or broker partnership.



CLIENT UTILIZATION REPORT
 For: CITY OF PORT SAINT LUCIE Div: ACTIVE

UTIL0001

Page 1
 Run Date: 04/02/2018

Client ID: 30049883 Divison:0002 Class:0002 J
 Contract Type: ASP
 Client Type: Individually Rated

PERIOD	NBR COVERED	GROSS \$	RETENTION \$	RETN %	NET \$	CLAIM \$	GAIN/LOSS \$	PLR %	AVG CLM COST	# CLMS PAID	PAID FREQ	REV/ MBR
APR	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
MAY	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
JUN	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
JUL	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
AUG	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
SEP	0	\$26	\$0	0.0	\$26	\$26	\$0	100.0	\$25.66	1	0	\$0.00
OCT	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
NOV	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
DEC	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
JAN	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
FEB	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
MAR	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
LTM	0	\$26	\$0	0.0	\$26	\$26	\$0	100.0	\$25.66	1	0	\$0.00
ADJ	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
CC	0	\$26	\$0	0.0	\$26	\$26	\$0	100.0	\$25.66	1	0	\$0.00
YTD	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00

MEMBERSHIP AVERAGES					MEMBERS				SPOUSE				DEPENDENTS					
PERIOD	REV/ MBR	CLM \$	IND RATE	PNL %	PERIOD	CLMS \$	# CLMS	AVG COST	MBR %	CLMS \$	# CLMS	AVG COST	SP %	CLMS \$	# CLMS	AVG COST	DEP %	SP + DEP%
Q1	\$0.00	\$0.00	\$0.00	0	APR	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q2	\$0.00	\$0.00	\$0.00	0	MAY	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q3	\$0.00	\$0.00	\$0.00	0	JUN	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q4	\$0.00	\$0.00	\$0.00	0	JUL	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
LTM	\$0.00	\$0.00	\$0.00	100	AUG	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
CC	\$0.00	\$0.00	\$0.00	100	SEP	\$0	0	\$0.00	0	\$26	1	\$25.66	100	\$0	0	\$0.00	0	100
YTD	\$0.00	\$0.00	\$0.00	0	OCT	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					NOV	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					DEC	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					JAN	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					FEB	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					MAR	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					TOT	\$0	0	\$0.00	0	\$26	1	\$25.66	100	\$0	0	\$0.00	0	100

ADJ - Adjustments
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CLIENT UTILIZATION REPORT
For: CITY OF PORT SAINT LUCIE Div: ACTIVE

UTIL0001

Page 1
Run Date: 04/02/2018

Client ID: 30049883 Division: 0002 Class: 0002 9
Contract Type: ASP
Client Type: Individually Rated

PERIOD	NBR COVERED	GROSS \$	RETENTION \$	RETN %	NET \$	CLAIM \$	GAIN/LOSS \$	PLR %	AVG CLM COST	# CLMS PAID	PAID FREQ	REV/MBR
APR	905	\$5,965	\$1,084	18.2	\$4,881	\$4,881	\$0	100.0	\$97.63	50	55	\$1.20
MAY	907	\$10,649 *	\$1,096	10.3	\$9,553	\$9,553	\$0	100.0	\$103.83	92	101	\$1.21
JUN	911	\$9,388 *	\$1,102	11.7	\$8,286	\$8,286	\$0	100.0	\$110.48	75	82	\$1.21
JUL	911	\$9,800 *	\$1,102	11.2	\$8,698	\$8,698	\$0	100.0	\$120.80	72	79	\$1.21
AUG	914	\$11,697 *	\$1,106	9.5	\$10,591	\$10,591	\$0	100.0	\$117.68	90	98	\$1.21
SEP	913	\$8,182 *	\$1,105	13.5	\$7,078	\$7,078	\$0	100.0	\$94.37	75	82	\$1.21
OCT	916	\$11,007 *	\$1,108	10.1	\$9,899	\$9,899	\$0	100.0	\$106.44	93	102	\$1.21
NOV	920	\$10,366 *	\$1,113	10.7	\$9,253	\$9,253	\$0	100.0	\$108.86	85	92	\$1.21
DEC	923	\$12,537 *	\$1,117	8.9	\$11,420	\$11,420	\$0	100.0	\$118.96	96	104	\$1.21
JAN	925	\$10,106 *	\$1,119	11.1	\$8,987	\$8,987	\$0	100.0	\$118.25	76	82	\$1.21
FEB	929	\$11,660 *	\$1,124	9.6	\$10,536	\$10,536	\$0	100.0	\$142.38	74	80	\$1.21
MAR	924	\$8,230 *	\$1,118	13.6	\$7,112	\$7,112	\$0	100.0	\$106.15	67	73	\$1.21
LTM	10,998	\$119,589 *	\$13,295	11.1	\$106,294	\$106,294	\$0	100.0	\$112.48	945	86	\$1.21
ADJ	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
CC	37,240	\$410,993 *	\$45,104	11.0	\$365,889	\$365,889	\$0	100.0	\$112.65	3,248	87	\$1.21
YTD	2,778	\$29,997 *	\$3,361	11.2	\$26,635	\$26,635	\$0	100.0	\$122.74	217	78	\$1.21

MEMBERSHIP AVERAGES					MEMBERS				SPOUSE				DEPENDENTS					
PERIOD	REV/MBR	CLM \$	IND RATE	PNL %	PERIOD	CLMS \$	# CLMS	AVG COST	MBR %	CLMS \$	# CLMS	AVG COST	SP %	CLMS \$	# CLMS	AVG COST	DEP %	SP + DEP %
Q1	\$1.21	\$9.59	\$10.79	92	APR	\$2,262	24	\$94.26	48	\$1,768	18	\$98.22	36	\$851	8	\$106.38	16	52
Q2	\$0.00	\$0.00	\$0.00	0	MAY	\$5,156	47	\$109.69	51	\$2,463	26	\$94.73	28	\$1,934	19	\$101.80	21	49
Q3	\$0.00	\$0.00	\$0.00	0	JUN	\$4,273	39	\$109.56	52	\$2,689	22	\$122.23	29	\$1,324	14	\$94.55	19	48
Q4	\$0.00	\$0.00	\$0.00	0	JUL	\$3,149	28	\$112.47	39	\$2,556	21	\$121.69	29	\$2,993	23	\$130.12	32	61
LTM	\$1.21	\$9.66	\$10.87	88	AUG	\$4,008	30	\$133.59	33	\$2,334	20	\$116.71	22	\$4,249	40	\$106.24	44	67
CC	\$1.21	\$9.83	\$11.03	88	SEP	\$3,418	36	\$94.95	48	\$1,564	20	\$78.18	27	\$2,096	19	\$110.30	25	52
YTD	\$1.21	\$9.59	\$10.79	92	OCT	\$5,294	46	\$115.09	49	\$2,955	27	\$109.46	29	\$1,649	20	\$82.45	22	51
					NOV	\$4,318	35	\$123.37	41	\$2,374	23	\$103.23	27	\$2,561	27	\$94.85	32	59
					DEC	\$6,079	51	\$119.20	53	\$3,043	26	\$117.03	27	\$2,298	19	\$120.96	20	47
					JAN	\$3,831	36	\$106.42	47	\$2,327	23	\$101.19	30	\$2,828	17	\$166.38	22	53
					FEB	\$5,527	42	\$131.58	57	\$3,826	22	\$173.93	30	\$1,183	10	\$118.32	14	43
					MAR	\$4,199	40	\$104.98	60	\$1,052	10	\$105.20	15	\$1,861	17	\$109.48	25	40
					TOT	\$51,514	454	\$113.47	48	\$28,952	258	\$112.22	27	\$25,828	233	\$110.85	25	52

ADJ - Adjustments
CC - Current Contracts
LTM - Last Twelve Months
YTD - Year to Date
* - Asterisks Indicate Estimates Due to Non or Partial Payment

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CLIENT UTILIZATION REPORT
For: CITY OF PORT SAINT LUCIE Div: COBRA

UTIL0001

Page 1
Run Date: 04/02/2018

Client ID: 30049883 Divison: 0004 Class: 0004 J
Contract Type: ASP
Client Type: Individually Rated

PERIOD	NBR COVERED	GROSS \$	RETENTION \$	RETN %	NET \$	CLAIM \$	GAIN/LOSS \$	PLR %	AVG CLM COST	# CLMS PAID	PAID FREQ	REV/ MBR
APR	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
MAY	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
JUN	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
JUL	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
AUG	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
SEP	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
OCT	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
NOV	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
DEC	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
JAN	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
FEB	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
MAR	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
LTM	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
ADJ	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
CC	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
YTD	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00

MEMBERSHIP AVERAGES					MEMBERS				SPOUSE				DEPENDENTS					
PERIOD	REV/ MBR	CLM \$	IND RATE	PNL %	PERIOD	CLMS \$	# CLMS	AVG COST	MBR %	CLMS \$	# CLMS	AVG COST	SP %	CLMS \$	# CLMS	AVG COST	DEP %	SP + DEP%
Q1	\$0.00	\$0.00	\$0.00	0	APR	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q2	\$0.00	\$0.00	\$0.00	0	MAY	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q3	\$0.00	\$0.00	\$0.00	0	JUN	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q4	\$0.00	\$0.00	\$0.00	0	JUL	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
LTM	\$0.00	\$0.00	\$0.00	0	AUG	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
CC	\$0.00	\$0.00	\$0.00	0	SEP	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
YTD	\$0.00	\$0.00	\$0.00	0	OCT	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					NOV	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					DEC	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					JAN	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					FEB	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					MAR	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					TOT	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0

ADJ - Adjustments
CC- Current Contracts
LTM - Last Twelve Months
YTD - Year to Date

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CLIENT UTILIZATION REPORT
For: CITY OF PORT SAINT LUCIE Div: COBRA

UTIL0001

Page 1
Run Date: 04/02/2018

Client ID: 30049883 Division: 0004 Class: 0004 9
Contract Type: ASP
Client Type: Individually Rated

PERIOD	NBR COVERED	GROSS \$	RETENTION \$	RETN %	NET \$	CLAIM \$	GAIN/LOSS \$	PLR %	AVG CLM COST	# CLMS PAID	PAID FREQ	REV/ MBR
APR	1	\$1	\$1	100.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$1.21
MAY	1	\$1	\$1	100.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$1.21
JUN	1	\$1 *	\$1	100.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$1.21
JUL	1	\$1 *	\$1	100.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$1.21
AUG	1	\$1 *	\$1	100.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$1.21
SEP	1	\$1 *	\$1	100.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$1.21
OCT	1	\$1 *	\$1	100.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$1.21
NOV	1	\$1 *	\$1	100.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$1.21
DEC	1	\$153 *	\$0	0.0	\$153	\$153	\$0	100.0	\$152.95	1	1,000	\$0.00
JAN	1	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
FEB	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
MAR	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
LTM	10	\$163	\$10	6.0	\$153	\$153	\$0	100.0	\$152.95	1	100	\$0.97
ADJ	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
CC	35	\$192	\$39	20.2	\$153	\$153	\$0	100.0	\$152.95	1	29	\$1.11
YTD	1	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00

MEMBERSHIP AVERAGES					MEMBERS				SPOUSE				DEPENDENTS					
PERIOD	REV/ MBR	CLM \$	IND RATE	PNL %	PERIOD	CLMS \$	# CLMS	AVG COST	MBR %	CLMS \$	# CLMS	AVG COST	SP %	CLMS \$	# CLMS	AVG COST	DEP %	SP + DEP%
Q1	\$0.00	\$0.00	\$0.00	0	APR	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q2	\$0.00	\$0.00	\$0.00	0	MAY	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q3	\$0.00	\$0.00	\$0.00	0	JUN	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q4	\$0.00	\$0.00	\$0.00	0	JUL	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
LTM	\$0.97	\$15.30	\$16.26	100	AUG	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
CC	\$1.11	\$4.37	\$5.47	100	SEP	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
YTD	\$0.00	\$0.00	\$0.00	0	OCT	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					NOV	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					DEC	\$153	1	\$152.95	100	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					JAN	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					FEB	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					MAR	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					TOT	\$153	1	\$152.95	100	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0

ADJ - Adjustments
CC - Current Contracts
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YTD - Year to Date
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CLIENT UTILIZATION REPORT
For: CITY OF PORT SAINT LUCIE Div: RETIREE

UTIL0001

Page 1
Run Date: 04/02/2018

Client ID: 30049883 Divison: 0006 Class: 0006 J
Contract Type: ASP
Client Type: Individually Rated

PERIOD	NBR COVERED	GROSS \$	RETENTION \$	RETN %	NET \$	CLAIM \$	GAIN/LOSS \$	PLR %	AVG CLM COST	# CLMS PAID	PAID FREQ	REV/ MBR
APR	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
MAY	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
JUN	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
JUL	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
AUG	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
SEP	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
OCT	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
NOV	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
DEC	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
JAN	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
FEB	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
MAR	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
LTM	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
ADJ	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
CC	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
YTD	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00

MEMBERSHIP AVERAGES					MEMBERS				SPOUSE				DEPENDENTS					
PERIOD	REV/ MBR	CLM \$	IND RATE	PNL %	PERIOD	CLMS \$	# CLMS	AVG COST	MBR %	CLMS \$	# CLMS	AVG COST	SP %	CLMS \$	# CLMS	AVG COST	DEP %	SP + DEP %
Q1	\$0.00	\$0.00	\$0.00	0	APR	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q2	\$0.00	\$0.00	\$0.00	0	MAY	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q3	\$0.00	\$0.00	\$0.00	0	JUN	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q4	\$0.00	\$0.00	\$0.00	0	JUL	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
LTM	\$0.00	\$0.00	\$0.00	0	AUG	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
CC	\$0.00	\$0.00	\$0.00	0	SEP	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
YTD	\$0.00	\$0.00	\$0.00	0	OCT	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					NOV	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					DEC	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					JAN	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					FEB	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					MAR	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					TOT	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0

ADJ - Adjustments
CC- Current Contracts
LTM - Last Twelve Months
YTD - Year to Date

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CLIENT UTILIZATION REPORT
 For: CITY OF PORT SAINT LUCIE Div: RETIREE

UTIL0001

Page 1
 Run Date: 04/02/2018

Client ID: 30049883 Divison: 0006 Class: 0006 9
 Contract Type: ASP
 Client Type: Individually Rated

PERIOD	NBR COVERED	GROSS \$	RETENTION \$	RETN %	NET \$	CLAIM \$	GAIN/LOSS \$	PLR %	AVG CLM COST	# CLMS PAID	PAID FREQ	REV/MBR
APR	111	\$252	\$134	53.3	\$118	\$118	\$0	100.0	\$58.75	2	18	\$1.21
MAY	111	\$1,096 *	\$134	12.3	\$962	\$962	\$0	100.0	\$120.26	8	72	\$1.21
JUN	114	\$644 *	\$138	21.4	\$506	\$506	\$0	100.0	\$126.49	4	35	\$1.21
JUL	112	\$488 *	\$136	27.8	\$352	\$352	\$0	100.0	\$117.33	3	27	\$1.21
AUG	113	\$496 *	\$137	27.6	\$359	\$359	\$0	100.0	\$119.67	3	27	\$1.21
SEP	115	\$648 *	\$139	21.5	\$509	\$509	\$0	100.0	\$127.13	4	35	\$1.21
OCT	115	\$342 *	\$139	40.7	\$203	\$203	\$0	100.0	\$67.50	3	26	\$1.21
NOV	115	\$925 *	\$139	15.0	\$785	\$785	\$0	100.0	\$130.91	6	52	\$1.21
DEC	116	\$551 *	\$140	25.5	\$411	\$411	\$0	100.0	\$102.75	4	34	\$1.21
JAN	115	\$928 *	\$139	15.0	\$789	\$789	\$0	100.0	\$112.71	7	61	\$1.21
FEB	117	\$410 *	\$142	34.6	\$268	\$268	\$0	100.0	\$89.33	3	26	\$1.21
MAR	120	\$586 *	\$145	24.8	\$441	\$441	\$0	100.0	\$146.92	3	25	\$1.21
LTM	1,374	\$7,364 *	\$1,663	22.6	\$5,702	\$5,702	\$0	100.0	\$114.03	50	36	\$1.21
ADJ	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
CC	4,579	\$27,634 *	\$5,542	20.1	\$22,092	\$22,092	\$0	100.0	\$111.58	198	43	\$1.21
YTD	352	\$1,924 *	\$426	22.1	\$1,498	\$1,498	\$0	100.0	\$115.21	13	37	\$1.21

