

# PENDING APPROVAL

## OKLAHOMA COUNTY BOARD OF COUNTY COMMISSIONERS

### AGENDA ITEM REQUEST SHEET

#### FOR THE 06/30/2010 AGENDA

DEPARTMENT: County Clerk's Benefits Department    REQUESTED BY: Jon Wilkerson forCarolynn Caudill, County Clerk

REQUISITION NO.: 11007021    REQUISITION SHEET ATTACHED: YES

NAME OF FUNDS: EMPLOYEE BENEFITS

FUND NUMBERS: 4010/54505/2011

DOES THE AGENDA ITEM CONTAIN PRIVACY-PROTECTED OR SECURITY INFORMATION? NO

AGENDA ITEMS CONTAINING PRIVACY-PROTECTED OR SECURITY INFORMATION WILL NOT BE HYPERLINKED TO THE AGENDA.

NUMBER OF ORIGINAL DOCUMENTS TO BE RETURNED TO YOUR DEPARTMENT: 1

AGENDA ITEM READS AS FOLLOWS: Discussion and possible action to approve the Administrative Services Program Agreement between Vision Service Plan (VSP) and Oklahoma County. VSP will continue to charge an administrative fee of 15% of paid claims. The administrative fee remains unchanged from the last renewal. This Agreement shall commence on July 1, 2010 and terminate on June 30, 2011. Requisition No 11007021 has been issued to VSP in the amount of \$21,556.00 from Employee Benefits Fund 4010 contingent upon encumbrance of funds. This item was approved at the June 24<sup>th</sup>, 2010 Budget Board of Oklahoma County. Requested by Carolynn Caudill, County Clerk and Secretary to the Budget Board of Oklahoma County and approved as to form and legality by John Jacobsen, Asst. District Attorney.

APPROVED BY DA  
(If Applicable)

APPROVED BY ENGINEER  
(If Applicable)

APPROVED BY PURCHASING  
(If Applicable)

\_\_\_\_\_  
ASSISTANT DISTRICT ATTORNEY

\_\_\_\_\_  
COUNTY ENGINEER

\_\_\_\_\_  
PURCHASING AGENT

Please initial that document has been reviewed for privacy-protected or security information

DISTRICT ATTORNEY: \_\_\_\_\_ YES \_\_\_\_\_ N/A

COUNTY CLERK: Rc \_\_\_\_\_ YES \_\_\_\_\_ N/A

Indicate any privacy-protected information that exists \_\_\_\_\_

(NOTE: THE CHAIRMAN/CHIEF DEPUTY MUST APPROVE ALL EMERGENCY REQUESTS FOR ANY ITEM SUBMITTED AFTER THE DEADLINE)

DATE OF REQUEST: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

CHAIRMAN

# PENDING APPROVAL



VISION SERVICES PLAN, INC., OKLAHOMA  
3333 QUALITY DRIVE  
RANCHO CORDOVA, CALIFORNIA 95670

GROUP VISION CARE PLAN  
ADMINISTRATIVE SERVICES PROGRAM

Group Name **BOARD OF COUNTY COMMISSIONERS OF  
OKLAHOMA COUNTY**

Plan Number **12165262**

State of Delivery **OKLAHOMA**

Effective Date **JULY 1, 2010**

Plan Term **TWELEVE (12) MONTHS**

Administrative Fee Due Date **FIRST DAY OF MONTH**

*[Handwritten signature]*  
6/21/2010

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 SERVICES PLAN, INC., OKLAHOMA ("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 cursive script, appearing to read "Gary Brooks".

\_\_\_\_\_  
Gary Brooks, Senior Vice President, Operations

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## Renewal Exhibit OKLAHOMA COUNTY

Effective July 1, 2010 through June 30, 2011

<u>Rates:</u>	<u>CURRENT STANDARD</u>	<u>RENEWAL STANDARD</u>
Administrative Fee	15% of claims	15% of claims
Projected Claim Amount	\$6.60	\$6.90
 <u>Plan:</u>		
Exam Every:	12 Months	12 Months
Lenses Every:	12 Months	12 Months
Frame Every:	12 Months	12 Months
 <u>Copayment:</u>		
Exam:	\$5	\$5
Materials:	\$35	\$35
 <u>Allowances:</u>		
Elective Contacts:	\$120	\$120
Retail Frame Allowance:	\$120	\$120
 <u>Out-of-Network Schedule</u>		
Examination, up to:	\$40	\$40
Single Vision Lenses, up to:	\$31	\$31
Bifocal Lenses, up to:	\$47	\$47
Trifocal Lenses, up to:	\$61	\$61
Frame, up to:	\$45	\$45
Elective Contact Lenses, up to:	\$105	\$105

To renew your contract and ensure continuous service, please have the appropriate representative review this information, sign and return this Renewal Agreement in the enclosed envelope, or fax to 972-334-8399.

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

