

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by **3:00pm on Monday**. Contact the Mayor's Legislative team with questions

Date of Request: 4/18/18

Please mark one: ☐ Bill Request or ☒ Resolution Request

1. Type of Request:

- ☒ Contract/Grant Agreement ☐ Intergovernmental Agreement (IGA) ☐ Rezoning/ext Amendment
☐ Dedication/Vacation ☐ Appropriation/Supplemental ☐ DRMC Change
☐ Other:

2. **Title:** (Start with *approves*, *amends*, *dedicates*, etc., include name of company or contractor and indicate the type of request: grant acceptance, contract execution, contract amendment, municipal code change, supplemental request, etc.)

Approves Vision Service Plan Insurance Company (VSP) to provide vision insurance to eligible employees in 2018.

3. **Requesting Agency:** OHR Benefits

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Chris O'Brien	Name: Chris O'Brien
Email: christopher.obrien@denvergov.org	Email: christopher.obrien@denvergov.org

5. General description or background of proposed request. Attach executive summary if more space needed:

One year contract with Vision Service Plan Insurance Co., to offer Denver's eligible employees supplemental vision coverage in 2018.

6. **City Attorney assigned to this request (if applicable):** Nicole Franklin

7. **City Council District:** N/A

8. ****For all contracts, fill out and submit accompanying Key Contract Terms worksheet****

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: RR18 0420

Date Entered: _____

Revised 03/02/18

Key Contract Terms

Type of Contract: (e.g. Professional Services > \$500K; IGA/Grant Agreement, Sale or Lease of Real Property):

Expenditure – Professional Services

Vendor/Contractor Name: Vision Service Plan Insurance Co. (VSP)

Contract control number: 201736843

Location: N/A

Is this a new contract? ☒ Yes ☐ No **Is this an Amendment?** ☐ Yes ☒ No **If yes, how many?** _____

Contract Term/Duration (for amended contracts, include existing term dates and amended dates): 1/1/18 -12/31/18

Contract Amount (indicate existing amount, amended amount and new contract total):

<i>Current Contract Amount</i> (A)	<i>Additional Funds</i> (B)	<i>Total Contract Amount</i> (A+B)
		\$871,000.00

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
1/01/2018	1 year (2018)	12/31/2018

Scope of work:

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: RR18 0420

Date Entered: _____

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every calendar year
Prescription Glasses		\$25	See frame and lenses
Frame	\$160 allowance for a wide selection of frames \$180 allowance for featured frame brands 20% savings on the amount over your allowance \$90 Costco® frame allowance	Included in Prescription Glasses	Every other calendar year
Lenses	- Single vision, lined bifocal, and lined trifocal lenses - Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every calendar year
Lens Enhancements	- Standard progressive lenses - Premium progressive lenses - Custom progressive lenses - Average savings of 20-25% on other lens enhancements	\$55 \$95 - \$105 \$150 - \$175	Every calendar year
Contacts (instead of glasses)	\$160 allowance for contacts; copay does not apply - Contact lens exam (fitting and evaluation)	Up to \$60	Every calendar year
Diabetic Eyecare Plus Program	Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed
Extra Savings	Glasses and Sunglasses - Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.		
	Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		

Was this contractor selected by competitive process? Yes If not, why not?

Has this contractor provided these services to the City before? ☒ Yes ☐ No

Source of funds: General Fund

Is this contract subject to: ☐ W/MBE ☐ DBE ☐ SBE ☐ XO101 ☐ ACDBE ☒ N/A

WBE/MBE/DBE commitments (construction, design, Airport concession contracts):

Who are the subcontractors to this contract? N/A

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: RR18 0420

Date Entered: _____

Revised 03/02/18