MEMBERSHIP AVERAGES					MEMBERS				SPOUSE				DEPENDENTS					
PERIOD	REV/MBR	CLM \$	IND RATE	PNL %	PERIOD	CLMS \$	# CLMS	AVG COST	MBR %	CLMS \$	# CLMS	AVG COST	SP %	CLMS \$	# CLMS	AVG COST	DEP %	SP + DEP%
Q1	\$1.21	\$4.25	\$5.46	85	APR	\$118	2	\$58.75	100	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q2	\$0.00	\$0.00	\$0.00	0	MAY	\$962	8	\$120.26	100	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q3	\$0.00	\$0.00	\$0.00	0	JUN	\$506	4	\$126.49	100	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q4	\$0.00	\$0.00	\$0.00	0	JUL	\$352	3	\$117.33	100	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
LTM	\$1.21	\$4.15	\$5.35	94	AUG	\$359	3	\$119.67	100	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
CC	\$1.21	\$4.82	\$6.03	90	SEP	\$509	4	\$127.13	100	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
YTD	\$1.21	\$4.25	\$5.46	85	OCT	\$203	3	\$67.50	100	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					NOV	\$785	6	\$130.91	100	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					DEC	\$237	3	\$79.00	75	\$174	1	\$174.00	25	\$0	0	\$0.00	0	25
					JAN	\$789	7	\$112.71	100	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					FEB	\$268	3	\$89.33	100	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					MAR	\$441	3	\$146.92	100	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					TOT	\$5,528	49	\$112.81	98	\$174	1	\$174.00	2	\$0	0	\$0.00	0	2

ADJ - Adjustments
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 YTD - Year to Date

* - Asterisks Indicate Estimates Due to Non or Partial Payment

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EXHIBIT C
Vision Claims Summary 2018-2019
E-Bid #20190081
Administrative Services for Vision Insurance



CLIENT UTILIZATION REPORT
 For: CITY OF PORT SAINT LUCIE

UTIL0001

Page 1
 Run Date: 04/02/2019

Client ID: 30049883 Summary
 Contract Type: ASP
 Client Type: Individually Rated

PERIOD	NBR COVERED	GROSS \$	RETENTION \$	RETN %	NET \$	CLAIM \$	GAIN/LOSS \$	PLR %	AVG CLM COST	# CLMS PAID	PAID FREQ	REV/ MBR
2016	11,841	\$126,746	\$14,359	11.3	\$112,387	\$112,387	\$0	100	\$112.61	998	84	\$1.21
2017	12,251	\$127,236	\$14,808	11.6	\$112,428	\$112,428	\$0	100	\$110.77	1,015	83	\$1.21
2018	12,661	\$127,599 *	\$15,319	12.0	\$112,281	\$112,281	\$0	100	\$105.73	1,062	84	\$1.21
APR	1,047	\$9,956	\$1,267	12.7	\$8,689	\$8,689	\$0	100	\$109.98	79	75	\$1.21
MAY	1,046	\$9,759	\$1,266	13.0	\$8,494	\$8,494	\$0	100	\$106.17	80	76	\$1.21
JUN	1,048	\$10,535	\$1,268	12.0	\$9,266	\$9,266	\$0	100	\$101.83	91	87	\$1.21
JUL	1,051	\$11,253	\$1,272	11.3	\$9,981	\$9,981	\$0	100	\$105.07	95	90	\$1.21
AUG	1,060	\$9,822	\$1,283	13.1	\$8,540	\$8,540	\$0	100	\$100.47	85	80	\$1.21
SEP	1,061	\$8,872	\$1,284	14.5	\$7,588	\$7,588	\$0	100	\$99.84	76	72	\$1.21
OCT	1,069	\$14,474	\$1,293	8.9	\$13,181	\$13,181	\$0	100	\$99.85	132	123	\$1.21
NOV	1,072	\$10,325	\$1,297	12.6	\$9,028	\$9,028	\$0	100	\$92.12	98	91	\$1.21
DEC	1,073	\$10,680 *	\$1,298	12.2	\$9,382	\$9,382	\$0	100	\$97.72	96	89	\$1.21
JAN	1,068	\$13,748 *	\$1,292	9.4	\$12,456	\$12,456	\$0	100	\$115.33	108	101	\$1.21
FEB	1,063	\$12,088 *	\$1,286	10.6	\$10,801	\$10,801	\$0	100	\$95.59	113	106	\$1.21
MAR	1,059	\$12,737 *	\$1,281	10.1	\$11,456	\$11,456	\$0	100	\$103.20	111	105	\$1.21
LTM	12,717	\$134,248 *	\$15,388	11.5	\$118,861	\$118,861	\$0	100	\$102.11	1,164	92	\$1.21
ADJ	0	\$0	\$0	0.0	\$0	\$0	\$0	0	\$0.00	0	0	\$0.00
CC	6,404	\$74,052 *	\$7,749	10.5	\$66,303	\$66,303	\$0	100	\$100.76	658	103	\$1.21
YTD	3,190	\$38,573 *	\$3,860	10.0	\$34,713	\$34,713	\$0	100	\$104.56	332	104	\$1.21

MEMBERSHIP AVERAGES					MEMBERS				SPOUSE				DEPENDENTS					
PERIOD	REV/ MBR	CLM \$	IND RATE	PNL %	PERIOD	CLMS \$	# CLMS	AVG COST	MBR %	CLMS \$	# CLMS	AVG COST	SP %	CLMS \$	# CLMS	AVG COST	DEP %	SP + DEP%
2016	\$1.21	\$9.49	\$10.70	91	APR	\$5,272	48	\$109.83	61	\$1,877	19	\$98.76	24	\$1,540	12	\$128.37	15	39
2017	\$1.21	\$9.18	\$10.38	88	MAY	\$4,668	42	\$111.15	53	\$2,004	25	\$80.17	31	\$1,821	13	\$140.10	16	48
2018	\$1.21	\$8.87	\$10.07	88	JUN	\$5,214	49	\$106.41	54	\$1,616	15	\$107.75	16	\$2,436	27	\$90.22	30	46
Q1	\$1.21	\$10.88	\$12.09	92	JUL	\$4,772	43	\$110.98	45	\$2,869	26	\$110.34	27	\$2,340	26	\$90.01	27	55
Q2	\$0.00	\$0.00	\$0.00	0	AUG	\$3,211	33	\$97.32	39	\$1,937	19	\$101.96	22	\$3,391	33	\$102.75	39	61
Q3	\$0.00	\$0.00	\$0.00	0	SEP	\$3,869	37	\$104.56	49	\$1,858	18	\$103.22	24	\$1,861	21	\$88.64	28	51
Q4	\$0.00	\$0.00	\$0.00	0	OCT	\$6,524	64	\$101.94	48	\$3,478	36	\$96.62	27	\$3,178	32	\$99.32	24	52
LTM	\$1.21	\$9.35	\$10.55	88	NOV	\$4,198	47	\$89.31	48	\$2,454	26	\$94.39	27	\$2,376	25	\$95.04	26	52
CC	\$1.21	\$10.35	\$11.56	91	DEC	\$4,759	47	\$101.26	49	\$2,290	25	\$91.60	26	\$2,332	24	\$97.19	25	51
YTD	\$1.21	\$10.88	\$12.09	92	JAN	\$6,867	60	\$114.45	56	\$3,589	26	\$138.02	24	\$2,000	22	\$90.92	20	44
					FEB	\$7,062	71	\$99.47	63	\$1,903	19	\$100.13	17	\$1,836	23	\$79.84	20	37
					MAR	\$6,804	60	\$113.40	54	\$2,121	22	\$96.43	20	\$2,530	29	\$87.25	26	46
					TOT	\$63,221	601	\$105.19	52	\$27,996	276	\$101.44	24	\$27,644	287	\$96.32	25	48

ADJ - Adjustments
 CC- Current Contracts
 LTM - Last Twelve Months
 YTD - Year to Date

* - Asterisks Indicate Estimates Due to Non or Partial Payment

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CLIENT UTILIZATION REPORT
 For: CITY OF PORT SAINT LUCIE Div: ACTIVE

UTIL0001

Page 1
 Run Date: 04/02/2019

Client ID: 30049883 Division: 0002 Class: 0002 J
 Contract Type: ASP
 Client Type: Individually Rated

PERIOD	NBR COVERED	GROSS \$	RETENTION \$	RETN %	NET \$	CLAIM \$	GAIN/LOSS \$	PLR %	AVG CLM COST	# CLMS PAID	PAID FREQ	REV/ MBR
APR	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
MAY	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
JUN	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
JUL	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
AUG	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
SEP	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
OCT	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
NOV	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
DEC	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
JAN	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
FEB	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
MAR	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
LTM	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
ADJ	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
CC	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
YTD	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00

MEMBERSHIP AVERAGES					MEMBERS				SPOUSE				DEPENDENTS					
PERIOD	REV/ MBR	CLM \$	IND RATE	PNL %	PERIOD	CLMS \$	# CLMS	AVG COST	MBR %	CLMS \$	# CLMS	AVG COST	SP %	CLMS \$	# CLMS	AVG COST	DEP %	SP + DEP %
Q1	\$0.00	\$0.00	\$0.00	0	APR	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q2	\$0.00	\$0.00	\$0.00	0	MAY	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q3	\$0.00	\$0.00	\$0.00	0	JUN	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q4	\$0.00	\$0.00	\$0.00	0	JUL	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
LTM	\$0.00	\$0.00	\$0.00	0	AUG	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
CC	\$0.00	\$0.00	\$0.00	0	SEP	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
YTD	\$0.00	\$0.00	\$0.00	0	OCT	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					NOV	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					DEC	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					JAN	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					FEB	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					MAR	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					TOT	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0

ADJ - Adjustments
 CC - Current Contracts
 LTM - Last Twelve Months
 YTD - Year to Date

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CLIENT UTILIZATION REPORT
For: CITY OF PORT SAINT LUCIE Div: ACTIVE

UTIL0001

Page 1
Run Date: 04/02/2019

Client ID: 30049883 Divison:0002 Class:0002 9
Contract Type: ASP
Client Type: Individually Rated

PERIOD	NBR COVERED	GROSS \$	RETENTION \$	RETN %	NET \$	CLAIM \$	GAIN/LOSS \$	PLR %	AVG CLM COST	# CLMS PAID	PAID FREQ	REV/MBR
APR	927	\$8,793	\$1,122	12.8	\$7,671	\$7,671	\$0	100.0	\$106.54	72	78	\$1.21
MAY	921	\$8,656	\$1,114	12.9	\$7,542	\$7,542	\$0	100.0	\$103.31	73	79	\$1.21
JUN	922	\$9,687	\$1,116	11.5	\$8,571	\$8,571	\$0	100.0	\$103.26	83	90	\$1.21
JUL	925	\$10,524	\$1,119	10.6	\$9,405	\$9,405	\$0	100.0	\$104.50	90	97	\$1.21
AUG	928	\$9,323	\$1,123	12.0	\$8,201	\$8,201	\$0	100.0	\$102.51	80	86	\$1.21
SEP	928	\$8,229	\$1,123	13.6	\$7,106	\$7,106	\$0	100.0	\$101.52	70	75	\$1.21
OCT	935	\$12,940	\$1,131	8.7	\$11,808	\$11,808	\$0	100.0	\$99.23	119	127	\$1.21
NOV	935	\$9,976	\$1,131	11.3	\$8,845	\$8,845	\$0	100.0	\$93.10	95	102	\$1.21
DEC	934	\$9,038	\$1,130	12.5	\$7,908	\$7,908	\$0	100.0	\$96.43	82	88	\$1.21
JAN	932	\$13,110	\$1,128	8.6	\$11,983	\$11,983	\$0	100.0	\$116.34	103	111	\$1.21
FEB	924	\$11,072	\$1,118	10.1	\$9,954	\$9,954	\$0	100.0	\$96.64	103	111	\$1.21
MAR	921	\$11,373	\$1,114	9.8	\$10,258	\$10,258	\$0	100.0	\$103.62	99	107	\$1.21
LTM	11,132	\$122,720	\$13,470	11.0	\$109,251	\$109,251	\$0	100.0	\$102.20	1,069	96	\$1.21
ADJ	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
CC	5,581	\$67,509	\$6,753	10.0	\$60,756	\$60,756	\$0	100.0	\$101.09	601	108	\$1.21
YTD	2,777	\$35,555	\$3,360	9.5	\$32,195	\$32,195	\$0	100.0	\$105.56	305	110	\$1.21

MEMBERSHIP AVERAGES					MEMBERS				SPOUSE				DEPENDENTS					
PERIOD	REV/MBR	CLM \$	IND RATE	PNL %	PERIOD	CLMS \$	# CLMS	AVG COST	MBR %	CLMS \$	# CLMS	AVG COST	SP %	CLMS \$	# CLMS	AVG COST	DEP %	SP + DEP%
Q1	\$1.21	\$11.59	\$12.80	91	APR	\$4,447	42	\$105.88	58	\$1,684	18	\$93.53	25	\$1,540	12	\$128.37	17	42
Q2	\$0.00	\$0.00	\$0.00	0	MAY	\$3,716	35	\$106.17	48	\$2,004	25	\$80.17	34	\$1,821	13	\$140.10	18	52
Q3	\$0.00	\$0.00	\$0.00	0	JUN	\$4,564	42	\$108.66	51	\$1,571	14	\$112.23	17	\$2,436	27	\$90.22	33	49
Q4	\$0.00	\$0.00	\$0.00	0	JUL	\$4,196	38	\$110.41	42	\$2,869	26	\$110.34	29	\$2,340	26	\$90.01	29	58
LTM	\$1.21	\$9.81	\$11.02	88	AUG	\$2,872	28	\$102.59	35	\$1,937	19	\$101.96	24	\$3,391	33	\$102.75	41	65
CC	\$1.21	\$10.89	\$12.09	92	SEP	\$3,387	31	\$109.25	44	\$1,858	18	\$103.22	26	\$1,861	21	\$88.64	30	56
YTD	\$1.21	\$11.59	\$12.80	91	OCT	\$5,336	53	\$100.67	45	\$3,294	34	\$96.89	29	\$3,178	32	\$99.32	27	55
					NOV	\$4,076	45	\$90.57	47	\$2,393	25	\$95.73	26	\$2,376	25	\$95.04	26	53
					DEC	\$3,876	38	\$102.01	46	\$1,969	23	\$85.61	28	\$2,062	21	\$98.21	26	54
					JAN	\$6,394	55	\$116.25	53	\$3,589	26	\$138.02	25	\$2,000	22	\$90.92	21	47
					FEB	\$6,215	61	\$101.88	59	\$1,903	19	\$100.13	18	\$1,836	23	\$79.84	22	41
					MAR	\$5,607	48	\$116.80	48	\$2,121	22	\$96.43	22	\$2,530	29	\$87.25	29	52
					TOT	\$54,685	516	\$105.98	48	\$27,192	269	\$101.09	25	\$27,374	284	\$96.39	27	52

ADJ - Adjustments
CC- Current Contracts
LTM - Last Twelve Months
YTD - Year to Date

* - Asterisks Indicate Estimates Due to Non or Partial Payment

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CLIENT UTILIZATION REPORT
For: CITY OF PORT SAINT LUCIE Div: COBRA

UTIL0001

Page 1
Run Date: 04/02/2019

Client ID: 30049883 Divison:0004 Class:0004 J
Contract Type: ASP
Client Type: Individually Rated

PERIOD	NBR COVERED	GROSS \$	RETENTION \$	RETN %	NET \$	CLAIM \$	GAIN/LOSS \$	PLR %	AVG CLM COST	# CLMS PAID	PAID FREQ	REV/MBR
APR	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
MAY	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
JUN	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
JUL	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
AUG	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
SEP	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
OCT	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
NOV	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
DEC	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
JAN	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
FEB	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
MAR	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
LTM	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
ADJ	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
CC	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
YTD	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00

MEMBERSHIP AVERAGES					MEMBERS				SPOUSE				DEPENDENTS					
PERIOD	REV/MBR	CLM \$	IND RATE	PNL %	PERIOD	CLMS \$	# CLMS	AVG COST	MBR %	CLMS \$	# CLMS	AVG COST	SP %	CLMS \$	# CLMS	AVG COST	DEP %	SP + DEP%
Q1	\$0.00	\$0.00	\$0.00	0	APR	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q2	\$0.00	\$0.00	\$0.00	0	MAY	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q3	\$0.00	\$0.00	\$0.00	0	JUN	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q4	\$0.00	\$0.00	\$0.00	0	JUL	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
LTM	\$0.00	\$0.00	\$0.00	0	AUG	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
CC	\$0.00	\$0.00	\$0.00	0	SEP	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
YTD	\$0.00	\$0.00	\$0.00	0	OCT	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					NOV	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					DEC	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					JAN	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					FEB	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					MAR	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					TOT	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0

ADJ - Adjustments
CC- Current Contracts
LTM - Last Twelve Months
YTD - Year to Date

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CLIENT UTILIZATION REPORT
For: CITY OF PORT SAINT LUCIE Div: COBRA

UTIL0001

Page 1
Run Date: 04/02/2019

Client ID: 30049883 Divison:0004 Class:0004 9
Contract Type: ASP
Client Type: Individually Rated

