

RESOLUTION NO. 32-2016 (AS AMENDED 6/1/2016)

Offered by All of Council

A RESOLUTION AUTHORIZING THE MAYOR AND THE FINANCE DIRECTOR TO ENTER INTO AN AGREEMENT WITH METLIFE FOR VISION INSURANCE FOR FULL-TIME VILLAGE EMPLOYEES, AND DECLARING AN EMERGENCY.

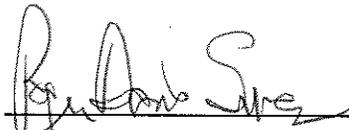
WHEREAS, the Village's Mayor has recommended entering into an agreement with MetLife to be the provider for vision insurance for full-time Village employees during the period July 1, 2016 through June 30, 2018.

NOW, THEREFORE, BE IT RESOLVED by the Council of the Village of Richfield, Summit County, State of Ohio:

SECTION 1. That the Mayor and the Finance Director be, and they hereby are, authorized and directed to enter into an agreement with MetLife for the Village's vision insurance effective July 1, 2016, in accordance with the offer from MetLife, a copy of which offer is attached hereto as Exhibit "A" and incorporated herein fully as if by reference.

SECTION 2. This Resolution is hereby declared to be an emergency measure necessary for the immediate preservation of the public health, safety and welfare and for the further reason that it is immediately necessary in order to comply with the timing requirements of the program; wherefore, provided this Resolution receives the affirmative vote of two-thirds of the members of Council elected or appointed, it shall take effect immediately upon its passage and execution by the mayor; otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

PASSED: 6-7-16



President of Council

ATTEST:


Clerk of Council



Mayor

Dated: 6/7/16

**TO: Village Council
Mayor Bobbie Beshara**

**CC: Carolyn Sullivan
William Hanna**

FROM: Sandy Turk, Finance Director

**RE: Resolution No. 32-2016 (as amended 6-1-2016) for vision insurance for
the June 7, 2016 Council Meeting**

Date: June 1, 2016

ACTION BEING REQUESTED	TYPE OF REQUEST
2nd Reading, Suspension 3rd, and Adoption	Vision Insurance Resolution

The Finance Department requests Resolution No.32-2016 as amended June 1, 2016 be submitted for second reading, suspension of third reading, and consideration of adoption at the June 7th, 2016 Council meeting for employee vision insurance to enter into a two-year agreement with MetLife. Adoption is requested to allow for a smoother transition since a change in carriers is being recommended. In addition, quotes were received from Assurant, Ameritas, and Lincoln. Lincoln had the lowest bid at \$6,753 but several problems were encountered with service provision by numerous employees. Due to the problems that were encountered, Lincoln indicated they tried to hold the price at the current level so as not to lose the Village's business.

The current vision coverage through Lincoln VisionConnect costs \$6,747 a year and we had an 18-month contract that ends June 30, 2016. The current single and family monthly rate is \$4.21 and \$10.53, respectively. The Village pays 100% of the cost. The employee copay is \$20 and the Village reimburses \$10 of the copay. The new coverage with MetLife will cost \$8,981 a year for a two-year period. The new single and family rate is \$5.94 and 13.94, respectively.

Let me know if you have any questions.

EXHIBIT A

MetLife**Summary of Benefits
VISION - Vision Option**

Vision		
Class Description	All Active Full Time Employees (30 Hours)	
Plan Name	M130D-20/20	
Reimbursement	In-Network Coverage (Using a Network Provider)	Out-of-Network Reimbursement (Using a Non-Network Provider)
Eye Examination		
Comprehensive exam of visual functions and prescription of corrective eyewear.	\$20 copay	\$45 allowance
Retinal Imaging This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes.	Up to \$39 copay	Applied to the exam allowance
Materials/ Eyewear (Either Glasses or Contacts)		
Standard Corrective Lenses <ul style="list-style-type: none"> • Single vision • Lined bifocal • Lined trifocal • Lenticular 	\$20 copay \$20 copay \$20 copay \$20 copay	\$30 allowance \$50 allowance \$65 allowance \$100 allowance

