



Arlington Public Schools

Procurement Office
2110 Washington Blvd., Arlington, VA 22204 • Phone: (703) 228-6123 • Fax: (703) 841-0681
www.apsva.us

November 29, 2021

Via Email

VSP Vision Care, Inc.
Attn: Kate Renwick-Espinosa
One Gatehall Drive
Suite 303
Parsippany, NJ 07054
katere@vsp.com

Subject: Vision Benefits for Employees - Contract No. 24FY18 - Amendment No. 3

Dear Ms. Renwick-Espinosa:

On December 31, 2021, the above cited Contract between your firm and Arlington Public Schools will expire. Attached is Amendment No. 3 to renew the Contract for two (2) years at the existing prices or discounts as reflected herein. The renewal shall be effective from January 1, 2022 and shall remain valid through December 31, 2023. This Amendment also adds the LightCare Benefit to the Scope of Work, Fee Schedule, and the Rate Sheet. All other terms and conditions shall remain unchanged.

Please indicate your acceptance by having an officer of your firm sign and return the attached Amendment within ten (10) days from the date of this letter.

Sincerely,

Kimberly Young, CPPB
Senior Procurement Specialist

KY:ky

Enclosure



Arlington Public Schools

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Amendment No. 3

Subject: Vision Benefits for Employees Contract No. 24FY18 - Amendment No. 3

Contractor:

VSP Vision Care, Inc.
Attn: Kate Renwick-Espinosa
One Gatehall Drive
Suite 303
Parsippany, NJ 07054
katere@vsp.com

Contract:

24FY18

By mutual agreement, Contract No. 24FY18 is renewed for two (2) years for 2022-2023 as reflected herein. The renewal shall be effective from January 1, 2022 and shall remain valid through December 31, 2023.

Additionally, Attachment A – Scope of Work is hereby revised to:

- Add: LightCare Benefit.

Attachment B – Fee Schedule is hereby revised to:

- Add: LightCare Benefit to Years 4 and 5.

Also, Attachment I – Rate Sheet is hereby revised to:

- Delete: Diabetic EyeCare
- Add: Primary EyeCare
- Add: LightCare Benefit

A revised Attachment A— Scope of Work, Attachment B – Fee Schedule, and Attachment I – Rate Sheet are attached. Appendices to Attachment A, Attachment B, and Attachment I are included with the revisions reflected in red.

All other terms and conditions shall remain unchanged.

Arlington Public Schools

VSP Vision Care, Inc.

Authorized Signature:

David J. Webb

Authorized Signature:

Kate Renwick-Espinosa

Printed Name and Title:

David J. Webb, C.P.M.
Procurement Director / Procurement Agent

Printed Name and Title:

Kate Renwick-Espinosa
President

Date:

November 30, 2021

Date:

11/29/2021

Attachment A

Scope of Work (Revised Amendment No. 3)

Contractor shall provide APS with group vision plan benefits to be offered to its benefits-eligible employees (“the Work”) beginning on January 1, 2019.

The Work shall be subject to the guidelines below, and shall reflect the features in the Technical Proposal as provided, including but not limited to.

A. Provide full administration services for at least the plans referenced in the Scope of Work to include but not be limited to:

- 1) Premium billing
- 2) Enrollment (open season and ongoing)
- 3) Attending a minimum of six (6) onsite open-enrollment meetings with current benefits-eligible employees
- 4) Communications
 - a) Develop member handbooks which contain evidence of coverage, enrollee’s responsibilities and plan’s responsibilities.
 - b) Design, develop, produce, and distribute educational, open enrollment, and marketing materials.
- 5) Customer Service
 - a) Provide a toll-free customer service number which shall provide general information on the plan, claims status, and counseling to members.
 - b) Respond correctly and timely to inquiries received by telephone, by mail or in person.
- 6) Claim resolution
- 7) Easy Options Benefit Plan including the following benefits:
 - a) \$250 frame allowance, **OR**
 - b) \$200 elective contact lens allowance, **OR**
 - c) Anti-reflective lens coating covered in full, **OR**
 - d) Progressive lenses covered in full.
- 8) LightCare Benefit
 - a) Use frame allowance toward ready-to-wear, non-prescriptive sunglasses or blue light filtering glasses from a VSP Network doctor.
 - b) Note: when this option is selected, both the frame and lens benefit will be exhausted.