PERIOD	NBR COVERED	GROSS \$	RETENTION \$	RETN %	NET \$	CLAIM \$	GAIN/LOSS \$	PLR %	AVG CLM COST	# CLMS PAID	PAID FREQ	REV/MBR
APR	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
MAY	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
JUN	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
JUL	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
AUG	1	\$1	\$1	100.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$1.21
SEP	2	\$2	\$2	100.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$1.21
OCT	2	\$2	\$2	100.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$1.21
NOV	2	\$2	\$2	100.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$1.21
DEC	2	\$2	\$2	100.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$1.21
JAN	1	\$1 *	\$1	100.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$1.21
FEB	1	\$1 *	\$1	100.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$1.21
MAR	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
LTM	11	\$13 *	\$13	100.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$1.21
ADJ	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
CC	8	\$10 *	\$10	100.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$1.21
YTD	2	\$2 *	\$2	100.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$1.21

MEMBERSHIP AVERAGES					MEMBERS				SPOUSE				DEPENDENTS					
PERIOD	REV/MBR	CLM \$	IND RATE	PNL %	PERIOD	CLMS \$	# CLMS	AVG COST	MBR %	CLMS \$	# CLMS	AVG COST	SP %	CLMS \$	# CLMS	AVG COST	DEP %	SP + DEP%
Q1	\$1.21	\$0.00	\$0.00	0	APR	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q2	\$0.00	\$0.00	\$0.00	0	MAY	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q3	\$0.00	\$0.00	\$0.00	0	JUN	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q4	\$0.00	\$0.00	\$0.00	0	JUL	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
LTM	\$1.21	\$0.00	\$0.00	0	AUG	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
CC	\$1.21	\$0.00	\$0.00	0	SEP	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
YTD	\$1.21	\$0.00	\$0.00	0	OCT	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					NOV	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					DEC	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					JAN	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					FEB	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					MAR	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					TOT	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0

ADJ - Adjustments
CC - Current Contracts
LTM - Last Twelve Months
YTD - Year to Date
* - Asterisks Indicate Estimates Due to Non or Partial Payment

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CLIENT UTILIZATION REPORT
For: CITY OF PORT SAINT LUCIE Div: RETIREE

UTIL0001

Client ID: 30049883 Division: 0006 Class: 0006 J
Contract Type: ASP
Client Type: Individually Rated

Page 1
Run Date: 04/02/2019

PERIOD	NBR COVERED	GROSS \$	RETENTION \$	RETN %	NET \$	CLAIM \$	GAIN/LOSS \$	PLR %	AVG CLM COST	# CLMS PAID	PAID FREQ	REV/ MBR
APR	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
MAY	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
JUN	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
JUL	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
AUG	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
SEP	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
OCT	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
NOV	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
DEC	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
JAN	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
FEB	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
MAR	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
LTM	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
ADJ	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
CC	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
YTD	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00

MEMBERSHIP AVERAGES					MEMBERS				SPOUSE				DEPENDENTS					
PERIOD	REV/ MBR	CLM \$	IND RATE	PNL %	PERIOD	CLMS \$	# CLMS	AVG COST	MBR %	CLMS \$	# CLMS	AVG COST	SP %	CLMS \$	# CLMS	AVG COST	DEP %	SP + DEP %
Q1	\$0.00	\$0.00	\$0.00	0	APR	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q2	\$0.00	\$0.00	\$0.00	0	MAY	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q3	\$0.00	\$0.00	\$0.00	0	JUN	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q4	\$0.00	\$0.00	\$0.00	0	JUL	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
LTM	\$0.00	\$0.00	\$0.00	0	AUG	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
CC	\$0.00	\$0.00	\$0.00	0	SEP	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
YTD	\$0.00	\$0.00	\$0.00	0	OCT	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					NOV	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					DEC	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					JAN	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					FEB	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					MAR	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					TOT	\$0	0	\$0.00	0	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0

ADJ - Adjustments
CC - Current Contracts
LTM - Last Twelve Months
YTD - Year to Date

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CLIENT UTILIZATION REPORT
For: CITY OF PORT SAINT LUCIE Div: RETIREE

UTIL0001

Page 1
Run Date: 04/02/2019

Client ID: 30049883 Division: 0006 Class: 0006 9
Contract Type: ASP
Client Type: Individually Rated

PERIOD	NBR COVERED	GROSS \$	RETENTION \$	RETN %	NET \$	CLAIM \$	GAIN/LOSS \$	PLR %	AVG CLM COST	# CLMS PAID	PAID FREQ	REV/ MBR
APR	120	\$1,163	\$145	12.5	\$1,018	\$1,018	\$0	100.0	\$145.39	7	58	\$1.21
MAY	125	\$1,103	\$151	13.7	\$952	\$952	\$0	100.0	\$136.02	7	56	\$1.21
JUN	126	\$848	\$152	18.0	\$696	\$696	\$0	100.0	\$86.94	8	63	\$1.21
JUL	126	\$729	\$152	20.9	\$577	\$577	\$0	100.0	\$115.30	5	40	\$1.21
AUG	131	\$498	\$159	31.9	\$339	\$339	\$0	100.0	\$67.80	5	38	\$1.21
SEP	131	\$640	\$159	24.7	\$482	\$482	\$0	100.0	\$80.33	6	46	\$1.21
OCT	132	\$1,532	\$160	10.4	\$1,372	\$1,372	\$0	100.0	\$105.56	13	98	\$1.21
NOV	135	\$346	\$163	47.2	\$183	\$183	\$0	100.0	\$61.00	3	22	\$1.21
DEC	137	\$1,640	\$166	10.1	\$1,474	\$1,474	\$0	100.0	\$105.28	14	102	\$1.21
JAN	135	\$636 *	\$163	25.7	\$473	\$473	\$0	100.0	\$94.60	5	37	\$1.21
FEB	138	\$1,014 *	\$167	16.5	\$848	\$848	\$0	100.0	\$84.75	10	72	\$1.21
MAR	138	\$1,364 *	\$167	12.2	\$1,198	\$1,198	\$0	100.0	\$99.79	12	87	\$1.21
LTM	1,574	\$11,515 *	\$1,905	16.5	\$9,610	\$9,610	\$0	100.0	\$101.16	95	60	\$1.21
ADJ	0	\$0	\$0	0.0	\$0	\$0	\$0	0.0	\$0.00	0	0	\$0.00
CC	815	\$6,533 *	\$986	15.1	\$5,547	\$5,547	\$0	100.0	\$97.32	57	70	\$1.21
YTD	411	\$3,015 *	\$497	16.5	\$2,518	\$2,518	\$0	100.0	\$93.26	27	66	\$1.21

MEMBERSHIP AVERAGES					MEMBERS				SPOUSE				DEPENDENTS					
PERIOD	REV/ MBR	CLM \$	IND RATE	PNL %	PERIOD	CLMS \$	# CLMS	AVG COST	MBR %	CLMS \$	# CLMS	AVG COST	SP %	CLMS \$	# CLMS	AVG COST	DEP %	SP + DEP %
Q1	\$1.21	\$6.13	\$7.33	96	APR	\$825	6	\$137.45	86	\$193	1	\$193.00	14	\$0	0	\$0.00	0	14
Q2	\$0.00	\$0.00	\$0.00	0	MAY	\$952	7	\$136.02	100	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
Q3	\$0.00	\$0.00	\$0.00	0	JUN	\$651	7	\$92.93	88	\$45	1	\$45.00	13	\$0	0	\$0.00	0	13
Q4	\$0.00	\$0.00	\$0.00	0	JUL	\$577	5	\$115.30	100	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
LTM	\$1.21	\$6.11	\$7.31	91	AUG	\$339	5	\$67.80	100	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
CC	\$1.21	\$6.81	\$8.01	89	SEP	\$482	6	\$80.33	100	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
YTD	\$1.21	\$6.13	\$7.33	96	OCT	\$1,188	11	\$108.04	85	\$184	2	\$91.98	15	\$0	0	\$0.00	0	15
					NOV	\$122	2	\$61.00	67	\$61	1	\$61.00	33	\$0	0	\$0.00	0	33
					DEC	\$883	9	\$98.10	64	\$321	2	\$160.50	14	\$270	3	\$90.00	21	36
					JAN	\$473	5	\$94.60	100	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					FEB	\$848	10	\$84.75	100	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					MAR	\$1,198	12	\$99.79	100	\$0	0	\$0.00	0	\$0	0	\$0.00	0	0
					TOT	\$8,536	85	\$100.42	89	\$804	7	\$114.85	7	\$270	3	\$90.00	3	11

ADJ - Adjustments
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* - Asterisks Indicate Estimates Due to Non or Partial Payment

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Vision Care for Life

November 13, 2018

KURT GEHRING
GEHRING GROUP
11505 FRCHILD GDNS AVE STE 203
PALM BEACH GARDENS, FL 33410-2708

RE: CITY OF PORT SAINT LUCIE, GROUP #30049883 OCTOBER 1, 2018 DOCUMENTS

Attention Kurt Gehring:

Enclosed is the OCTOBER 1, 2018 Evidence of Coverage and Schedule of Benefits for the above-referenced group. Please retain a copy of the document for your records and forward the additional copy directly to the Client.

This document supersedes any existing document your client has with VSP. If you have any questions, or need additional information, please do not hesitate to contact us at 866-213-2249, and a VSP representative will assist you.

Enclosures

Group Vision Care Plan



Vision Care for Life

Group Name: CITY OF PORT SAINT LUCIE
Group Number: 30049883
Effective Date: OCTOBER 1, 2018

Evidence of Coverage

Provided by:
VISION SERVICE PLAN INSURANCE COMPANY

3333 Quality Drive, Rancho Cordova, CA 95670
(916) 851-5000 (800) 877-7195

To be filled in by employer in the event this document is used to develop a Summary Plan Description:

NAME OF EMPLOYER:

NAME OF PLAN:

PRINCIPAL ADDRESS:

EMPLOYER I.D.#:

PLAN #:

PLAN ADMINISTRATOR:

ADDRESS:

PHONE NUMBER:

REGISTERED AGENT FOR SERVICE OF LEGAL PROCESS, IF DIFFERENT FROM PLAN ADMINISTRATOR:

ADDRESS:

This form is a summary of the Plan provisions and is presented as a matter of general information only. The contents are not to be accepted or construed as a substitute for the provisions of the Plan itself. A specimen copy of the Plan will be furnished upon request.

DEFINITIONS:

ADDITIONAL BENEFIT RIDER The document attached to this Evidence of Coverage, when purchased by Group, which lists selected vision care services and vision care materials that a Covered Person is entitled to receive by virtue of the Plan.

ANISOMETROPIA A condition of unequal refractive state for the two eyes, one eye requiring a different lens correction than the other.

BENEFIT AUTHORIZATION Authorization issued by VSP identifying the individual named as a Covered Person of VSP, and identifying those Plan Benefits to which a Covered Person is entitled.

COPAYMENTS Any amounts required to be paid by or on behalf of a Covered Person for Plan Benefits which are not fully covered.

COVERED PERSON An Enrollee or Eligible Dependent who meets VSP's eligibility criteria and on whose behalf Premiums have been paid to VSP, and who is covered under this plan.

ELIGIBLE DEPENDENT Any legal dependent of an Enrollee of Group who meets the criteria for eligibility established by Group and approved by VSP under section VI. ELIGIBILITY FOR COVERAGE of the Group Plan document maintained by your Group Administrator under which such Enrollee is covered.

EMERGENCY CONDITION A condition, with sudden onset and acute symptoms, that requires the Covered Person to obtain immediate medical care, or an unforeseen occurrence requiring immediate, non-medical action.

ENROLLEE An employee or member of Group who meets the criteria for eligibility specified under section VI. ELIGIBILITY FOR COVERAGE of the Group Plan document maintained by your Group Administrator.

EXPERIMENTAL NATURE Procedure or lens that is not used universally or accepted by the vision care profession, as determined by VSP.

GROUP An employer or other entity which contracts with VSP for coverage under this plan in order to provide vision care coverage to its Enrollees and their Eligible Dependents.

KERATOCONUS A development or dystrophic deformity of the cornea in which it becomes coneshaped due to a thinning and stretching of the tissue in its central area.

MEMBER DOCTOR An optometrist or ophthalmologist licensed and otherwise qualified to practice vision care and/or provide vision care materials who has contracted with VSP to provide vision care services and/or vision care materials on behalf of Covered Persons of VSP.

NON-MEMBER PROVIDER Any optometrist, optician, ophthalmologist, or other licensed and qualified vision care provider who has not contracted with VSP to provide vision care services and/or vision care materials to Covered Persons of VSP.

PLAN BENEFITS The vision care services and vision care materials which a Covered Person is entitled to receive by virtue of coverage under this plan, as defined on the enclosed insert or in the Schedule of Benefits attached as Exhibit A to the Group Plan document maintained by your Group Administrator.

PREMIUMS The payments made to VSP by or on behalf of a Covered Person to entitle him/her to Plan Benefits, as stated in the Schedule of Premiums attached as Exhibit B to the Group Plan document maintained by your Group Administrator.

RENEWAL DATE The date on which this plan shall renew or terminate if proper notice is given.

SCHEDULE OF BENEFITS The document, attached as Exhibit A to the Group Plan document maintained by your Group Administrator, which lists the vision care services and vision care materials which a Covered Person is entitled to receive by virtue of this plan.

SCHEDULE OF PREMIUMS The document, attached as Exhibit B to the Group Plan document maintained by your Group Administrator, which states the payments to be made to VSP by or on behalf of a Covered Person to entitle him/her to Plan Benefits.

ELIGIBILITY FOR COVERAGE

Enrollees: To be eligible for coverage, a person must currently be an employee or member of the Group, and meet the criteria established in the coverage criteria mutually agreed upon by Group and VSP.

Eligible Dependents: If dependent coverage is provided, the persons eligible for coverage as dependents shall include the legal spouse of any Enrollee, and any unmarried child of an Enrollee who has not obtained the limiting age as shown on the enclosed insert, including any natural child from the moment of birth, legally adopted child from the moment of placement for adoption with the Enrollee, or other child for whom a court or administrative agency holds the Enrollee responsible.

A dependent, unmarried child over the limiting age as shown on the enclosed insert may continue to be eligible as a dependent if the child is incapable of self-sustaining employment because of mental or physical disability, and chiefly dependent upon the enrollee for support and maintenance.

PREMIUMS

Your Group is responsible for payments to VSP of the periodic charges for your coverage. You will be notified of your share of the charges, if any, by your Group. The entire cost of the program is paid to VSP by your Group.

PROCEDURE FOR USING THE PLAN

1. When you desire to receive Plan Benefits from a Member Doctor, contact VSP or a Member Doctor. A list of names, addresses, and phone numbers of Member Doctors in your geographic location can be obtained from your Group, Plan Administrator, or VSP. If this list does not cover the geographic area in which you desire to seek services, you may call or write the VSP office nearest you to obtain one that does.
2. If you are eligible for Plan Benefits, VSP will provide Benefit Authorization directly to the Member Doctor. If you contact a Member Doctor directly, you must identify yourself as a VSP member so the doctor knows to obtain Benefit Authorization from VSP.
3. When such Benefit Authorization is provided by VSP, and services are performed prior to the expiration date of the Benefit Authorization, this will constitute a claim against the Plan in spite of your termination of coverage or the termination of the Plan. Should you receive services from a Member Doctor without such Benefit Authorization or obtain services from a provider who is not a Member Doctor, you are responsible for payment in full to the provider.

4. You pay only the Copayment (if any) to a Member Doctor for services covered by the Plan. VSP will pay the Member Doctor directly according to its agreement with the doctor.

Note: If you are eligible for and obtain Plan Benefits from a Non-Member Provider, you should pay the provider his/her full fee. You will be reimbursed by VSP in accordance with the Non-Member Provider reimbursement schedule shown on the enclosed insert, less any applicable Copayments.

5. In emergency conditions, when immediate vision care of a medical nature such as for bodily trauma or disease is necessary, Covered Person can obtain covered services by contacting a Member Doctor (or Out-of-Network Provider if the attached Schedule of Benefits indicates Covered Person's Plan includes such coverage). No prior approval from VSP is required for Covered Person to obtain vision care for Emergency Conditions of a medical nature. However, services for medical conditions, including emergencies, are covered by VSP only under the Acute EyeCare and Primary EyeCare Plans. If coverage for one of these plans is not indicated on the attached Schedule of Benefits or Addendum, Covered Person is not covered by VSP for medical services and should contact a physician under Covered Person's medical insurance plan for care. For emergency conditions of a non-medical nature, such as lost, broken or stolen glasses, the Covered Person should contact VSP's Customer Service Department for assistance.

Emergency vision care is subject to the same benefit frequencies, plan allowances, Copayments and exclusions stated herein. Reimbursement to Member Doctors will be made in accordance with their agreement with VSP.

6. In the event of termination of a Member Doctor's membership in VSP, VSP will remain liable to the Member Doctor for services rendered to you at the time of termination and permit the Member Doctor to continue to provide you with Plan Benefits until the services are completed or until VSP makes reasonable and appropriate arrangements for the provision of such services by another authorized doctor.