MetLife

Standard Lens Enhancement		
• Ultraviolet coating	Covered In Full	Applied to the allowance for the applicable corrective lens
• Polycarbonate (child up to age 18)	Covered In Full	Applied to the allowance for the applicable corrective lens
Additional Lens Enhancements¹		
• Progressive Standard	Up to \$55 copay	\$50 allowance
• Progressive Premium/Custom	Premium: Up to \$95-\$105 copay Custom: Up to \$150-\$175 copay	\$50 allowance
• Polycarbonate (adult)	Single Vision: Up to \$31 copay Multifocal: Up to \$35 copay	Applied to the allowance for the applicable corrective lens
• Scratch-resistant coating (variable by type)	Up to \$17 - \$33 copay	Applied to the allowance for the applicable corrective lens
• Tints (variable by type)	Single Vision: Up to \$17 - \$34 copay Multifocal: Up to \$17 - \$44 copay	Applied to the allowance for the applicable corrective lens
• Anti-reflective coating (variable by type)	Up to \$41 - \$85 copay	Applied to the allowance for the applicable corrective lens
• Photochromic (variable by type)	Up to \$47 - \$82 copay	Applied to the allowance for the applicable corrective lens
Frame Allowance		
(You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco.)	\$130 allowance	\$70 allowance
• Costco	\$70 allowance	
Contact Lenses		
• Elective	\$130 allowance	\$105 allowance
• Necessary	Covered in full after eyewear copay	\$210 allowance
• Contact Fitting and Evaluation	Standard or Premium fit: Covered in full with a maximum copay of \$60	Applied to the contact lens allowance
Value Added Features		
Additional Savings on Glasses and Sunglasses¹	Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.	
Laser Vision correction²	Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations.	

MetLife

¹Member costs for listed lens enhancements will be limited to copays that MetLife has negotiated with participating providers. These copays can be viewed by members after enrollment at www.metlife.com/mybenefits. All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco to confirm the availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

² Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Laser vision care discounts are only available from participating locations.

Vision	Rate per Employee	Lives	Est. Monthly Premium	Est. Annual Premium
▪ Employee Only	\$5.94	11	\$748	\$8,981
▪ Employee + Family	\$13.94	49		
▪ Total		60		
Rates are guaranteed from July 1, 2016 - June 30, 2018 (24 months)				



Frequency / Exclusions

Class Description: All Active Full Time Employees	
Frequencies	
▪ Examinations	▪ 1 per 12 Months
▪ Standard Corrective Lenses	▪ 1 per 12 Months
▪ Frames	▪ 1 per 24 Months
▪ Contact Lenses	▪ 1 per 12 Months
Either glasses or contacts allowed per frequency	

Exclusions
<ul style="list-style-type: none"> ▪ Services and/or materials not specifically included in the Summary of Benefits as covered Plan Benefits. ▪ Any portion of a charge in excess of the Maximum Benefit Allowance or reimbursement indicated in the Summary of Benefits. ▪ Plano lenses (lenses with refractive correction of less than $\pm .50$ diopter) ▪ Two pairs of glasses instead of bifocals. ▪ Replacement of lenses, frames and/or contact lenses furnished under this Plan which are lost, stolen or damaged, except at the normal intervals when Plan Benefits are otherwise available. ▪ Orthoptics or vision training and any associated supplemental testing. ▪ Medical or surgical treatment of the eyes. ▪ Prescription and non-prescription medications. ▪ Contact lens insurance policies or service agreements. ▪ Refitting of contact lenses after the initial (90-day) fitting period. ▪ Contact lens modification, polishing or cleaning. ▪ Local, state and/or federal taxes, except where MetLife is required by law to pay. ▪ Any eye examination or any corrective eyewear required as a condition of employment. ▪ Services and supplies received by You or Your Dependent before the Vision Insurance starts for that person. ▪ Missed appointments. ▪ Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits. ▪ Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital. ▪ Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Vision Insurance under the group policy be paid first. Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government. The term does not include any plan, program or coverage provided by a government as an employer or Medicare. ▪ Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony. ▪ Services and materials obtained while outside the United States, except for emergency vision care. ▪ Services, procedures, or materials for which a charge would not have been made in the absence of insurance.