

# Addendum 2

**City of Canton, Ohio**  
Purchasing Department  
218 Cleveland Ave. SW, 4<sup>th</sup> floor  
Canton, Ohio 44702

HEALTH PLAN ADMINISTRATION FOR CITY OF CANTON'S HEALTH  
CARE PLAN

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**Item/Project**

Human Resources Department

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**Responsible Department**

2:00:00 PM, 8/9/2024

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**Bids Due**

**Bid Proposal Submitted By:**

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**Company Name**

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**Street Address**

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**City**

**State**

**Zip**

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**Contact Person**

**Phone No.**

**Email Address**

**Question:**

The benefit frequency is listed on page 9 as 12/12/24/12 and on page 11 as 12/12/12/12.

**Page 9:**

**PLAN AND SCHEDULE:**

WAITING PERIOD IS THE SAME AS YOUR OTHER HEALTH BENEFITS.

**VSP CHOICE PLAN**

**EXAMINATION:** ONCE EVERY 12 MONTHS.

**LENSES:** ONCE EVERY 12 MONTHS.

**FRAMES:** ONCE EVERY 24 MONTHS.

**Page 11:**

**ELIGIBILITY:**

ENROLLEES & ELIGIBLE DEPENDENTS: DEPENDENT CHILDREN ARE COVERED TO THE END OF THE MONTH IN WHICH THEY TURN AGE 26. 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.

Please confirm which is correct or if there is a class of employees who have the enhanced benefit.

**Answer:**

The benefit is 12/12/24/12.