BENEFIT AUTHORIZATION PROCESS

VSP authorizes Plan Benefits according to the latest eligibility information furnished to VSP by Covered Person's Group and the level of coverage (i.e. service frequencies, covered materials, reimbursement amounts, limitations, and exclusions) purchased for Covered Person by Group under this Plan. When Covered Person requests services under this Plan, Covered Person's prior utilization of Plan Benefits will be reviewed by VSP to determine if Covered Person is eligible for new services based upon Covered Person's Plan's level of coverage. Please refer to the attached Schedule of Benefits for a summary of the level of coverage provided to Covered Person by Group.

BENEFITS AND COVERAGES

Through its Member Doctors, VSP provides Plan Benefits to Covered Persons, subject to the limitations, exclusions, and Copayment(s) described herein. When you wish to obtain Plan Benefits from a Member Doctor, you should contact the Member Doctor of your choice, identify yourself as a VSP member, and schedule an appointment. If you are eligible for Plan Benefits, VSP will provide Benefit Authorization for you directly to the Member Doctor prior to your appointment.

IMPORTANT: The benefits described below are typical services and materials available under most VSP Plans. However, the actual Plan Benefits provided to you by your Group may be different. Refer to the attached Schedule of Benefits and/or Disclosure to determine your specific Plan Benefits.

1. Eye Examination: A complete initial vision analysis which includes an appropriate examination of visual functions, including the prescription of corrective eyewear where indicated.
2. Lenses: The Member Doctor will order the proper lenses necessary for your visual welfare. The doctor shall verify the accuracy of the finished lenses.
3. Frames: The Member Doctor will assist in the selection of frames, properly fit and adjust the frames, and provide subsequent adjustments to frames to maintain comfort and efficiency.
4. Contact lenses: Unless otherwise indicated on the enclosed insert, contact lenses are available under this Plan in lieu of all other lens and frame benefits described herein for the current eligibility period.

Necessary contact lenses, together with professional services, will be provided as indicated on the enclosed insert.

When Elective contact lenses are obtained from a Member Doctor, VSP will provide an allowance toward the cost of professional fees and materials as shown on the enclosed insert. A 15% discount shall also be applied to the Member Doctor's usual and customary professional fees for contact lens evaluation and fitting. Contact lens materials are provided at the Member Doctor's usual and customary charges.

5. If you elect to receive vision care services from a Member Doctor, Plan Benefits are provided subject only to your payment of any applicable Copayment. If your Plan includes Non-Member Provider coverage, and you choose to obtain Plan Benefits from a Non-Member Provider, you should pay the Non-Member Provider his/her full fee. VSP will reimburse you in accordance with the reimbursement schedule shown on the enclosed insert, less any applicable Copayment. THERE IS NO ASSURANCE THAT THE SCHEDULE WILL BE SUFFICIENT TO PAY FOR THE EXAMINATION OR THE MATERIALS. Availability of services under the Non-Member Provider reimbursement schedule is subject to the same time limits and Copayments as those described for Member Doctor services. Services obtained from a Non-Member Provider are in lieu of obtaining services from a Member Doctor and count toward plan benefit frequencies.
6. Low Vision Services and Materials (applicable only if included in your Plan Benefits outlined on the enclosed insert): The Low Vision Benefit provides special aid for people who have acuity or visual field loss that cannot be corrected with regular lenses. If a Covered Person falls within this category, he or she will be entitled to professional services as well as ophthalmic materials, including but not limited to, supplemental testing, evaluations, visual training, low vision prescription services, plus optical and non-optical aids, subject to the frequency and benefit limitations as outlined on the enclosed insert. Consult your Member Doctor for details.

COPAYMENT

The benefits described herein are available to you subject only to your payment of any applicable Copayment(s) as described in this booklet and on the enclosed insert. ANY ADDITIONAL CARE, SERVICE AND/OR MATERIALS NOT COVERED BY THIS PLAN MAY BE ARRANGED BETWEEN YOU AND THE DOCTOR.

EXCLUSIONS AND LIMITATIONS OF BENEFITS

Some brands of spectacle frames may be unavailable for purchase as Plan Benefits, or may be subject to additional limitations. Covered Persons may obtain details regarding frame brand availability from their VSP Member Doctor or by calling VSP's Customer Care Division at (800) 877-7195.

This vision service Plan is designed to cover visual needs rather than cosmetic materials. If you select any of the following options, the Plan will pay the basic cost of the allowed lenses or frames, and you will be responsible for the options extra cost, unless it is defined as a Plan Benefit in the Schedule of Benefits attached as Exhibit A to the Group Plan maintained by your Group Administrator.

- Optional cosmetic processes.
- Anti-reflective coating.
- Color coating.
- Mirror coating.
- Scratch coating.
- Blended lenses.
- Cosmetic lenses.
- Laminated lenses.
- Oversize lenses.
- Polycarbonate lenses.
- Photochromic lenses, tinted lenses except Pink #1 and Pink #2.
- Progressive multifocal lenses.
- UV (ultraviolet) protected lenses.
- Certain limitations on low vision care.

NOT COVERED

There is no benefit for professional services or materials connected with:

- Orthoptics or vision training and any associated supplemental testing; plano lenses (less than $\pm .50$ diopter power); or two pair of glasses in lieu of bifocals.
- Replacement of lenses and frames furnished under this plan which are lost or broken except at the normal intervals when services are otherwise available.
- Medical or surgical treatment of the eyes.
- Corrective vision treatment of an Experimental Nature.
- Costs for services and/or materials above Plan Benefit allowances indicated on the enclosed insert.
- Services/materials not indicated as covered Plan Benefits on the enclosed insert.

LIABILITY IN EVENT OF NON-PAYMENT

IN THE EVENT COMPANY FAILS TO PAY THE PROVIDER, YOU SHALL NOT BE LIABLE TO THE PROVIDER FOR ANY SUMS OWED BY THE VISION PLAN OTHER THAN THOSE NOT COVERED BY THE PLAN.

COMPLAINTS AND GRIEVANCES

If Covered Person ever has a question or problem, Covered Person's first step is to call VSP's Customer Service Department. The Customer Service Department will make every effort to answer Covered Person's question and/or resolve the matter informally. If a matter is not initially resolved to the satisfaction of a Covered Person, the Covered Person may communicate a complaint or grievance to VSP orally or in writing by using the complaint form that may be obtained upon request from the Customer Service Department. Complaints and grievances include disagreements regarding access to care, or the quality of care, treatment or service. Covered Persons also have the right to submit written comments or supporting documentation concerning a complaint or grievance to assist in VSP's review. VSP will resolve the complaint or grievance within thirty (30) days after receipt, unless special circumstances require an extension of time. In that case, resolution shall be achieved as soon as possible, but no later than one hundred twenty (120) days after VSP's receipt of the complaint or grievance. If VSP determines that resolution cannot be achieved within thirty (30) days, a letter will be sent to the Covered Person to indicate VSP's expected resolution date. Upon final resolution, the Covered Person will be notified of the outcome in writing.

Claim Payments and Denials

A. Initial Determination: VSP will pay or deny claims within thirty (30) calendar days of the receipt of the claim from the Covered Person or Covered Person's authorized representative. In the event that a claim cannot be resolved within the time indicated VSP may, if necessary, extend the time for decision by no more than fifteen (15) calendar days.

B. Request for Appeals: If a Covered Person's claim for benefits is denied by VSP in whole or in part, VSP will notify the Covered Person in writing of the reason or reasons for the denial. Within one hundred eighty (180) days after receipt of such notice of denial of a claim, Covered Person may make a verbal or written request to VSP for a full review of such denial. The request should contain sufficient information to identify the Covered Person for whom a claim for benefits was denied, including the name of the VSP Enrollee, Member Identification Number of the VSP Enrollee, the Covered Person's name and date of birth, the name of the provider of services and the claim number. The Covered Person may state the reasons the Covered Person believes that the claim denial was in error. The Covered Person may also provide any pertinent documents to be reviewed. VSP will review the claim and give the Covered Person the opportunity to review pertinent documents, submit any statements, documents, or written arguments in support of the claim, and appear personally to present materials or arguments. Covered Person or Covered Person's authorized representative should submit all requests for appeals to:

**VSP
Member Appeals
3333 Quality Drive
Rancho Cordova, CA 95670
(800) 877-7195**

VSP's determination, including specific reasons for the decision, shall be provided and communicated to the Covered Person within thirty (30) calendar days after receipt of a request for appeal from the Covered Person or Covered Person's authorized representative.

If Covered Person disagrees with VSP's determination, he/she may request a second level appeal within sixty (60) calendar days from the date of the determination. VSP shall resolve any second level appeal within thirty (30) calendar days.

When Covered Person has completed all appeals mandated by the Employee Retirement Income Security Act of 1974 ("ERISA"), additional

voluntary alternative dispute resolution options may be available, including mediation and arbitration. Covered Person should contact the U. S. Department of Labor or the State insurance regulatory agency for details. Additionally, under ERISA (Section 502(a)(1)(B)) [29 U.S.C. 1132(a)(1)(B)], Covered Person has the right to bring a civil (court) action when all available levels of reviews of denied claims, including the appeal process, have been completed, the claims were not approved in whole or in part, and Covered Person disagrees with the outcome.

TERMINATION OF BENEFITS

Terms and cancellation conditions of your vision care plan are shown on the enclosed insert. Plan Benefits will cease on the date of cancellation of this Plan whether the cancellation is by Group or by VSP due to nonpayment of Premium.

If service is being rendered to you as of the termination date of the Plan, such service shall be continued to completion but in no event beyond six (6) months after the termination date of the Plan.

INDIVIDUAL CONTINUATION OF BENEFITS

This program is available to groups of a minimum of ten (10) employees and is, therefore, not available on an individual basis. When a Group terminates its coverage, individual coverage is not available for Enrollees of the Group who may desire to retain their coverage.

THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1985 (COBRA)

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that, under certain circumstances, health plan benefits available to an eligible Enrollee and his or her Eligible Dependents be made available for purchase by said persons upon the occurrence of a COBRA-qualifying event. If, and only to the extent COBRA applies, VSP shall make the statutorily-required continuation coverage available for purchase in accordance with COBRA.

VISION SERVICE PLAN INSURANCE COMPANY

3333 Quality Drive

Rancho Cordova, CA 95670

Group Name: CITY OF PORT SAINT LUCIE

Plan Number: 30049883

Effective Date: OCTOBER 1, 2018

Plan Term: TWELVE (12) MONTHS

**VISION CARE PLAN
DISCLOSURE FORM AND EVIDENCE OF COVERAGE**

PLAN ADMINISTRATOR: Claudia McCaskill
(Name)
121 Sw Port St Lucie Blvd
(Address)
Port Saint Lucie, FL 34984-5042
(City, State, Zip)

MONTHLY PREMIUM: YOUR GROUP IS RESPONSIBLE FOR PAYMENT TO VISION SERVICE PLAN OF THE PERIODIC CHARGES FOR YOUR COVERAGE. YOU WILL BE NOTIFIED OF YOUR SHARE OF THE CHARGES, IF ANY, BY YOUR GROUP.

ELIGIBILITY: ENROLLEES & ELIGIBLE DEPENDENTS: DEPENDENT CHILDREN ARE COVERED TO THE END OF THE YEAR IN WHICH THEY TURN AGE 26 OR TO THE END OF THE YEAR IN WHICH THEY TURN AGE 30 IF FULL-TIME STUDENTS. THE WAITING PERIOD IS THE SAME AS YOUR OTHER HEALTH BENEFITS.

PLAN AND SCHEDULE: **VSP CHOICE PLAN**

EXAMINATION: ONCE EVERY 12 MONTHS.
LENSES: ONCE EVERY 12 MONTHS.
FRAMES: ONCE EVERY 12 MONTHS.

TERM, TERMINATION AND RENEWAL: AFTER THE PLAN TERM, THIS PLAN WILL CONTINUE ON A MONTH TO MONTH BASIS OR UNTIL TERMINATED BY EITHER PARTY GIVING THE OTHER SIXTY (60) DAYS PRIOR WRITTEN NOTICE.

TYPE OF ADMINISTRATION: VSP WILL PROVIDE ADMINISTRATIVE SERVICES OF THE FOLLOWING NATURE: CLAIM AND BILLING ADMINISTRATION. BENEFITS PROVIDED UNDER THIS PLAN ARE SELF-INSURED BY THE EMPLOYER.

VSP'S ADDRESS IS: VISION SERVICE PLAN
3333 QUALITY DRIVE
RANCHO CORDOVA, CA 95670

SCHEDULE OF BENEFITS

GENERAL

This Schedule and any Additional Benefit Rider(s), when purchased by Group, attached hereto list the vision care services and vision care materials to which Covered Persons of VSP are entitled, subject to any Copayments and other conditions, limitations and/or exclusions stated herein. If Plan Benefits are available for Non-Member Provider services as indicated by the reimbursement provisions below, vision care services and vision care materials may be received from any licensed optometrist, ophthalmologist, or dispensing optician, whether Member Doctors or Non-Member Providers.

Member Doctors are those doctors who have agreed to participate in VSP's Choice Network.

When Plan Benefits are received from Member Doctors, benefits appearing in the first column below are applicable subject to any Copayment(s) as stated below. When Plan Benefits are available and received from Non-Member Providers, you are reimbursed for such benefits according to the schedule in the second column below less any applicable Copayment.

<u>PLAN BENEFITS</u>	<u>MEMBER DOCTOR BENEFIT</u>	<u>NON-MEMBER PROVIDER BENEFIT</u>
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VISION CARE SERVICES

Vision Examination	Covered in Full*	Up to \$	45.00*
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VISION CARE MATERIALS

Lenses

Single Vision	Covered in Full*	Up to \$	30.00*
Bifocal	Covered in Full*	Up to \$	50.00*
Trifocal	Covered in Full*	Up to \$	65.00*
Lenticular	Covered in Full*	Up to \$	100.00*

Polycarbonate lenses are covered in full for dependent children up to the end of the year in which they turn age 26
Standard Progressive Lenses covered in full.

Frames	Covered up to Plan Allowance*	Up to \$	70.00*
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Client charge shall be determined by the then applicable wholesale/retail equivalent conversion factor.

CONTACT LENSES

Necessary

Professional Fees and Materials	Covered in Full*	Up to \$	210.00*
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Elective

Materials		Professional Fees and Materials	
	Up to \$ 115.00	Up to \$	105.00
Elective Contact Lens fitting and evaluation** services are covered in full once every 12 months, after a maximum \$60.00 Copayment.			

Necessary Contact Lenses are a Plan Benefit when specific benefit criteria are satisfied and when prescribed by Covered Person's Member Doctor or Non-Member Provider. Prior review and approval by VSP are not required for Covered Person to be eligible for Necessary Contact Lenses.

***Subject to Copayment, if any.**

****15% discount applies to Member Doctor's usual and customary professional fees for contact lens evaluation and fitting.**

COPAYMENT

There shall be no Copayment payable by the Covered Person to the Member Doctor at the time services are rendered.

LOW VISION

Professional services for severe visual problems not corrected with regular lenses, including:

<i>Supplemental Testing (includes evaluation, diagnosis and prescription of vision aids where indicated)</i>	<i>Covered in Full</i>	<i>Up to \$125.00</i>
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<i>Supplemental Aids</i>	<i>75% of cost</i>	<i>75% of cost</i>
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Maximum allowable for all Low Vision benefits of \$1000.00 every two (2) years.

THIS EVIDENCE OF COVERAGE CONSTITUTES ONLY A SUMMARY OF THE VISION PLAN. THE VISION PLAN DOCUMENT MUST BE CONSULTED TO DETERMINE THE EXACT TERMS AND CONDITIONS OF COVERAGE.

Summary of Benefits and Coverage
VSP Choice Plan

Prepared for: CITY OF PORT SAINT LUCIE
Group ID: 30049883
Effective Date: OCTOBER 1, 2018

The Affordable Care Act requires that health insurance companies and group health plans provide consumers with a simple and consistent benefit and coverage information document, beginning September 23, 2012. This document is a Summary of Benefits and Coverage (SBC).

The grid below is being provided for your convenience and mirrors the sample SBC that the U.S. Department of Labor has published. All the information provided is relative to your plan and described in detail in the preceding Evidence of Coverage.

Common Medical Event	Services You May Need	Your cost if you use an		Limitations and Exceptions
		In-Network Provider	Out-of-Network Provider	
If you or your dependents (if applicable) need eyecare	Eye Exam		Reimbursed up to \$45.00	Exam covered in full every 12 months**
	Frames, Lenses or Contacts	Copay (lenses and/or frames only); Up to \$60.00 copay for Contact Lens Exam	Frames reimbursed up to \$ 70.00 SV Lenses reimbursed up to \$ 30.00 Bi-Focal Lenses reimbursed up to \$ 50.00 Tri-Focal Lenses reimbursed up to \$ 65.00 Lenticular Lenses reimbursed up to \$100.00 ECL reimbursed up to \$105.00	Frames covered every 12 months** Lenses covered every 12 months**
	Fees			

** Beginning with the first date of service.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: 800-877-7195.

Status	Gender	Zip
Active	F	11727
Retiree	F	28138
Retiree	M	28705
Retiree	F	28709
Retiree	M	28906
Retiree	F	28906
Retiree	F	30518
Retiree	M	30559
Retiree	M	32621
Active	M	32958
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August 9, 2018



PAMELA NOGUEIRA
GEHRING GROUP
11505 FRCHILD GDNS AVE STE 203
PALM BEACH GARDENS, FL 33410-2708

**RE: CITY OF PORT SAINT LUCIE, GROUP #30049883
OCTOBER 1, 2018 DOCUMENTS**

Attention Pam Nogueira:

Enclosed are the OCTOBER 1, 2018 documents for the above-referenced Client.