B. Guidelines

- 1) The Work must be insurer-filed and have state and federal approval.

APS may add to the Scope of Work or make changes in the Scope of Work for services of a similar nature to those specified in the Scope of Work of this Contract as mutually agreed to at a price mutually agreed upon. The change must be approved by the Procurement Director/Purchasing Agent and a Contract Amendment and Purchase Change Order issued by the Procurement Office to change the Contract

Appendix to Attachment A

Scope of Work (Revised Amendment No. 3)

Contractor shall provide APS with group vision plan benefits to be offered to its benefits-eligible employees (“the Work”) beginning on January 1, 2019.

The Work shall be subject to the guidelines below, and shall reflect the features in the Technical Proposal as provided, including but not limited to.

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- 1) Premium billing
- 2) Enrollment (open season and ongoing)
- 3) Attending a minimum of six (6) onsite open-enrollment meetings with current benefits-eligible employees
- 4) Communications
 - c) Develop member handbooks which contain evidence of coverage, enrollee’s responsibilities and plan’s responsibilities.
 - d) Design, develop, produce, and distribute educational, open enrollment, and marketing materials.
- 5) Customer Service
 - c) Provide a toll-free customer service number which shall provide general information on the plan, claims status, and counseling to members.
 - d) Respond correctly and timely to inquiries received by telephone, by mail or in person.
- 6) Claim resolution
- 7) Easy Options Benefit Plan including the following benefits:
 - a) \$250 frame allowance, **OR**
 - b) \$200 elective contact lens allowance, **OR**
 - c) Anti-reflective lens coating covered in full, **OR**
 - d) Progressive lenses covered in full.
- 8) **LightCare Benefit**
 - a) **Use frame allowance toward ready-to-wear, non-prescriptive sunglasses or blue light filtering glasses from a VSP Network doctor.**
 - b) **Note: when this option is selected, both the frame and lens benefit will be exhausted.**

B. Guidelines

- 1) The Work must be insurer-filed and have state and federal approval.

APS may add to the Scope of Work or make changes in the Scope of Work for services of a similar nature to those specified in the Scope of Work of this Contract as mutually agreed to at a price mutually agreed upon. The change must be approved by the Procurement Director/Purchasing Agent and a Contract Amendment and Purchase Change Order issued by the Procurement Office to change the Contract

Attachment B

Fee Schedule (Revised Amendment No. 3)

Monthly Rate Descriptions	Year 1 2019	Year 2 2020	Year 3 2021	Year 4 2022	Year 5 2023
Lightcare Benefit	Not Included	Not Included	Not Included	Included	Included
Employee Only Rate	\$9.08	\$9.08	\$9.08	\$10.18	\$10.18
Employee + Spouse Rate	\$14.54	\$14.54	\$14.54	\$16.30	\$16.30
Employee + Child(ren) Rate	\$23.40	\$23.40	\$23.40	\$26.22	\$26.22
Family Rate	\$23.40	\$23.40	\$23.40	\$26.22	\$26.22

Appendix to Attachment B

Fee Schedule (Revised Amendment No. 3)

Monthly Rate Descriptions	Year 1 2019	Year 2 2020	Year 3 2021	Year 4 2022	Year 5 2023
Lightcare Benefit	Not Included	Not Included	Not Included	Included	Included
Employee Only Rate	\$9.08	\$9.08	\$9.08	\$10.18	\$10.18
Employee + Spouse Rate	\$14.54	\$14.54	\$14.54	\$16.30	\$16.30
Employee + Child(ren) Rate	\$23.40	\$23.40	\$23.40	\$26.22	\$26.22
Family Rate	\$23.40	\$23.40	\$23.40	\$26.22	\$26.22

