

**Hamilton County Department of Education
3074 Hickory Valley Road
Chattanooga, TN 37421**

MEMORANDUM

TO: Hamilton County Board of Education
Dr. Justin Robertson, Superintendent

FROM: Dr. Zac Brown, Chief Talent Officer, Human Resources

DATE: August 17, 2023

RE: Recommendations for Vision Benefit Plan

For the Employee Vision Benefit Plan, we are requesting the Board approve the award of a renewal proposal from our current provider – EyeMed.

HCS launched a competitive solicitation, *RFP 23-40, Employee Vision Benefits*, on April 17, 2023, with the intent to award on an “as-needed basis” for one (1) four-year (4) period with option to renew. The contract term effective date to be as of 01/01/2024.

Proposals were received from seven (7) carriers – Aflac, BCBS, Cigna, EyeMed, Humana, United Healthcare, and VSP. Following the evaluation of the proposals submitted by the HCS evaluation committee, we request approval to award a contract to EyeMed.

Maintaining a relationship with our incumbent carrier ensures avoidance of employee medical coverage disruption, allows HCS to secure improved financial outcomes, and offers continued partnerships to support our health strategies. Additionally, EyeMed is offering a 1.5% decrease in cost from the prior year. So, employees will see a decrease in their monthly premiums. Employees will also not see any changes within their current plan. The network, eye examination details, and co-pays will all remain the same.

For full plan details including the reduced premium amounts, please see the following chart.

		EyeMed Current 2023	EyeMed-BAFO Renewal 2024 EyeMed owned
Eye Exam			
	Exam Copay/Plus Provider Network	\$10/\$0	\$10/\$0 EyeMed Plus
	Frequency	12 Mos.	12 Mos.
Lenses / Vision Materials			
	Materials Copay	\$15	\$15
	Single Vision	\$15	\$15
	Bifocal	\$15	\$15
	Trifocal	\$15	\$15
	Frequency	12 Mos.	12 Mos.
Frames			
	Allowance/Plus Provider Network	\$120, then 20% discount/\$0, then 20% off balance over \$170 EyeMed Plus	\$120, then 20% discount/\$0, then 20% off balance over \$170 EyeMed Plus
	Frequency	24 Mos.	24 Mos.
Contact Lenses, in lieu of glasses			
	Fitting Fee	Up to \$40	Up to \$40
	Conventional	\$0 Copay, \$120 Allowance	\$0 Copay, \$120 Allowance, then 15% off balance
	Medically Necessary	Paid in Full	Paid in Full
RATES	Enrollment		
Employee Only	1998	\$5.57	\$5.49
Employee + Spouse	521	\$10.57	\$10.42
Employee + Child(ren)	777	\$11.13	\$10.97
Family	<u>708</u>	\$16.36	\$16.13
Total	4,004		

Your consideration of this request is appreciated. Please do not hesitate to contact me should you have any questions.