



Meeting Date: June 23, 2016

Agenda Item: 13-B

Report to Town Council

Topic: Vision Plan Coverage for Employees.

Recommended Motion: Approval of providing vision plan coverage for employees.

Summary: Please see attached staff report

Requested by: Ms. Cherbano, Human Resource Director

Approved by: Ms. Witt, Town Manager



MEMORANDUM
TOWN OF PONCE INLET – OFFICE OF THE ADMINISTRATION

THE TOWN OF PONCE INLET STAFF SHALL BE PROFESSIONAL, CARING, AND FAIR IN DELIVERING COMMUNITY EXCELLENCE WHILE ENSURING PONCE INLET CITIZENS OBTAIN THE GREATEST VALUE FOR THEIR TAX DOLLAR.

Date: June 8, 2016

To: Town Council

From: Kim Cherbano, Human Resource Director/Deputy Clerk

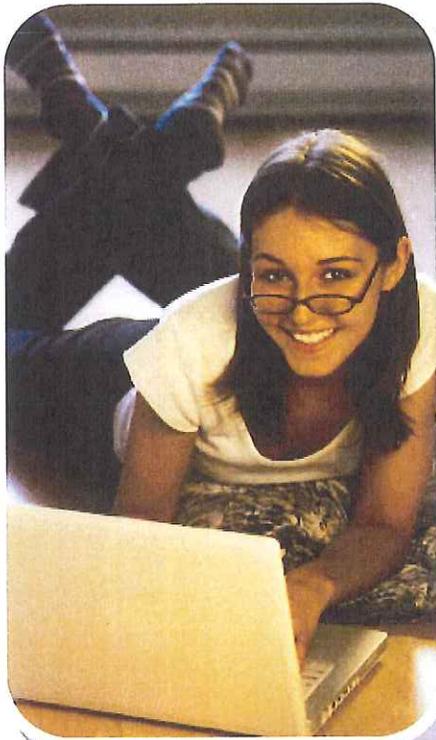
Re: **Consideration of providing Vision Plan Coverage for Employees.**

Each year staff and Brown & Brown, Daytona Beach, our agent of record, work together on benefit cost and products. This year we would like to announce that the Town's health care plan provided a rate decrease in the amount of 15%; which created a saving of \$58,488 dollars, while still offering a Gym Rider and WorkForce Wellness Program. The gym rider has gyms throughout all of Volusia County and Flagler/Palm Coast area with unlimited access to any facility on the list and a no membership fee. The WorkForce Wellness allows and provides options for participates to use for Urgent Care and Primary Care with extended and weekend hours for convenience.

Staff is requesting consideration of providing a vision plan for general employees in the amount of \$1,930 annually. Union employees' implementation would be review during their contract renewal, if approved, would cost approximately \$1,121 annually. The total for offering the suggested vision care plan is approximately \$3,051 annually. The Town would still have an overall savings of \$55,436, if it elects to approve the vision plan coverage for employees. This recommendation would provide a well-balance and complete overall benefit package to employees. Staff is recommending approval.

Enclosed you will find the Proposal Rate sheet and includes is the Executive Summary of the plan.

VISION COVERAGE



Provided by Humana

This plan covers eye exams, prescription lenses and frames, or contact lenses for you and your dependents when you receive services from in-network or out-of-network providers. As you can see from the table below, staying in-network cuts costs down and gives you more of a benefit.

To find a participating provider log on to www.humana.com

Vision Coverage Rates

Who is covered	Vision Plan
Employee Only	\$5.19
Employee + Spouse	\$10.37
Employee + Child(ren)	\$9.86
Family	\$15.49

Vision Services	In-Network	Out-of-Network
Eye Exams Frequency	\$10 Copay 12 months	Up to \$30 Reimbursement 12 months
BASIC LENSES		
Frequency	12 months	12 months
Single vision	\$25 Copay	Up to \$25 Reimbursement
Bifocal vision	\$25 Copay	Up to \$40 Reimbursement
Trifocal vision	\$25 Copay	Up to \$60 Reimbursement
FRAMES		
Frequency* Benefit	24 months Up to \$100, 20% off remaining balance	24 months Up to \$50 Reimbursement
CONTACTS		
Frequency* Benefit	12 months Up to \$100, 15% off remaining balance	12 months Up to \$60 Reimbursement

*Contacts and eyeglasses cannot be purchased in the same year

This Benefits-At-A-Glance booklet is designed to provide basic information to employees on benefit plans and programs available July 1, 2016– June 30, 2017. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs documented in the carrier contract or the Summary Plan Description (SPD). This booklet does not constitute an SPD or Plan Document as defined by the Employee Retirement Income Security Act (ERISA).