Attachment I

Rate Sheet (Revised Amendment No. 3)

ARLINGTON PUBLIC SCHOOLS RENEWAL PLAN DETAIL

GROUP# 30070217
EFFECTIVE DATE: 1/1/2022 to 12/31/2023 (24 months)



	CURRENT PLAN	RENEWAL
	01/01/2019 – 12/31/2021	01/01/2022 – 12/31/2023
	Signature Plan	Signature Plan
Frequencies		
Examination	Every calendar year	Every calendar year
Lenses	Every calendar year	Every calendar year
Frame	Every calendar year	Every calendar year
Benefits with a VSP® Network Provider		
Comprehensive Eye Examination	\$10 Copay	\$10 Copay
Materials	\$20 Copay	\$20 Copay
Contact Lens Examination	Up to \$60 (Fitting & Evaluation)	Up to \$60 (Fitting & Evaluation)
Diabetic Eyecare	\$20 Copay	Not Covered
Primary Eyecare (replacing Diabetic Eyecare)	Not Covered	\$20 Copay
Lenses		
Single Vision	Covered in Full	Covered in Full
Bifocal	Covered in Full	Covered in Full
Trifocal	Covered in Full	Covered in Full
Lenticular	Covered in Full	Covered in Full
Allowances		
Retail Frame Allowance	\$150	\$150
Featured Frame Brand Allowance	additional \$20	additional \$20
Costco Equivalent Frame Allowance	\$80	\$80
Elective Contact Lenses	\$150	\$150
Necessary Contact Lenses	Covered in Full After Materials Copay	Covered in Full After Materials Copay
Easy Options*		
*Easy Options- In addition to the benefits listed, each covered family member can pick <u>one</u> of the upgrades shown in the Easy Options section.	An additional \$100 frame allowance <u>OR</u> an additional \$50 contact lens allowance <u>OR</u> Fully covered premium or custom Progressives Lenses <u>OR</u> Fully Covered Anti-Glare Coating	An additional \$100 frame allowance <u>OR</u> an additional \$50 contact lens allowance <u>OR</u> Fully covered premium or custom Progressives Lenses <u>OR</u> Fully Covered Anti-Glare Coating
Lens Enhancement		
Out-of-pocket Cost		
Anti-Reflective Coating	\$37	\$37
Polycarbonate Lenses (Children)	Covered in Full	Covered in Full
Standard Progressives	Covered in Full	Covered in Full
Custom/Premium Progressives	\$80-\$90 / \$120-\$160	\$80-\$90 / \$120-\$160
Tints/Photochromic	\$13 / \$70	\$13 / \$70
UV Coating	\$14	\$14
Scratch Coating	\$15	\$15
Non-VSP Provider Allowances		
Examination	\$52	\$52
Single Vision	\$55	\$55
Bifocal	\$75	\$75
Trifocal	\$100	\$100
Lenticular	\$125	\$125
Progressive Lenses	\$95	\$95
Frame	\$70	\$70
Elective Contact Lenses	\$105	\$105
Necessary Contact Lenses	\$210	\$210
RATES - Fully Insured	Current Rates	Renewal Rates
Member Only	\$9.08	\$10.18
Member + Spouse	\$14.54	\$16.30
Member + Family	\$23.40	\$26.22
<i>Addition of LightCare to Plan - Use your frame allowance toward ready-to-wear, non-prescription sunglasses, or blue light filtering glasses from a VSP network doctor. Note: when this option is selected, both the frame and lens benefit will be exhausted.</i>	Not Included	Addition of LightCare with no change to rates listed above: \$10.18 / 16.30 / 26.22

PLAN/RATE CONFIRMATION

To confirm and renew the plan/rate with VSP and ensure continuous service, please have the appropriate representative sign and return this Confirmation to the email below by September 30, 2021. VSP produces your Plan Policy upon receipt of your confirmation of renewal. Your new Plan Policy may contain some provisions that are changed from those in your current Policy, so please review your Plan/Policy carefully upon receipt and file this Agreement with your VSP contract as your notice of confirmation of renewal.