Please retain a copy of the documents for your records and forward the additional copy directly to the group.

This new document supersedes any existing document your client has with VSP. If you have any questions, or need additional information, please do not hesitate to contact us at 866-213-2249, and a VSP representative will assist you.

Enclosures



VISION SERVICE PLAN INSURANCE COMPANY
3333 QUALITY DRIVE
RANCHO CORDOVA, CALIFORNIA 95670

GROUP VISION CARE PLAN
ADMINISTRATIVE SERVICES PROGRAM

Group Name	CITY OF PORT SAINT LUCIE
Plan Number	30049883
State of Delivery	FLORIDA
Effective Date	OCTOBER 1, 2018
Plan Term	TWELVE (12) MONTHS
Premium Due Date	FIRST DAY OF MONTH

In consideration of the statements and agreements contained in the Group Application and in consideration of payment by Group of the administrative fees and other amounts due as herein provided, VISION SERVICE PLAN INSURANCE COMPANY ("VSP") agrees to provide certain individuals under this Group Vision Care Plan ("Plan") the benefits provided herein, subject to the exceptions, limitations and exclusions hereinafter set forth. This Plan is delivered in and governed by the laws of the State of Delivery and is subject to the terms and conditions recited on the subsequent pages hereof, which are a part of this Plan.

A handwritten signature in black ink, appearing to read 'Kate Renwick-Espinosa', is written over a horizontal line.

Kate Renwick-Espinosa, President

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I.
DEFINITIONS

Key terms used in this Plan are defined and shall have the meaning set forth as follows, unless the context of a term's usage clearly requires otherwise.

1.01 **ADMINISTRATIVE FEE**: The payments made to VSP by or on behalf of Group in consideration of administrative services rendered.

1.02. **ADMINISTRATIVE SERVICES PROGRAM**: A group vision care plan whereby Group pays VSP for the Plan Benefits in addition to a monthly Administrative Fee.

1.03. **ADVANCE PAYMENT**: The amount paid in advance to VSP by or on behalf of Group to cover the estimated benefit costs of Group for one (1) month.

1.04. **BENEFIT AUTHORIZATION**: Authorization issued by VSP identifying the individual named as a Covered Person of VSP, and identifying those Plan Benefits to which Covered Person is entitled.

1.05. **CLAIMS AMOUNT**: Total charges for benefits delivered, including the cost of professional services and ophthalmic materials, charges for VSP services related to materials purchased, and taxes.

1.06. **CONFIDENTIAL MATTER**: All confidential or personal information concerning the medical, personal, financial or business affairs of Covered Persons acquired in the course of providing Plan Benefits hereunder.

1.07. **COPAYMENTS**: Any amounts required to be paid by or on behalf of a Covered Person for Plan Benefits which are not fully covered.

1.08. **COVERED PERSON**: An Enrollee or Eligible Dependent who meets VSP's eligibility criteria and who is covered under this Plan.

1.09. **ELIGIBLE DEPENDENT**: Any legal dependent of an Enrollee of Group who meets the criteria for eligibility established by Group and approved by VSP in Article VI of this Plan under which such Enrollee is covered.

1.10. **EMERGENCY CONDITION**: A condition, with sudden onset and acute symptoms, that requires the Covered Person to obtain immediate medical care, or an unforeseen occurrence calling for immediate, non-medical action.

1.11. **ENROLLEE**: An employee or member of Group who meets the criteria for eligibility specified under VI.
ELIGIBILITY FOR COVERAGE.

1.12. **EXPERIMENTAL NATURE**: Procedure or lens that is not used universally or accepted by the vision care profession, as determined by VSP.

1.13. **GROUP**: An employer or other entity which contracts with VSP for coverage under this Plan in order to provide vision care coverage to its Enrollees and their Eligible Dependents.

1.14. **GROUP APPLICATION**: The form signed by an authorized representative of the Group to signify the Group's intention to have its Enrollees and their Eligible Dependents become Covered Persons of VSP.

1.15. **GROUP VISION CARE PLAN (also, "THE PLAN")**: The Plan provided by VSP in favor of a Group, under which its Enrollees, and their Eligible Dependents are entitled to become Covered Persons of VSP and receive Plan Benefits in accordance with the terms of such Plan.

1.16. **MEMBER DOCTOR**: An optometrist or ophthalmologist licensed and otherwise qualified to practice vision care and/or provide vision care materials who has contracted with VSP to provide vision care services and/or vision care materials on behalf of Covered Persons of VSP.

1.17. **NON-MEMBER PROVIDER**: Any optometrist, optician, ophthalmologist, or other licensed and qualified vision care provider who has not contracted with VSP to provide vision care services and/or vision care materials to Covered Persons of VSP.

1.18. **PLAN BENEFITS**: The vision care services and vision care materials which a Covered Person is entitled to receive by virtue of coverage under this Plan, as defined in the Schedule of Benefits attached hereto as Exhibit A.

1.19. **RENEWAL DATE**: The date on which the Plan shall renew, or terminate if proper notice is given.

1.20. **SCHEDULE OF BENEFITS**: The document, attached hereto as Exhibit A, which lists the vision care services and vision care materials which a Covered Person is entitled to receive by virtue of this Plan.

1.21. **SCHEDULE OF ADVANCE PAYMENT AND ADMINISTRATIVE FEE**: The document, attached hereto as Exhibit B, which states the payments to be made to VSP by or on behalf of a Covered Person to entitle him to Plan Benefits.

II.
TERM, TERMINATION, AND RENEWAL

2.01. **Plan Term:** This Plan shall become effective on the Effective Date and shall remain in effect for the Plan Term. At the end of the Plan Term, it will renew on a month to month basis unless either party notifies the other in writing, at least sixty (60) days before the end of the Plan Term, that the party is unwilling to renew the Plan. If such notice is given, the Plan will terminate at 12:00 midnight on the last day of the Plan Term, unless the parties reach mutual agreement on its renewal. If the Plan continues on a month to month basis after the Plan Term, either Party may thereafter terminate the Plan upon thirty (30) days advance written notice to the other party.

If VSP issues written renewal materials to Group at least sixty (60) days before the end of the Plan Term and Group fails to accept the new terms and/or rates in writing prior to the end of the Plan Term, this Plan shall terminate at 12:00 midnight on the last day of the Plan Term as noted above.

2.02. **Termination:** Either party may terminate the agreement upon a sixty (60) day advance written notice. Group agrees to pay all Claims Amount and Administrative Fees for Plan Benefits provided pursuant to Benefit Authorizations issued prior to the Plan termination date, provided claims for such Plan Benefits are filed with VSP within six (6) months after termination of this Plan.

III.
OBLIGATIONS OF VSP

3.01. **Coverage of Covered Persons:** VSP will enroll each eligible Enrollee and his Eligible Dependents, if dependent coverage is provided, all of whom shall be referred to as "Covered Persons." To institute coverage, Group may be required to complete and sign a Group Application and forward such application to VSP, along with information regarding Enrollees and Eligible Dependents, and applicable amounts due. (Refer to VI. ELIGIBILITY FOR COVERAGE for further details.)

Following enrollment, VSP will provide Group with Member Benefit Summaries for Covered Persons. Such Member Benefit Summaries will summarize the terms and conditions of this Plan.

3.02. **Provision of Plan Benefits:** Through its Member Doctors (or through other licensed vision care providers in cases where a Covered Person is eligible for, and chooses to receive Plan Benefits from a Non-Member Provider) VSP shall provide Covered Persons such Plan Benefits listed in the Schedule of Benefits, Exhibit A hereto, subject to any limitations, exclusions, or Copayments therein stated.

Benefit Authorization must be obtained prior to a Covered Person obtaining Plan Benefits from a Member Doctor. When a Covered Person desires to receive Plan Benefits from a Member Doctor, the Covered Person must schedule an appointment and identify himself as a VSP Covered Person in order for the Member Doctor to obtain Benefit Authorization from VSP. VSP shall provide Benefit Authorization to the Member Doctor to authorize the provision of Plan Benefits to the Covered Person. Each Benefit Authorization will contain an expiration date, allowing a specific period of time for the Covered Person to obtain Plan Benefits. Benefit Authorization shall be issued by VSP in accordance with the latest eligibility information furnished by Group and the Covered Person's past service utilization, if any. Any Benefit Authorization so issued by VSP shall constitute a certification to the Member Doctor that payment will be made. VSP shall not be held liable to Group for any Benefit Authorization issued in error in reliance on the latest eligibility information available to VSP as provided by the Group.

VSP shall pay or deny claims for Plan Benefits provided to Covered Persons, less any applicable Copayment, within a reasonable time but not more than thirty (30) calendar days after VSP has received a completed claim, unless special circumstances require additional time. In such cases, VSP may obtain an extension of fifteen (15) calendar days of this time limit by providing notice to the claimant of the reasons for the extension.

3.03. **Provision of Information to Covered Persons:** Upon request, VSP will make available to Covered Persons necessary information describing Plan Benefits and procedures. A copy of this Plan will be placed with Group. The Plan will also be available at the offices of VSP for copying or inspection by Covered Persons. VSP shall provide

Group with an updated list twice annually of Member Doctors' names, addresses, and telephone numbers for distribution to Covered Persons. Covered Persons may also obtain a copy of the latest Member Doctor list by contacting VSP's Customer Service Department in writing or via the toll-free Customer Service telephone line, or by visiting VSP's Web site at www.vsp.com.

3.04. **Preservation of Confidentiality**: VSP will hold in strict confidence all Confidential Matters. VSP will also exercise its best efforts to prevent any of its employees, Member Doctors, or agents, from disclosing any Confidential Matter. An exception would be if disclosure is necessary to enable any of the above to perform their obligations under this Plan, including but not limited to sharing information with medical information bureaus, or as may otherwise be required by law. Covered Persons and/or Groups that want more information on VSP's Confidentiality Policy Provisions may obtain a copy of the Notice of Privacy Practices by contacting VSP's Customer Service Department or by visiting VSP's Web site at www.vsp.com and clicking on the HIPAA link.

3.05. **Emergency Vision Care**: When vision care is necessary for Emergency Conditions, Covered Persons may obtain Plan Benefits by contacting a Member Doctor or Out-of-Network Provider. No prior approval from VSP is required for Covered Person to obtain vision care for Emergency Conditions of a medical nature. However, services for medical conditions, including emergencies, are covered by VSP only under the Acute EyeCare and Supplemental Primary EyeCare Plans. If Group has not purchased one of these plans, Covered Persons are not covered by VSP for medical services and should contact a physician under Covered Persons' medical insurance plans for care. For emergency conditions of a non-medical nature, such as lost, broken or stolen glasses, the Covered Person should contact VSP's Customer Service Department for assistance. Reimbursement and eligibility are subject to the terms of this Plan.

IV.
OBLIGATIONS OF THE GROUP

4.01. **Identification of Eligible Enrollees:** An Enrollee is eligible for coverage under this Plan, if he satisfies the enrollment criteria specified in Paragraph 6.01(a) and/or as mutually agreed to by VSP and Group. Group shall provide monthly eligibility information to VSP in a mutually agreed upon format and medium to identify all Enrollees who are eligible for coverage under this Plan. Group will supply to VSP, on or before the last day of each month, eligibility information sufficient to identify all Enrollees to be added to or deleted from VSP's coverage rosters for the coming month. The eligibility information shall include designation of family status for each such Enrollee, if dependent coverage is provided. Group shall, when requested, make available for inspection by VSP records having a bearing on the coverage of Covered Persons under this Plan.

4.02. **Claims Amounts and Advance of Payment:** Group shall provide all funds necessary to pay the Claims Amount associated with Covered Persons pursuant to this Plan. In order to assure timely and adequate payment, Group agrees to make an Advance Payment as outlined on the attached Schedule of Advance Payment and Administrative Fee, Exhibit B. This Advance Payment is an estimate of the Claims Amount for one (1) month. Group agrees to pay the actual Claims Amounts on a monthly basis within ten (10) days after receipt of VSP's statement. The Advance Payment amount may be adjusted each Plan Term if the average of monthly Claims Amount increases or decreases. The parties agree that such Advance Payment is reimbursable to the Group upon termination of this Plan, after the Group's indebtedness to VSP and/or its benefit providers has been satisfied. However, amounts paid to VSP as Advance Payment shall not be considered assets of the Group, and need not be held in trust by VSP.

4.03. **Administrative Fee:** Additionally, on or before the first day of each month, Group shall remit to VSP an Administrative Fee as outlined on the attached Schedule of Advance Payment and Administrative Fee, Exhibit B. Change will not be made to the Administrative Fee during any Plan Term unless there is a change in the Schedule of Benefits or a material change in any other terms and conditions of the Plan, provided any such change is mutually agreed upon in writing between VSP and Group.

Notwithstanding the above, VSP reserves the right to increase amounts due hereunder during a Plan Term by the amount of any tax or assessment not now in effect which is subsequently levied by any taxing authority, which is attributable to the amount due VSP from Group.

4.04. **Grace Period:** Group shall be allowed a grace period of thirty-one (31) days following the due date for making any payment of amounts due under this Plan. During the grace period, this Plan will remain in full force and effect for all Covered Persons. Late payments will be considered by VSP at the time of Plan renewal and may impact Group's

Advance Payment and Administrative Fees in future Plan Terms.

If Group fails to make any payment of amounts due by the end of any grace period, VSP may notify Group that the payment of amounts due has not been made, that coverage is canceled and that the Group is responsible for payment for the Claims Amount associated with Plan Benefits provided to Covered Persons after the last period for which amounts due were fully paid, including the grace period and through the effective date of the termination. Group shall also remain responsible for payment, in accordance with Paragraph 2.02, of any Claims Amount associated with Benefit Authorizations outstanding at the time of termination, and for any legal and/or collection fees incurred by VSP in collecting amounts due under this Plan.

4.05. **Distribution of Required Documents:** Group agrees to distribute to Enrollees any disclosure forms, plan summaries or other materials that may be required to be given to plan subscribers by any regulatory authority. Such materials shall be distributed by Group no later than thirty (30) days after receipt or as otherwise required under state law.

V.
OBLIGATIONS OF COVERED PERSONS UNDER THE PLAN

5.01. **General:** By this Plan, Group makes coverage available to its Enrollees and their Eligible Dependents, if dependent coverage is provided. This Plan may be amended or terminated by agreement between VSP and Group as otherwise indicated herein. Consent or concurrence of Covered Persons for any such amendment or termination is not necessary. This Plan, and all Exhibits, attachments and amendments, constitute VSP's sole and entire undertaking to Covered Persons under this Plan.

All Covered Persons under this Plan shall have the following obligations as a condition of their coverage.

5.02. **Copayments for Services Received:** Where, as indicated on the Schedule of Benefits, Exhibit A hereto, Copayments are required for certain Plan Benefits, these Copayments shall be the personal responsibility of the Covered Person receiving the care and must be paid to the Member Doctor (or Non-Member Doctor if Non-Member Provider benefits are indicated on the attached Schedule of Benefits at Exhibit A) on the date the services are rendered.

5.03. **Obtaining Services from Member Doctors:** Benefit Authorization must be obtained prior to receiving Plan Benefits from a Member Doctor. When a Covered Person desires to receive Plan Benefits from a Member Doctor, the Covered Person must select a Member Doctor, schedule an appointment, and identify himself as a Covered Person in order for the Member Doctor to obtain Benefit Authorization from VSP. Should the Covered Person receive Plan Benefits from a Member Doctor without such Benefit Authorization, then for the purposes of those Plan Benefits provided to the Covered Person, the provider will be considered a Non-Member Provider and the benefits available will be limited to those for a Non-Member Provider, if any.

5.04. **Submission of Non-Member Provider Claims:** All claims for services received from Non-Member Providers (if Non-Member Provider coverage is indicated on the attached Schedule of Benefits at Exhibit A) shall be submitted by Covered Persons to VSP within three hundred sixty-five (365) days of the date of service. VSP reserves the right to reject such claims which are filed more than three hundred sixty-five (365) days after the date of service.

Failure to submit a claim within three hundred sixty-five (365) days, however, shall not invalidate or reduce the claim if it was not reasonably possible to submit the claim within such time period, provided the claim was submitted as soon as was reasonably possible and in no event, except in absence of legal capacity, later than one year from the required date.

