

# CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 06/21/2023

Contract/Lease Control #: C19-2833-RM

Procurement#: RFP RM 53-19

Contract/Lease Type: AGREEMENT – 1<sup>ST</sup> AMENDMENT

Award To/Lessee: EYEMED VISION CARE, LLC

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2019

Expiration Date: 09/30/2027

Description of: EMPLOYEE VISION BENEFITS

Department: RM

Department Monitor: BIRD

Monitor's Telephone #: 850-689-5977

Monitor's FAX # or E-mail: [KBIRD@MYOKALOOSA.COM](mailto:KBIRD@MYOKALOOSA.COM)

Closed: \_\_\_\_\_

CC: BCC RECORDS



**PROCUREMENT/CONTRACT/LEASE  
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: C19-2833RM Tracking Number: 4907-23  
Procurement/Contractor/Lessee Name: Eyemed vision Grant Funded: YES \_\_\_ NO X  
Purpose: amendment #1  
Date/Term: 9-30-27 1. ☒ GREATER THAN \$100,000  
Department #: > 2. ☐ GREATER THAN \$50,000  
Account #: > 3. ☐ \$50,000 OR LESS  
Amount: employee paid  
Department: Risk Dept. Monitor Name: \_\_\_\_\_

**Purchasing Review**

Procurement or Contract/Lease requirements are met: DeRita Mason Date: 4-18-23  
Purchasing Manager or designee: \_\_\_\_\_ DeRita Mason, Erin Poole, Amber Hammonds

**2CFR Compliance Review (if required)**

Approved as written: no federal funds Grant Name: \_\_\_\_\_  
Grants Coordinator: \_\_\_\_\_ Suzanne Ulloa Date: \_\_\_\_\_

**Risk Management Review**

Approved as written: see email attached Date: 4-18-23  
Risk Manager or designee: \_\_\_\_\_ Lydia Garcia

**County Attorney Review**

Approved as written: see email attached Date: 4-26-23  
County Attorney: \_\_\_\_\_ Lynn Hoshihara, Kerry Parsons or Designee

**Department Funding Review**

Approved as written: \_\_\_\_\_

**IT Review**

Approved as written: \_\_\_\_\_

**CONTRACT#: C19-2833-RM**  
**EYEMED VISION CARE, LLC.**  
**Employee Vision Benefits**  
**EXPIRES: 09/30/2027**



## DeRita Mason

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**From:** Odessa Cooper-Pool  
**Sent:** Wednesday, April 19, 2023 2:25 PM  
**To:** DeRita Mason; Lynn Hoshihara  
**Cc:** Parsons, Kerry; Jacqueline Matichuk  
**Subject:** RE: C19-2833-RM 1st amendment.  
**Attachments:** 1st amendment c19-2833-RM.docx; c19-2833-rm attachement.pdf

Hello DeRita,

The attached amendment for EyeMed Vision is approved by Risk Management. There are no purposed insurance elements added to the amendment.

*Thank you,*

*Odessa Cooper-Pool*  
*Public Records & Contracts Specialist*  
Okaloosa County BCC  
302 N. Wilson Street  
Crestview, FL 32536  
Office: 1-850-689-4111



"And, when you want something, all the universe conspires in helping you to achieve it."— **Paulo Coelho**, *The Alchemist*

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

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**From:** DeRita Mason <dmason@myokaloosa.com>  
**Sent:** Tuesday, April 18, 2023 9:23 AM  
**To:** Lynn Hoshihara <lhoshihara@myokaloosa.com>  
**Cc:** Parsons, Kerry <KParsons@ngn-tally.com>; Odessa Cooper-Pool <ocooperpool@myokaloosa.com>; Jacqueline Matichuk <jmatichuk@myokaloosa.com>  
**Subject:** C19-2833-RM 1st amendment.

Good morning,  
Please review and approve the attached.  
Thank you,

## DeRita Mason

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**From:** Lynn Hoshihara  
**Sent:** Wednesday, April 26, 2023 9:02 AM  
**To:** DeRita Mason  
**Cc:** Parsons, Kerry  
**Subject:** Re: C19-2833-RM 1st amendment.  
**Attachments:** 1st amendment c19-2833-RM 4.26.23.docx

DeRita,

With the attached changes, this is approved.

Lynn

Lynn M. Hoshihara  
County Attorney  
Okaloosa County, Florida

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**From:** DeRita Mason  
**Sent:** Tuesday, April 18, 2023 10:23 AM  
**To:** Lynn Hoshihara  
**Cc:** Parsons, Kerry; Odessa Cooper-Pool; Jacqueline Matichuk  
**Subject:** C19-2833-RM 1st amendment.