Stacey Fiorina
Market Director
VSP Vision Care
973-270-5190
Stacey.fiorina@vsp.com

Client Signature: David J. Webb
Name: David J. Webb, C.P.M.
Title: Procurement Director / Procurement Agent
Date: November 30, 2021

Contract 24FY18
Amendment No. 3

Appendix to Attachment I

Rate Sheet (Revised Amendment No. 3)

VSP-Vision Care-Arlington
Public Schools-30070217

Effective 01/01/2019 through 12/31/2021 (36-month policy)



	Easy Options Plan SIGNATURE	Easy Options Plan SIGNATURE	Easy Options Plan SIGNATURE
<u>Plan Information</u>			
Exam Every:	Every Calendar Year	Every Calendar Year	Every Calendar Year
Lenses Every:	Every Calendar Year	Every Calendar Year	Every Calendar Year
Frame Every:	Every Calendar Year	Every Calendar Year	Every Calendar Year
*Plan year begins in July			
<u>Copayment</u>			
Comprehensive Exam:	\$10.00	\$10.00	\$10.00
Materials:	\$20.00	\$20.00	\$20.00
Contact Lens Fitting & Evaluation:	up to \$60	up to \$60	up to \$60
Diabetic Eyecare Plus	\$20.00	\$20.00	\$20.00
<u>In Network Allowances</u>			
Retail Frame Value:	\$150.00	\$150.00	\$150.00
Elective Contact Lenses:	\$150.00	\$150.00	\$150.00
<u>Covered Lens Options</u>			
Standard Progressive Lenses	Covered in Full	Covered in Full	Covered in Full
<u>Easy Options*</u>			
	\$250 Frame Allowance	\$250 Frame Allowance	\$250 Frame Allowance
	OR	OR	OR
	\$200 Elective Contact Lens Allowance	\$200 Elective Contact Lens Allowance	\$200 Elective Contact Lens Allowance
	OR	OR	OR
Member chooses between Four options:	Anti-Reflective Coating Covered In Full	Anti-Reflective Coating Covered In Full	Anti-Reflective Coating Covered In Full
	OR	OR	OR
	Progressives Covered in Full	Progressives Covered in Full	Progressives Covered in Full
<u>Out of Network</u>			
Examination, up to:	\$52.00	\$52.00	\$52.00
Single Vision Lenses, up to:	\$55.00	\$55.00	\$55.00
Bifocal Lenses, up to:	\$75.00	\$75.00	\$75.00
Trifocal Lenses, up to:	\$100.00	\$100.00	\$100.00
Frame, up to:	\$70.00	\$70.00	\$70.00
Elective Contact Lenses, up to:	\$105.00	\$105.00	\$105.00
<u>Fully Insured 3 Tier Rates</u>			
Employee Only	\$9.08	\$9.08	\$9.08
Employee + Spouse	\$14.54	\$14.54	\$14.54
Employee + Family	\$23.40	\$23.40	\$23.40

ARLINGTON PUBLIC SCHOOLS RENEWAL PLAN DETAIL

GROUP# 30070217
EFFECTIVE DATE: 1/1/2022 to 12/31/2023 (24 months)



see well.
be well.

	CURRENT PLAN	RENEWAL
	Signature Plan	No Plan Changes Signature Plan
Frequencies		
Examination	Every calendar year	Every calendar year
Lenses	Every calendar year	Every calendar year
Frame	Every calendar year	Every calendar year
Benefits with a VSP® Network Provider		
Comprehensive Eye Examination	\$10 Copay	\$10 Copay
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Stacey Fiorina
Market Director
VSP Vision Care
973-270-5190
Stacey.fiorina@vsp.com

Client Signature: _____
Name: David J. Webb, C.P.M.
Title: Procurement Director / Procurement Agent
Date: _____