5.05. **Complaints and Grievances:** Covered Persons shall report any complaints and/or grievances to VSP at the address given herein. Complaints and grievances are disagreements regarding access to care, quality of care, treatment or service. Complaints and grievances may be submitted to VSP verbally or in writing. A Covered Person may

submit written comments or supporting documentation concerning his/her complaint or grievance to assist in VSP's review. VSP will resolve the complaint or grievance within thirty (30) days after receipt, unless special circumstances require an extension of time. In that case, resolution shall be achieved as soon as possible, but not later than one hundred twenty (120) days after VSP's receipt of the complaint or grievance. If VSP determines that resolution cannot be achieved within thirty (30) days, VSP will notify the Covered Person of the expected resolution date. Upon final resolution, VSP will notify the Covered Person of the outcome in writing.

5.06. **Claim Denial Appeals**: If, under the terms of this Plan, a claim is denied in whole or in part, a request may be submitted to VSP by Covered Person or Covered Person's authorized representative for a full review of the denial. Covered Person may designate any person, including his/her provider, as his/her authorized representative. References in this section to "Covered Person" include Covered Person's authorized representative, where applicable.

a) Initial Appeal: The request must be made within one hundred eighty (180) days following denial of a claim and should contain sufficient information to identify the Covered Person for whom the claim was denied, including the VSP Enrollee's name, the VSP Enrollee's Member Identification Number, the Covered Person's name and date of birth, the provider of services and the claim number. The Covered Person may review, during normal working hours, any documents held by VSP pertinent to the denial. The Covered Person may also submit written comments or supporting documentation concerning the claim to assist in VSP's review. VSP's response to the initial appeal, including specific reasons for the decision, shall be provided and communicated to the Covered Person as follows:

Denied Claims for Services Rendered: within thirty (30) calendar days after receipt of a request for an appeal from the Covered Person.

b) Second Level Appeal: If the Covered Person disagrees with the response to the initial appeal of the claim, the Covered Person has a right to a second level appeal. Within sixty (60) calendar days after receipt of VSP's response to the initial appeal, the Covered Person may submit a second appeal to VSP along with any pertinent documentation. VSP shall communicate its final determination to the Covered Person in compliance with all applicable state and federal laws and regulations and shall include the specific reasons for the determination.

c) **Other Remedies:** When Covered Person has completed the appeals process stated herein, additional voluntary alternative dispute resolution options may be available, including mediation, or Group should advise Covered Person to contact the U.S. Department of Labor or the state insurance regulatory agency for details. Additionally, under the provisions of ERISA (Section 502(a)(1)(B)) [29 U.S.C. 1132(a)(1)(B)], Covered Person has the right to bring a civil action when all available levels of review of denied claims, including the appeals process, have been completed, the claims were not approved in whole or in part, and Covered Person disagrees with the outcome.

5.07. **Time of Action:** No action in law or in equity shall be brought to recover on the Plan prior to the Covered Person exhausting his grievance rights as described in Paragraphs 5.05 and 5.06 above and/or prior to the expiration of sixty (60) days after the claim and any applicable invoices have been filed with VSP. No such action shall be brought after the expiration of six (6) years from the last date that the claim and any applicable invoices may be submitted to VSP, in accordance with the terms of this Plan.

VI.
ELIGIBILITY FOR COVERAGE

6.01. **Eligibility Criteria:** Individuals will be accepted for coverage hereunder only upon meeting all the applicable requirements set forth below.

(a) **Enrollees:** To be eligible for coverage, a person must:

(1) currently be an employee or member of the Group, and

(2) meet the criteria established in the coverage criteria mutually agreed upon by Group and VSP.

(b) **Eligible Dependents:** If dependent coverage is provided, the persons eligible for dependent coverage are:

(1) the legal spouse of any Enrollee, and

(2) any unmarried child of an Enrollee, including any natural child from the moment of birth, legally adopted child from the moment of placement for adoption with the Enrollee, or other child for whom a court holds the Enrollee responsible; and

(A) for whose support the Enrollee is legally responsible. Such dependent children shall be eligible until the end of the year in which they attain the age of 26 years, or

(B) who is chiefly dependent upon the Enrollee for support, and is currently enrolled as a full-time student in good standing actively pursuing a degree or certificate at a recognized educational institution. Such dependent student shall be eligible until the end of the year in which they attain the age of 30 years.

(3) as further defined by Group.

If a dependent unmarried child, prior to attainment of the prescribed age for termination of eligibility, becomes and continues to be, incapable of self-sustaining employment because of mental or physical disability, that Eligible Dependent's coverage shall not terminate. Coverage will continue as long as he remains chiefly dependent on the Enrollee for support and the Enrollee's coverage remains in force; PROVIDED satisfactory proof of the dependent's incapacity can be furnished to VSP within thirty-one (31) days of the date the Eligible Dependent's coverage would have otherwise terminated, and at such other times as VSP may request proof, but not more frequently than annually.

6.02. **Documentation of Eligibility:** Persons satisfying the requirements for coverage under either of the above classes shall be eligible if:

(a) in the case of an Enrollee, the individual's name and Social Security Number have been reported by the Group to VSP in the manner provided hereunder, and

(b) in the case of changes to an Eligible Dependent's status, the change has been reported by the Group to VSP in the manner provided herein. As indicated in Paragraph 4.01 above, VSP may elect to inspect the Group's records in

order to verify eligibility of Enrollees and dependents. Plan Benefits will be available only to persons on whose behalf applicable amounts due have been paid for the current period, or Grace Periods outlined above in Paragraph 4.04. If a clerical error is made, it will not affect the coverage to which the Covered Person is entitled under the Plan.

6.03. **Retroactive Eligibility Changes:** Retroactive eligibility changes are limited to sixty (60) days prior to the date notice of any such requested change is received by VSP. If coverage is retroactively terminated for an individual, Group shall remain responsible for the Claims Amount associated with any Plan Benefits provided to that individual pursuant to the Benefit Authorization issued by VSP in reliance on the latest eligibility information available to VSP at the time of such Benefit Authorization.

6.04. **Change of Participation Requirements, Contribution of Fees, and Eligibility Rules:** Composition of the Group, percentage of Enrollees covered under the Plan, and Group's contribution and Group's eligibility requirements are all material to VSP's obligations under this Plan. During the term of this Plan, Group must provide VSP with written notice of changes to its composition, percentage of Enrollees covered, contribution or eligibility requirements. Any such change which materially affects VSP's obligations hereunder must be mutually agreed upon in writing between VSP and Group and may constitute a material change to the terms and conditions of this Plan for purposes of Paragraph 4.03. Nothing in this section shall limit Group's ability to add Enrollees and/or Eligible Dependents in accordance with the terms of this Plan.

6.05. **Change in Family Status:** In the event Group is notified of any change in a Covered Person's family status (by marriage, the addition (e.g., newborn or adopted child) or deletion of dependent children, etc.) Group shall provide notice of such change to VSP via the next eligibility listing required under Paragraph 4.01. If such notice is given, the change in the Covered Person's status will be effective on the first day of the month following the request for change, or at a requested later date. Notwithstanding any other provision in this section, a newborn child will be covered for thirty-one (31) days after birth and an adopted child will be covered for thirty-one (31) days after the date the Enrollee or Enrollee's spouse acquires the right to control the health care of the child. To continue coverage for a newborn or adopted child beyond the initial thirty-one (31) day period, the Group must be properly notified of the Enrollee's change in family status and applicable amounts due must be paid to VSP on behalf of the child.

6.06. **Family and Medical Leave Act:** The federal Family and Medical Leave Act of 1993 (FMLA), requires that under certain circumstances health plan benefits available to an eligible Enrollee and his or her Eligible Dependents be made available during certain periods of leave. Benefits will be available at the level and under the conditions coverage would have been provided if the eligible Enrollee had not gone on leave. If, and only to the extent, FMLA applies to the parties to this Plan, VSP shall make the statutorily-required continuation coverage available based on the eligibility information provided by the Group.

VII.
CONTINUATION OF COVERAGE

7.01. **COBRA**: The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that, under certain circumstances, health plan benefits available to an Enrollee and his or her Eligible Dependents be made available for purchase by said persons upon the occurrence of a COBRA-qualifying event. If, and only to the extent, COBRA applies, VSP shall make the statutorily-required continuation coverage available for purchase in accordance with COBRA.

VIII.
ARBITRATION OF DISPUTES

8.01. **Dispute Resolution:** Any dispute or question arising between VSP and Group or any Covered Person involving the application, interpretation, or performance under this Plan shall be settled, if possible, by amicable and informal negotiations. This will allow such opportunity as may be appropriate under the circumstances for fact-finding and mediation. If any issue cannot be resolved in this fashion, it shall be submitted to arbitration.

8.02. **Procedure:** The procedure for arbitration hereunder shall be conducted pursuant to the Rules of the American Arbitration Association in effect at the time of the dispute.

8.03. **Choice of Law:** Question(s) and dispute(s) hereunder are to be resolved by arbitration. However, if there are any matters arising in connection with this Plan which do become the subject of legal process, the applicable law shall be that of the State of delivery of this Plan.

IX.
NOTICES

9.01. **Required Notices**: Any notices to be given under this Plan to either the Group or VSP shall be in writing and delivered by United States First Class Mail. Notices sent to the Group will be mailed to the address shown on the Group Application. Notices sent to VSP shall be sent to the address shown on this Plan. Any notices may be hand-delivered by either party to an appropriate representative of the party, with the burden being on the party effecting such hand-delivery, to prove, if questioned, that such delivery was made.

X.
MISCELLANEOUS

10.01. **Entire Plan:** This Plan, the Group Application, and all Exhibits and attachments, and any amendments hereto, constitute the entire understanding between the parties and supersedes any prior understandings and agreements between them, either written or oral. Any change or amendment to the Plan must be approved by an officer of VSP and attached to be valid. No agent has the authority to change this Plan or waive any of its provisions. Communication materials prepared by Group for distribution to Enrollees do not constitute a part of this Plan.

10.02. **Indemnity:** VSP agrees to indemnify, defend and hold harmless Group, its shareholders, directors, officers, agents, employees, successors and assigns from and against any and all liability, claim, loss, injury, cause of action and expense (including defense costs and legal fees) of any nature whatsoever arising from the failure of VSP, its officers, agents or employees, to perform any of the activities, duties or responsibilities specified herein. Group agrees to indemnify, defend and hold harmless VSP, its members, shareholders, directors, officers, agents, employees, successors and assigns from and against any and all liability, claim, loss, injury, cause of action and expense (including defense costs and legal fees) of any nature whatsoever arising or resulting from the failure of Group, its officers or employees to perform any of the duties or responsibilities specified herein.

10.03. **Liability:** VSP arranges for the provision of vision care services and materials through agreements with Member Doctors, who are independent contractors responsible for exercising independent judgment. VSP does not itself directly furnish vision care services or supply materials. Under no circumstances shall VSP or Group be liable for the negligence, wrongful acts or omissions of any doctor, laboratory, or any other person or organization performing services or supplying materials in connection with this Plan.

10.04. **Assignment:** Neither this Plan nor any of the rights or obligations of either of the parties may be assigned or transferred, except as noted herein, without the prior written consent of both parties.

10.05. **Severability:** Should any provision of this Plan be declared invalid, the remaining provisions shall remain in full force and effect.

10.06. **Governing Law:** This Plan shall be governed by and construed in accordance with applicable federal and state law. Any provision that is in conflict with, or not in compliance with, applicable federal or state statutes or regulations is hereby amended to conform with the requirements of such statutes or regulations, now or hereafter existing.

10.07. **Gender:** All pronouns used herein are deemed to refer to the masculine, feminine, neuter, singular, or plural, as the identity(ies) of the person(s) may require.

10.08. **Communication Materials**: All Communication materials created by Group which relate to this vision care Plan must adhere to VSP's Member Communication Guidelines, distributed to Group by VSP. Such communication materials may be sent to VSP for review and approval in advance of mailing to Enrollees. VSP's review of such materials shall be limited to approving the accuracy of Plan Benefits and shall not encompass or constitute certification that Group's materials meet any applicable legal or regulatory requirements, including, but not limited to, ERISA requirements.

EXHIBIT A

**VISION SERVICE PLAN INSURANCE COMPANY
SCHEDULE OF BENEFITS
VSP Choice Plan**

GENERAL

This Schedule lists the vision care services and vision care materials to which Covered Persons of VISION SERVICE PLAN INSURANCE COMPANY ("VSP") are entitled, subject to any Copayments and other conditions, limitations and/or exclusions stated herein. If Plan Benefits are available for Non-Member Provider services, as indicated by the reimbursement provisions below, vision care services and vision care materials may be received from any licensed optometrist, ophthalmologist, or dispensing optician, whether Member Doctors or Non-Member Providers. This Schedule forms a part of the Plan or Certificate to which it is attached.

Member Doctors are those doctors who have agreed to participate in VSP's Choice Network.

When Plan Benefits are received from Member Doctors, benefits appearing in the first column below are applicable subject to any Copayments as stated below. When Plan Benefits are available and received from Non-Member Providers, the Covered Person is reimbursed for such benefits according to the schedule in the second column below less any applicable Copayments.

COPAYMENT

The benefits described herein are available to each Covered Person subject only to payment of the applicable Copayment by the Covered Person. Copayments are required for Plan Benefits received from Member Doctors and Non-Member Providers. Covered Persons must also follow the proper procedures for obtaining Benefit Authorization.

There shall be no Copayment payable by the Covered Person to the Member Doctor at the time services are rendered.

PLAN BENEFITS

	<u>MEMBER DOCTOR BENEFIT</u>	<u>NON-MEMBER PROVIDER BENEFIT</u>
VISION CARE SERVICES		
<u>Eye Examination</u>	Covered in Full*	Up to \$ 45.00*

Complete initial vision analysis which includes an appropriate examination of visual functions, including the prescription of corrective eyewear where indicated.

Subsequent regular eye examinations every 12 months.

*Less any applicable Copayment.

VISION CARE MATERIALS

	<u>MEMBER DOCTOR BENEFIT</u>	<u>NON-MEMBER PROVIDER BENEFIT</u>
<u>Lenses</u>		
Single Vision	Covered in full*	Up to \$ 30.00*
Bifocal	Covered in full*	Up to \$ 50.00*
Trifocal	Covered in full*	Up to \$ 65.00*
Lenticular	Covered in full*	Up to \$ 100.00*

Polycarbonate lenses are covered in full for dependent children up to the end of the month they turn age 26

<u>Frames</u>	Covered up to Plan Allowance*	Up to \$ 70.00*
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Available once every 12 months.

*Less any applicable Copayment.

Client charge shall be determined by the then applicable wholesale/retail equivalent conversion factor.

Lenses and frames include such professional services as are necessary, which shall include:

- Prescribing and ordering proper lenses;
- Assisting in the selection of frames;
- Verifying the accuracy of the finished lenses;
- Proper fitting and adjustment of frames;
- Subsequent adjustments to frames to maintain comfort and efficiency;
- Progress or follow-up work as necessary.

CONTACT LENSES

Contact lenses are available once every 12 months in lieu of all other lens and frame benefits available herein. When contact lenses are obtained, the Covered Person shall not be eligible for lenses again for 12 months and frames for 12 months.

Necessary-

Necessary Contact Lenses are a Plan Benefit when specific benefit criteria are satisfied and when prescribed by Covered Person's Member Doctor or Non-Member Provider. Prior review and approval by VSP are not required for Covered Person to be eligible for Necessary Contact Lenses.

MEMBER DOCTOR BENEFIT

Professional Fees and Materials

Covered in full*

NON-MEMBER PROVIDER BENEFIT

Professional Fees and Materials

Up to \$210.00*

Elective -

MEMBER DOCTOR BENEFIT

Elective Contact Lens fitting and evaluation** services are covered in full once every 12 months, after a maximum \$60.00 Copayment.

Materials

Up to \$115.00

NON-MEMBER PROVIDER BENEFIT

Professional Fees and Materials

Up to \$105.00

*Subject to Copayment

**15% discount applies to Member Doctor's usual and customary professional fees for contact lens evaluation and fitting.

LOW VISION BENEFIT

The Low Vision benefit is available to Covered Persons who have severe visual problems that are not correctable with regular lenses.

	<u>MEMBER DOCTOR BENEFIT</u>	<u>NON-MEMBER PROVIDER BENEFIT</u>
Supplementary Testing	Covered in Full	Up to \$125.00
Complete low vision analysis/diagnosis, which includes a comprehensive examination of visual functions, including the prescription of corrective eyewear or vision aids where indicated.		
Supplemental Care Aids	75% of Cost	75% of Cost

Subsequent low vision aids.

Copayment for Supplemental Aids: 25% payable by Covered Person.

Benefit Maximum

The maximum benefit available is \$1000.00 (excluding Copayment) every two years.