Good morning,  
Please review and approve the attached.  
Thank you,

DeRita Mason



DeRita Mason, CPPO, CFPB, NIGP-CPP  
Purchasing Manager  
Okaloosa County Purchasing Department



CONTRACT#: C19-2833-RM  
EYEMED VISION CARE, LLC.  
Employee Vision Benefits  
EXPIRES: 09/30/2027

**FIRST AMENDMENT TO THE AGREEMENT BETWEEN OKALOOSA  
COUNTY, FLORIDA AND EYEMED VISION CARE, LLC  
CONTRACT NO. C19-2833-RM**

This First Amendment to the Agreement between Okaloosa County, a political subdivision of the State of Florida (the "County"), and EyeMed Vision Care, LLC (the "Contractor"), executed this 20<sup>th</sup> day of June, 2023, is made a part of the original Agreement dated October 1, 2019, Contract No. C19-2833-RM (the "original Agreement"), incorporated herein by reference. The County and Contractor hereby agree as follows:

1. **OPTION TO RENEW.** The parties hereby wish to renew the original Agreement for an additional four (4) year term. In consideration for such renewal, the Contractor agrees to lock rates for the next four (4) years.
2. **TERM OF RENEWAL.** This Amendment shall commence October 1, 2023 and shall terminate no later than September 30, 2027.
3. **COMPENSATION.** Compensation for this renewal term of the Agreement shall remain the same as shown on Exhibit "A" attached hereto and made a part of the original Agreement.
4. **OTHER PROVISIONS REMAIN IN EFFECT.** Except as specifically modified herein, all terms and conditions of the original Agreement between the parties, dated October 1, 2019 and any amendments thereto, shall remain in full force and effect.
5. **CONFLICTING PROVISIONS.** The terms, statements, requirements, or provisions contained in this Amendment shall prevail and be given superior effect and priority over any conflicting or inconsistent terms, statements, requirements or provisions contained in any other document or attachment.

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

EYEMED VISION CARE, LLC:

Chad Prittie  
Signature

Chad Prittie  
Print Name

TITLE: Vice President, Account Management

ATTEST:

J.D. Peacock II  
J.D. Peacock II, Clerk of Courts

OKALOOSA COUNTY, FLORIDA

BY: Robert A. "Trey" Goodwin, III.  
Robert A. "Trey" Goodwin, III. Chairman



Reviewed As to Form by EyeMed Legal:

Brenda Thomas



# ATTACHMENT "A"

## Vendor Rates



### Okaloosa County BOCC

#### Proposed Benefits

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

#### Frequency

##### Examination

Once every plan year

##### Lenses (in lieu of contacts)

Once every plan year

##### Contacts (in lieu of lenses)

Once every plan year

##### Frame

Once every other plan year

#### Terms

##### Contract Term

24 months

##### Rate Guarantee

24 months

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>EXAM SERVICES</b>		
Exam	\$0 copay	Up to \$40
<b>FRAME</b>		
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$91
<b>CONTACT LENSES</b>		
<i>(Contact Lens allowance includes materials only)</i>		
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$130
Contacts - Disposable	\$0 copay; 100% of balance over \$130 allowance	Up to \$130
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$210
<b>STANDARD PLASTIC LENSES</b>		
Single Vision	\$15 copay	Up to \$30
Bifocal	\$15 copay	Up to \$50
Trifocal	\$15 copay	Up to \$70
Lenticular	\$15 copay	Up to \$70
Progressive - Standard	\$70 copay	Up to \$50
Progressive - Premium Tier 1	\$100 copay	Up to \$50
Progressive - Premium Tier 2	\$110 copay	Up to \$50
Progressive - Premium Tier 3	\$125 copay	Up to \$50
Progressive - Premium Tier 4	\$190 copay	Up to \$50
<b>LENS OPTIONS</b>		
Anti Reflective Coating - Standard	\$45 copay	Up to \$5
Anti Reflective Coating - Premium Tier 1	\$57 copay	Up to \$5
Anti Reflective Coating - Premium Tier 2	\$68 copay	Up to \$5
Anti Reflective Coating - Premium Tier 3	\$85 copay	Up to \$5
Polycarbonate - Std < 19 years of age	\$0 copay	Up to \$32
<b>MONTHLY RATES</b>		
Subscriber	\$5.40	
Subscriber + Spouse	\$11.64	
Subscriber + Child(ren)	\$9.39	
Subscriber + Family	\$15.62	

Monthly Rate is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. The Plan reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866-939-3633.

#### PLAN DETAILS

Quote for group situated in the State of FL and will be valid until the 10/01/2021 implementation date. Date Quoted 07/21/2021. Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group. Percentage discounts are not part of the insurance benefit. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-146, form number M-9191.

#### PLAN EXCLUSIONS/LIMITATIONS

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

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

Signature  
P201603 TC - 0

Date

Q-00028779 - QL-0000048441