NON-MEMBER PROVIDER BENEFIT

Low Vision benefits secured from a Non-Member Provider are subject to the same time limits and Copayment arrangements as described above for a Member Doctor. The Covered Person should pay the Non-Member Provider his full fee. The Covered Person will be reimbursed in accordance with an amount not to exceed what VSP would pay a Member Doctor in similar circumstances. NOTE: There is no assurance that this amount will be within the 25% Copayment feature.

EXCLUSIONS AND LIMITATIONS OF BENEFITS

Some brands of spectacle frames may be unavailable for purchase as Plan Benefits, or may be subject to additional limitations. Covered Persons may obtain details regarding frame brand availability from their VSP Member Doctor or by calling VSP's Customer Care Division at (800) 877-7195.

PATIENT OPTIONS

This Plan is designed to cover visual needs rather than cosmetic materials. When the Covered Person selects any of the following extras, the Plan will pay the basic cost of the allowed lenses or frames, and the Covered Person will pay the additional costs for the options.

- Optional cosmetic processes.
- Anti-reflective coating.
- Color coating.
- Mirror coating.
- Scratch coating.
- Blended lenses.
- Cosmetic lenses.
- Laminated lenses.
- Oversize lenses.
- Polycarbonate lenses.
- Photochromic lenses, tinted lenses except Pink #1 and Pink #2.
- Progressive multifocal lenses.
- UV (ultraviolet) protected lenses.
- Certain limitations on low vision care.
- A frame that costs more than the Plan allowance.
- Contact lenses (except as noted elsewhere herein).

NOT COVERED

There is no benefit for professional services or materials connected with:

- Orthoptics or vision training and any associated supplemental testing; plano lenses (less than a $\pm .50$ diopter power); or two pair of glasses in lieu of bifocals;
- Replacement of lenses and frames furnished under this Plan which are lost or broken, except at the normal intervals when services are otherwise available;
- Medical or surgical treatment of the eyes;
- Corrective vision treatment of an Experimental Nature;
- Costs for services and/or materials above Plan Benefit allowances;
- Services and/or materials not indicated on this Schedule as covered Plan Benefits.

VSP MAY, AT ITS DISCRETION, WAIVE ANY OF THE PLAN LIMITATIONS IF, IN THE OPINION OF VSP'S OPTOMETRIC CONSULTANTS, IT IS NECESSARY FOR THE VISUAL WELFARE OF THE COVERED PERSON.

PLAN BENEFITS AFFILIATE PROVIDERS

GENERAL

Affiliate Providers are providers of Covered Services and Materials who are not contracted as Member Doctors but who have agreed to bill VSP directly for Plan Benefits provided pursuant to this Schedule. However, some Affiliate Providers may be unable to provide all Plan Benefits included in this Schedule. Covered Person should discuss requested services with their provider or contact VSP Customer Care for details.

COPAYMENT

There shall be no Copayment payable by the Covered Person under this Plan.

COVERED SERVICES AND MATERIALS

EYE EXAMINATION- Covered in full* once every 12 months**

Comprehensive examination of visual functions and prescription of corrective eyewear.

LENSES - Covered in full* once every 12 months**

Spectacle Lenses (Single, Lined Bifocal, or Lined Trifocal)

Polycarbonate lenses are covered in full for dependent children up to the end of the month they turn age 26

FRAMES - Covered up to the Plan allowance* once every 12 months**

CONTACT LENSES

ELECTIVE

Elective Contact Lenses (materials only) are covered up to \$115.00 once every 12 months.

Elective Contact Lens fitting and evaluation services are covered in full once every 12 months, after a maximum \$60.00 Copayment.

NECESSARY

Necessary Contact Lenses are covered up to \$210.00* once every 12 months**

Necessary Contact Lenses are a Plan Benefit when specific benefit criteria are satisfied and when prescribed by Covered Person's Doctor.

Contact Lenses are provided in place of spectacle lens and frame benefits available herein.

*Less any applicable Copayment.

**Beginning with the first date of service.

EXCLUSIONS AND LIMITATIONS OF BENEFITS

1. Exclusions and limitations of benefits described above for Member Doctors shall also apply to services rendered by Affiliate Providers.
2. Services from an Affiliate Provider are in lieu of services from a Member Doctor or a Non-Member Provider.
3. VSP is unable to require Affiliate Providers to adhere to VSP's quality standards.
4. Where Affiliate Providers are located in membership retail environments, Covered Persons may be required to purchase a membership in such entities as a condition of obtaining Plan Benefits.

EXHIBIT B

**VISION SERVICE PLAN INSURANCE COMPANY
SCHEDULE OF ADVANCE PAYMENT AND ADMINISTRATIVE FEE
VSP Choice Plan**

VSP shall be entitled to receive amounts due for each month on behalf of each Enrollee and his/her Eligible Dependents, if any in the amounts specified below:

ADVANCE PAYMENT:	\$0.00
ADMINISTRATIVE FEE:	\$1.21 PER ELIGIBLE ENROLLEE

NOTICE: The amount due under this Plan is subject to change upon renewal (after the end of the Plan Term or any subsequent Plan Term) or upon change of the Schedule of Benefits or a material change in any other terms or conditions of the Plan.

ADDENDUM

VISION SERVICE PLAN INSURANCE COMPANY ADDITIONAL BENEFIT RIDER DIABETIC EYECARE PLUS PROGRAM

GENERAL

This Rider lists additional vision care benefits to which Covered Persons of VISION SERVICE PLAN INSURANCE COMPANY ("VSP") are entitled, subject to any applicable Copayments and other conditions, limitations and/or exclusions stated herein or in the Schedule of Benefits with which it is associated. Plan Benefits under the Diabetic Eyecare Program are available to Covered Persons who have been diagnosed with type 1 or type 2 diabetes and specific ophthalmological conditions. This Rider forms a part of the PLAN or Evidence of Coverage to which it is attached.

ELIGIBILITY

The following are Covered Persons under this Plan, pursuant to eligibility criteria established by Client:

- Enrollee.
- The legal spouse of Enrollee.
- Any unmarried child of Enrollee, including any natural child from the date of birth, legally adopted child from the date of placement for adoption with the Enrollee, or other child for whom a court or administrative agency holds the Enrollee responsible.

Unmarried dependent children are covered up to the end of the year in which they attain the age of 26 years, or up to the end of the year in which they attain the age of 30 years if full-time students.

A dependent, unmarried child over the limiting age may continue to be eligible as a dependent if the child is incapable of self-sustaining employment because of mental or physical disability, and chiefly dependent upon Enrollee for support and maintenance.

PROGRAM DESCRIPTION

The Diabetic Eyecare Plus Program ("DEP Plus") is intended to be a supplement to Covered Person's group medical plan. Providers will first submit a claim to Covered Person's group medical insurance plan, and then to VSP. Any amounts not paid by the medical plan will be considered for payment by VSP. (This is referred to as "Coordination of Benefits" or "COB." Please refer to the Coordination of Benefits section of Covered Person's Evidence of Coverage for additional information regarding COB.) If Covered Person does not have a group medical plan, providers will submit claims directly to VSP.

Examples of symptoms which may result in an Covered Person seeking services under DEP Plus may include, but are not limited to:

- blurry vision
- transient loss of vision
- trouble focusing
- "floating" spots

Examples of conditions which may require management under DEP Plus may include, but are not limited to:

- diabetic retinopathy
- diabetic macular edema
- rubeosis

REFERRALS

If Covered Person's Member Doctor cannot provide Covered Services, the doctor will refer the Covered Person to another Member Doctor or to a physician whose offices provide the necessary services.

If the Covered Person requires services beyond the scope of DEP Plus, the Member Doctor will refer the Covered Person to a physician.

Referrals are intended to insure that Covered Person receive the appropriate level of care for their presenting condition. **Covered Persons do not require a referral from a Member Doctor in order to obtain Plan Benefits.**

**PLAN BENEFITS
VSP NETWORK DOCTORS**

COVERED SERVICES

Eye Examination: Covered in full after a Copayment of \$20.00.

Special Ophthalmological Services: Covered in Full.

EXCLUSIONS AND LIMITATIONS OF BENEFITS

The Diabetic Eyecare Plus Program provides coverage for limited, vision-related medical services. A current list of these procedures will be made available to Covered Person upon request. The frequency at which these services may be provided is dependent upon the specific service and the diagnosis associated with such service.

NOT COVERED

1. Services and/or materials not specifically included in this Rider as Plan Benefits.
2. Frames, lenses, contact lenses or any other ophthalmic materials.
3. Orthoptics or vision training and any associated supplemental testing.
4. Surgery of any type, and any pre- or post-operative services.
5. Treatment for any pathological conditions.
6. An eye exam required as a condition of employment.
7. Insulin or any medications or supplies of any type.
8. Local, state and/or federal taxes, except where VSP is required by law to pay.

DIABETIC EYECARE PROGRAM DEFINITIONS

Diabetes	A disease where the pancreas has a problem either making, or making and using, insulin.
Type 1 Diabetes	A disease in which the pancreas stops making insulin.
Type 2 Diabetes	A disease in which the pancreas either makes too little insulin or cannot properly use the insulin it makes to convert blood glucose to energy.
Diabetic Retinopathy	A weakening in the small blood vessels at the back of the eye.
Rubeosis	Abnormal blood vessel growth on the iris and the structures in the front of the eye.
Diabetic Macular Edema	Swelling of the retina in diabetes mellitus due to leaking of fluid from blood vessels within the macula.



**ADDENDUM # 1
RFP # 20190081**

**Addendum Date: Tuesday, May 21, 2019 @ 5:00PM (ET)
E-Bid Name: Administrative Services for Vision Insurance
Questions and Answers**

Please make the following changes/modifications to the subject bid:

Below you will find the questions submitted by potential proposers and we have provided answers to all questions submitted prior to the specified deadline.

NOTE: The Bid opening date has not changed.

Instructions to Bidder:

Each bidder must acknowledge receipt of any addenda on the Bidder's Questionnaire Sheet to have his/her bid or proposal to be accepted.

1. **QUESTION:** Can the census be provided in Excel and include the ee or retiree date of birth?
ANSWER: Please see the updated census spreadsheet which includes the dates of birth and the tier.
2. **QUESTION:** We had a question regarding the requirement for a Bid Bond as indicated on page 48 of the Bid Specifications. As the incumbent vision carrier is it necessary for to a Bid Bond of \$500.00?
ANSWER: The City must be fair, equal, and transparent for all bidders whether they currently do business or are new bidders. The requirements are consistent for all bidders. The bid bond is required of "all" bidders.
3. **QUESTION:** My question is whether we are to include commission to The Gehring Group when proposing our ASO fee and vision services?
ANSWER: No commissions to the Gehring Group should be included in the ASO fee for vision services.
4. **QUESTION:** Please clarify if the City is requesting both fully insured and ASO proposals or just ASO proposals.
ANSWER: I would recommend ASO only quotes as this has been beneficial for the City.
5. **QUESTION:** Please clarify the Geo Access parameters.
ANSWER: Geo Access is an analysis illustrating how many providers are within/near the employee's home zip codes (how accessible the vendor's network is for employees). We typically ask for a Geo Access based on 2 providers within 10 miles of the employee's home zip code.
6. **QUESTION:** Please clarify if the \$500 bid bond is required.
ANSWER: Yes, it is required. Every potential bidder must submit a \$500.00 Bid Bond. Per Florida Statute 624.606, a bid bond guarantees the execution of a contract other than a contract of indebtedness or other monetary obligation.
7. **QUESTION:** Please clarify if only 4 references are requested.
ANSWER: Yes, the City is only requesting (4) references.

8. **QUESTION:** Can we obtain a Census in Excel with Vision subscribers by tier?

ANSWER: Please see the updated census spreadsheet which includes the dates of birth and the tier.

DOB	Zip	Vision
11/22/1967	34949	VSP Vision Plan Employee + Child(ren)
4/27/1971	34987	VSP Vision Plan Employee + Child(ren)
4/17/1962	34986	VSP Vision Plan Employee + Child(ren)
9/19/1974	34984	VSP Vision Plan Employee + Child(ren)
2/10/1976	34952	VSP Vision Plan Employee + Child(ren)
7/19/1979	34950	VSP Vision Plan Employee + Child(ren)
9/29/1978	32967	VSP Vision Plan Employee + Child(ren)
1/1/1972	34984	VSP Vision Plan Employee + Child(ren)
7/21/1964	349882222	VSP Vision Plan Employee + Child(ren)
12/19/1965	34986	VSP Vision Plan Employee + Child(ren)
6/8/1976	34987	VSP Vision Plan Employee + Child(ren)
4/29/1973	34983	VSP Vision Plan Employee + Child(ren)
9/19/1984	34983	VSP Vision Plan Employee + Child(ren)
9/30/1965	34952	VSP Vision Plan Employee + Child(ren)
1/3/1975	34983	VSP Vision Plan Employee + Child(ren)
12/21/1972	34984	VSP Vision Plan Employee + Child(ren)
4/14/1963	34984	VSP Vision Plan Employee + Child(ren)
6/27/1977	34984	VSP Vision Plan Employee + Child(ren)
1/6/1979	34986	VSP Vision Plan Employee + Child(ren)
3/10/1982	34997	VSP Vision Plan Employee + Child(ren)
3/17/1968	34990	VSP Vision Plan Employee + Child(ren)
5/31/1987	34982	VSP Vision Plan Employee + Child(ren)
1/31/1966	34953	VSP Vision Plan Employee + Child(ren)
2/22/1974	34953	VSP Vision Plan Employee + Child(ren)
11/15/1969	34953	VSP Vision Plan Employee + Child(ren)
1/25/1971	34982	VSP Vision Plan Employee + Child(ren)
5/21/1981	34957	VSP Vision Plan Employee + Child(ren)
5/27/1966	34983	VSP Vision Plan Employee + Child(ren)
5/16/1986	34986	VSP Vision Plan Employee + Child(ren)
6/12/1962	34952	VSP Vision Plan Employee + Child(ren)
2/20/1966	34953	VSP Vision Plan Employee + Child(ren)
4/18/1978	34982	VSP Vision Plan Employee + Child(ren)
4/24/1946	34952	VSP Vision Plan Employee + Child(ren)
3/8/1989	34952	VSP Vision Plan Employee + Child(ren)
6/3/1978	34986	VSP Vision Plan Employee + Child(ren)
1/24/1971	34982	VSP Vision Plan Employee + Child(ren)
2/11/1986	34985	VSP Vision Plan Employee + Child(ren)
12/29/1983	34952	VSP Vision Plan Employee + Child(ren)
2/19/1967	34953	VSP Vision Plan Employee + Child(ren)
12/20/1983	34953	VSP Vision Plan Employee + Child(ren)
2/25/1982	34987	VSP Vision Plan Employee + Child(ren)
10/10/1961	32967	VSP Vision Plan Employee + Child(ren)
1/6/1973	34990	VSP Vision Plan Employee + Child(ren)
5/10/1965	33433	VSP Vision Plan Employee + Child(ren)
7/24/1978	34983	VSP Vision Plan Employee + Child(ren)
1/2/1985	33478	VSP Vision Plan Employee + Child(ren)

1/31/1970	34957 VSP Vision Plan Employee + Child(ren)
5/22/1976	34957 VSP Vision Plan Employee + Child(ren)
2/15/1978	34957 VSP Vision Plan Employee + Child(ren)
6/30/1976	34982 VSP Vision Plan Employee + Child(ren)
5/15/1974	34953 VSP Vision Plan Employee + Child(ren)
1/25/1974	34952 VSP Vision Plan Employee + Child(ren)
12/18/1964	33458 VSP Vision Plan Employee + Child(ren)
8/10/1972	34986 VSP Vision Plan Employee + Child(ren)
5/7/1968	34952 VSP Vision Plan Employee + Child(ren)
8/20/1975	34953 VSP Vision Plan Employee + Child(ren)
3/12/1972	34997 VSP Vision Plan Employee + Child(ren)
8/3/1966	32968 VSP Vision Plan Employee + Child(ren)
7/22/1966	34953 VSP Vision Plan Employee + Child(ren)
2/28/1983	34953 VSP Vision Plan Employee + Child(ren)
8/15/1971	34953 VSP Vision Plan Employee + Child(ren)
9/12/1986	34952 VSP Vision Plan Employee + Child(ren)
9/1/1979	34953 VSP Vision Plan Employee + Child(ren)
7/15/1980	34953 VSP Vision Plan Employee + Child(ren)
9/26/1963	32966 VSP Vision Plan Employee + Child(ren)
11/6/1970	34952 VSP Vision Plan Employee + Child(ren)
6/5/1969	34982 VSP Vision Plan Employee + Child(ren)
5/27/1978	33478 VSP Vision Plan Employee + Child(ren)
6/12/1975	34953 VSP Vision Plan Employee + Child(ren)
8/29/1964	34952 VSP Vision Plan Employee + Child(ren)
9/17/1966	34987 VSP Vision Plan Employee + Child(ren)
8/7/1968	34953 VSP Vision Plan Employee + Child(ren)
4/15/1986	34953 VSP Vision Plan Employee + Child(ren)
6/8/1964	34983 VSP Vision Plan Employee + Child(ren)
9/2/1992	34984 VSP Vision Plan Employee + Child(ren)
5/30/1958	34953 VSP Vision Plan Employee + Child(ren)
6/17/1982	34983 VSP Vision Plan Employee + Child(ren)
1/17/1967	34952 VSP Vision Plan Employee + Child(ren)
12/4/1964	34953 VSP Vision Plan Employee + Child(ren)
7/13/1982	34947 VSP Vision Plan Employee + Child(ren)
8/23/1970	34981 VSP Vision Plan Employee + Child(ren)
6/12/1987	34983 VSP Vision Plan Employee + Child(ren)
12/20/1978	34983 VSP Vision Plan Employee + Child(ren)
7/5/1964	34953 VSP Vision Plan Employee + Child(ren)
3/16/1970	34953 VSP Vision Plan Employee + Child(ren)
10/17/1978	34953 VSP Vision Plan Employee + Child(ren)
4/5/1957	34952 VSP Vision Plan Employee + Child(ren)
1/26/1964	34988 VSP Vision Plan Employee + Child(ren)
10/8/1976	34952 VSP Vision Plan Employee + Child(ren)
8/5/1962	34953 VSP Vision Plan Employee + Child(ren)
11/9/1978	34952 VSP Vision Plan Employee + Child(ren)
7/16/1972	34983 VSP Vision Plan Employee + Child(ren)
8/9/1965	33428 VSP Vision Plan Employee + Child(ren)

4/19/1978	34953	VSP Vision Plan Employee + Child(ren)
6/4/1966	34983	VSP Vision Plan Employee + Child(ren)
6/1/1966	34953	VSP Vision Plan Employee + Child(ren)
10/15/1980	34990	VSP Vision Plan Employee + Child(ren)
12/31/1986	34983	VSP Vision Plan Employee + Child(ren)
9/27/1986	34986	VSP Vision Plan Employee + Child(ren)
2/24/1987	32960	VSP Vision Plan Employee + Child(ren)
12/11/1973	34983	VSP Vision Plan Employee + Child(ren)
3/14/1995	34986	VSP Vision Plan Employee + Child(ren)
6/30/1977	34986	VSP Vision Plan Employee + Child(ren)
9/10/1972	34986	VSP Vision Plan Employee + Child(ren)
3/24/1973	34953	VSP Vision Plan Employee + Child(ren)
9/10/1988	34953	VSP Vision Plan Employee + Child(ren)
6/19/1981	34990	VSP Vision Plan Employee + Child(ren)
6/13/1986	34986	VSP Vision Plan Employee + Child(ren)
9/7/1977	34953	VSP Vision Plan Employee + Child(ren)
10/4/1963	34983	VSP Vision Plan Employee + Child(ren)
4/22/1958	34952	VSP Vision Plan Employee + Child(ren)
3/6/1965	34983	VSP Vision Plan Employee + Child(ren)
8/6/1982	34953	VSP Vision Plan Employee + Child(ren)
10/2/1969	34953	VSP Vision Plan Employee + Child(ren)
10/17/1990	34953	VSP Vision Plan Employee + Child(ren)
11/9/1969	33404	VSP Vision Plan Employee + Child(ren)
11/16/1970	34987	VSP Vision Plan Employee + Family
10/21/1960	34983	VSP Vision Plan Employee + Family
7/8/1961	34984	VSP Vision Plan Employee + Family
9/11/1979	34982	VSP Vision Plan Employee + Family
3/15/1966	34983	VSP Vision Plan Employee + Family
2/22/1971	34983	VSP Vision Plan Employee + Family
5/10/1978	34987	VSP Vision Plan Employee + Family
3/14/1954	349815330	VSP Vision Plan Employee + Family
12/8/1971	34953	VSP Vision Plan Employee + Family
5/13/1978	34953	VSP Vision Plan Employee + Family
7/21/1977	34986	VSP Vision Plan Employee + Family
10/18/1971	34987	VSP Vision Plan Employee + Family
10/11/1970	34953	VSP Vision Plan Employee + Family
3/6/1977	34986	VSP Vision Plan Employee + Family
10/4/1965	34994	VSP Vision Plan Employee + Family
2/10/1981	34953	VSP Vision Plan Employee + Family
3/12/1979	34952	VSP Vision Plan Employee + Family
4/7/1974	34952	VSP Vision Plan Employee + Family
8/18/1956	34986	VSP Vision Plan Employee + Family
7/17/1969	34984	VSP Vision Plan Employee + Family
11/15/1980	34987	VSP Vision Plan Employee + Family
2/26/1969	32968	VSP Vision Plan Employee + Family
3/19/1975	34953	VSP Vision Plan Employee + Family
8/17/1966	34952	VSP Vision Plan Employee + Family

5/2/1984	34983 VSP Vision Plan Employee + Family
9/16/1971	34953 VSP Vision Plan Employee + Family
1/1/1972	34982 VSP Vision Plan Employee + Family
8/12/1967	34983 VSP Vision Plan Employee + Family
12/16/1982	34990 VSP Vision Plan Employee + Family
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8/18/1979	34953 VSP Vision Plan Employee + Family
12/29/1978	32967 VSP Vision Plan Employee + Family
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3/30/1966	34986 VSP Vision Plan Employee + Family
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2/6/1961	34986 VSP Vision Plan Employee + Family
8/19/1973	34983 VSP Vision Plan Employee + Family
8/10/1975	34953 VSP Vision Plan Employee + Family
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9/9/1970	34952 VSP Vision Plan Employee + Family
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1/4/1979	34953 VSP Vision Plan Employee + Family
4/17/1976	34990 VSP Vision Plan Employee + Family
5/5/1967	34946 VSP Vision Plan Employee + Family
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7/1/1986	34953 VSP Vision Plan Employee + Family

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3/5/1977	34997 VSP Vision Plan Employee + Family
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7/20/1971	34953 VSP Vision Plan Employee + Family
5/15/1991	34952 VSP Vision Plan Employee + Family
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10/9/1962	34986 VSP Vision Plan Employee + Family
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12/4/1974	34952 VSP Vision Plan Employee + Family
4/4/1983	34990 VSP Vision Plan Employee + Family
5/19/1982	34987 VSP Vision Plan Employee + Family
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4/20/1987	34952 VSP Vision Plan Employee + Family
8/29/1969	34983 VSP Vision Plan Employee + Family
6/4/1979	34953 VSP Vision Plan Employee + Family
10/25/1981	34953 VSP Vision Plan Employee + Family
12/9/1982	34953 VSP Vision Plan Employee + Family
10/6/1968	34953 VSP Vision Plan Employee + Family
4/11/1957	34953 VSP Vision Plan Employee + Family
8/25/1965	34953 VSP Vision Plan Employee + Family
3/28/1985	34986 VSP Vision Plan Employee + Family
8/12/1969	34953 VSP Vision Plan Employee + Family
2/2/1984	34953 VSP Vision Plan Employee + Family
10/28/1968	34986 VSP Vision Plan Employee + Family
8/23/1971	34983 VSP Vision Plan Employee + Family
4/2/1983	34982 VSP Vision Plan Employee + Family
2/26/1969	34953 VSP Vision Plan Employee + Family
6/9/1960	34986 VSP Vision Plan Employee + Family
1/17/1980	34953 VSP Vision Plan Employee + Family
4/9/1964	34953 VSP Vision Plan Employee + Family
3/14/1990	34983 VSP Vision Plan Employee + Family
5/13/1964	34983 VSP Vision Plan Employee + Family
8/29/1981	34953 VSP Vision Plan Employee + Family
2/2/1983	34957 VSP Vision Plan Employee + Family

11/30/1982	34983	VSP Vision Plan Employee + Family
7/16/1978	34983	VSP Vision Plan Employee + Family
11/19/1971	32966	VSP Vision Plan Employee + Family
8/22/1967	34986	VSP Vision Plan Employee + Family
1/15/1968	34984	VSP Vision Plan Employee + Family
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3/15/1965	34953	VSP Vision Plan Employee + Family
8/30/1970	34997	VSP Vision Plan Employee + Family
10/7/1972	34986	VSP Vision Plan Employee + Family
10/12/1961	349823887	VSP Vision Plan Employee + Family
11/7/1984	34982	VSP Vision Plan Employee + Family
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11/5/1974	34949	VSP Vision Plan Employee + Family
12/30/1966	32968	VSP Vision Plan Employee + Family
2/8/1974	34983	VSP Vision Plan Employee + Family
3/17/1987	34986	VSP Vision Plan Employee + Family
4/28/1977	34987	VSP Vision Plan Employee + Family
6/27/1983	34953	VSP Vision Plan Employee + Family
8/10/1969	34957	VSP Vision Plan Employee + Family
11/12/1973	34981	VSP Vision Plan Employee + Family
3/11/1985	34953	VSP Vision Plan Employee + Family
12/17/1973	34984	VSP Vision Plan Employee + Family
7/7/1987	34983	VSP Vision Plan Employee + Family
5/26/1975	34983	VSP Vision Plan Employee + Family
10/1/1968	34983	VSP Vision Plan Employee + Family
4/25/1969	34988	VSP Vision Plan Employee + Family
9/26/1970	34952	VSP Vision Plan Employee + Family
5/26/1984	34952	VSP Vision Plan Employee + Family
6/14/1974	349533115	VSP Vision Plan Employee + Family
12/29/1966	34984	VSP Vision Plan Employee + Family
10/2/1959	34953	VSP Vision Plan Employee + Family
12/3/1966	34953	VSP Vision Plan Employee + Family
12/24/1969	34983	VSP Vision Plan Employee + Family
12/19/1981	34983	VSP Vision Plan Employee + Family
12/28/1991	34947	VSP Vision Plan Employee + Family
5/8/1953	34983	VSP Vision Plan Employee + Family
12/9/1973	32962	VSP Vision Plan Employee + Family
4/11/1990	34953	VSP Vision Plan Employee + Family
4/22/1985	34987	VSP Vision Plan Employee + Family
6/29/1971	34983	VSP Vision Plan Employee + Family
8/3/1975	34953	VSP Vision Plan Employee + Family
8/14/1978	34953	VSP Vision Plan Employee + Family
5/18/1986	34983	VSP Vision Plan Employee + Family
12/24/1963	34984	VSP Vision Plan Employee + Family
7/9/1976	34990	VSP Vision Plan Employee + Family
2/25/1957	34953	VSP Vision Plan Employee + Family

2/3/1957	34986	VSP Vision Plan Employee + Family
5/27/1958	34952	VSP Vision Plan Employee + Spouse
2/6/1985	34983	VSP Vision Plan Employee + Spouse
8/24/1963	34984	VSP Vision Plan Employee + Spouse
12/1/1950	34986	VSP Vision Plan Employee + Spouse
7/25/1963	34953	VSP Vision Plan Employee + Spouse
1/4/1958	34953	VSP Vision Plan Employee + Spouse
4/29/1958	34952	VSP Vision Plan Employee + Spouse
2/15/1954	34984	VSP Vision Plan Employee + Spouse
2/13/1972	34990	VSP Vision Plan Employee + Spouse
8/17/1990	34986	VSP Vision Plan Employee + Spouse
6/10/1961	34953	VSP Vision Plan Employee + Spouse
8/27/1954	34986	VSP Vision Plan Employee + Spouse
8/13/1960	34983	VSP Vision Plan Employee + Spouse
4/23/1959	34983	VSP Vision Plan Employee + Spouse
8/8/1957	34983	VSP Vision Plan Employee + Spouse
4/1/1961	34984	VSP Vision Plan Employee + Spouse
11/20/1969	34953	VSP Vision Plan Employee + Spouse
7/17/1950	34974	VSP Vision Plan Employee + Spouse
10/7/1989	34986	VSP Vision Plan Employee + Spouse
1/23/1963	34982	VSP Vision Plan Employee + Spouse
12/26/1969	34957	VSP Vision Plan Employee + Spouse
4/30/1963	34952	VSP Vision Plan Employee + Spouse
4/26/1961	34953	VSP Vision Plan Employee + Spouse
12/29/1957	34982	VSP Vision Plan Employee + Spouse
8/30/1959	34983	VSP Vision Plan Employee + Spouse
1/25/1958	349883211	VSP Vision Plan Employee + Spouse
7/19/1960	34953	VSP Vision Plan Employee + Spouse
12/7/1993	34990	VSP Vision Plan Employee + Spouse
7/31/1991	34982	VSP Vision Plan Employee + Spouse
3/6/1989	34997	VSP Vision Plan Employee + Spouse
11/15/1963	34997	VSP Vision Plan Employee + Spouse
3/14/1952	34983	VSP Vision Plan Employee + Spouse
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11/25/1974	34952	VSP Vision Plan Employee + Spouse
6/1/1994	34982	VSP Vision Plan Employee + Spouse
8/23/1988	34983	VSP Vision Plan Employee + Spouse
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4/15/1970	34982	VSP Vision Plan Employee + Spouse
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9/28/1963	34983 VSP Vision Plan Employee + Spouse
9/28/1957	34984 VSP Vision Plan Employee + Spouse
7/25/1956	34953 VSP Vision Plan Employee + Spouse
2/20/1995	34953 VSP Vision Plan Employee + Spouse
7/26/1979	34996 VSP Vision Plan Employee + Spouse
2/19/1958	34982 VSP Vision Plan Employee + Spouse
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4/15/1953	34986 VSP Vision Plan Employee + Spouse
10/13/1961	34953 VSP Vision Plan Employee + Spouse
5/26/1980	34983 VSP Vision Plan Employee + Spouse
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5/6/1962	34953 VSP Vision Plan Employee + Spouse
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4/18/1958	34986 VSP Vision Plan Employee + Spouse
6/17/1985	34953 VSP Vision Plan Employee + Spouse
1/23/1959	34982 VSP Vision Plan Employee + Spouse
5/25/1956	34983 VSP Vision Plan Employee + Spouse
12/25/1958	34946 VSP Vision Plan Employee + Spouse
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12/25/1977	32962 VSP Vision Plan Employee + Spouse
2/22/1954	34983 VSP Vision Plan Employee + Spouse
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8/10/1967	34983 VSP Vision Plan Employee + Spouse
6/12/1963	34983 VSP Vision Plan Employee + Spouse
3/9/1952	34990 VSP Vision Plan Employee + Spouse
8/21/1962	34953 VSP Vision Plan Employee + Spouse
7/11/1984	34986 VSP Vision Plan Employee + Spouse
11/29/1989	34951 VSP Vision Plan Employee + Spouse
7/25/1979	34953 VSP Vision Plan Employee + Spouse

5/22/1960	34983	VSP Vision Plan Employee + Spouse
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7/12/1969	349941848	VSP Vision Plan Employee + Spouse
8/13/1971	34953	VSP Vision Plan Employee + Spouse
7/9/1982	34997	VSP Vision Plan Employee + Spouse
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2/22/1978	34957	VSP Vision Plan Employee + Spouse
6/2/1981	34953	VSP Vision Plan Employee + Spouse
2/28/1956	34952	VSP Vision Plan Employee + Spouse
4/2/1960	349533282	VSP Vision Plan Employee + Spouse
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12/10/1984	34957	VSP Vision Plan Employee + Spouse
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7/13/1954	34986	VSP Vision Plan Employee + Spouse
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4/27/1958	34983	VSP Vision Plan Employee + Spouse
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11/18/1962	34986	VSP Vision Plan Employee + Spouse
11/17/1950	34952	VSP Vision Plan Employee + Spouse
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3/18/1992	34953	VSP Vision Plan Employee + Spouse
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11/4/1955	34982	VSP Vision Plan Employee + Spouse
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8/25/1963	34984	VSP Vision Plan Employee + Spouse
6/27/1972	32962	VSP Vision Plan Employee + Spouse
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8/9/1960	34953	VSP Vision Plan Employee + Spouse
11/9/1988	34952	VSP Vision Plan Employee + Spouse
8/19/1955	34984	VSP Vision Plan Employee + Spouse
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11/7/1956	34953	VSP Vision Plan Employee + Spouse
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8/26/1954	34983	VSP Vision Plan Employee + Spouse
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6/12/1947	34953	VSP Vision Plan Employee + Spouse
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9/28/1951	34983	VSP Vision Plan Employee + Spouse
8/26/1948	34953	VSP Vision Plan Employee + Spouse
7/9/1941	349731673	VSP Vision Plan Employee + Spouse
4/21/1961	34983	VSP Vision Plan Employee + Spouse
11/19/1968	34953	VSP Vision Plan Employee + Spouse
8/22/1951	34952	VSP Vision Plan Employee + Spouse
12/6/1954	34984	VSP Vision Plan Employee + Spouse
5/17/1952	34952	VSP Vision Plan Employee + Spouse
3/21/1961	34953	VSP Vision Plan Employee + Spouse
1/27/1967	349858072	VSP Vision Plan Employee + Spouse
4/2/1984	34986	VSP Vision Plan Employee Only
5/14/1991	34983	VSP Vision Plan Employee Only
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