THE CITY OF EDINBURG

# REQUEST FOR PROPOSALS

The City of Edinburg is soliciting sealed Request for Proposals; hereinafter referred to as RFP, to be received by the City Secretary's Office located at 415 W. University Drive, Edinburg, Texas 78541. City of Edinburg normal business days are Monday through Friday between the hours of 8:00 a.m. to 5:00 p.m. and shall be closed on recognized holidays.

RFP'S will be received until **3:00 p.m. Central Time**, on **Monday, May 23, 2016**, shortly thereafter all submitted RFP'S will be gathered and taken to the Edinburg City Hall Community Room, 1st Floor, to be publicly opened and read aloud. Any RFP received after the closing time will not be accepted and will be returned to the submitter unopened. It is the responsibility of the submitter to see that any RFP submitted shall have sufficient time to be received by the City Secretary's Office prior to the RFP opening date and time. The receiving time in the City Secretary's Office will be the governing time for acceptability of the RFP's. RFP's will not be accepted by telephone or facsimile machine. All RFP'S must bear original signatures and figures. The RFP shall be for:

## RFP #2016-015
## GROUP VOLUNTARY VISION INSURANCE COVERAGE

If you have any questions or require additional information regarding this RFP, please contact Ms. Lorena Fuentes, Purchasing Agent, at (956) 388-1895 Ext. 8972 or via email at lfuentes@cityofedinburg.com.

| | |
|---|---|
| Hand Delivered RFP'S: | 415 W. University Drive<br>C/o City Secretary Department (1st Floor) |
| If using Land Courier (i.e.FedEx, UPS): | City of Edinburg<br>C/o City Secretary<br>415 W. University Drive<br>Edinburg, Texas 78541 |
| If Mailing Proposals: | City of Edinburg<br>C/o City Secretary<br>P.O. Box 1079<br>Edinburg, Texas 78540-1079 |

The City of Edinburg reserves the right to refuse and reject any or all RFP's and to waive any or all formalities or technicalities and to accept the RFP deemed most advantageous to the City, and hold the RFP's for a period of **90** days without taking action.

RFP's must be submitted in an envelope sealed with tape and prominently marked on the lower left hand corner of the envelope with corresponding RFP number and title.

Please read your requirements thoroughly and be sure that the RFP offered complies with all requirements/specifications noted. Any variation from the solicitation requirements/specifications must be clearly indicated by letter, on a point by point basis, attached to and made a part of your RFP. If no exceptions are noted, and you are the successful respondent, it will be required that the service(s) be provided as specified.

**PURPOSE**

(1) The purpose of these solicitation documents is to execute a Professional Services Contract for:

## GROUP VOLUNTARY VISION INSURANCE COVERAGE

**INTENT**

(2) The services to be provided under this RFP shall be in accordance with and shall meet all specifications and/or requirements as shown in this solicitation for RFP. There is no intention to disqualify any respondent who can meet the requirements.

**SUBMITTAL OF RFP**

(3) RFPs shall be submitted in sealed envelopes as called referenced on the attached solicitation. Three (3) complete sets of the response, One (1) original marked "**ORIGINAL,**" and two (2) copies marked "**COPY**". RFPs submitted by facsimile (fax) or electronically shall **NOT** be accepted. Submittal of an RFP in response to this solicitation constitutes an offer by the respondent. Once submitted, RFP's become the property of the City of Edinburg and as such the City reserves the right to use any ideas contained in any RFP regardless of whether that respondent/firm is selected. Submission of a RFP in response to this solicitation, by any respondent, shall indicate that the respondent(s) has/have accepted the conditions contained in the RFP, unless clearly and specifically noted in the RFP submitted and confirmed in the contract between the City and the successful respondent otherwise. RFPs which do not comply with these requirements may be rejected at the option of the City. RFPs must be filed with the City of Edinburg before the deadline day and hour. No late RFPs will be accepted. They will be returned to respondent unopened (if properly identified). Failure to meet RFP requirements may be grounds for disqualification.

| | |
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**TIME ALLOWED FOR ACTION TAKEN**

(4) The City of Edinburg may hold RFP/s **90** days after deadline without taking action. Respondents are required to hold their RFP/s firm for same period of time.

**RIGHT TO REJECT/AWARD**
(5) The City of Edinburg reserves the right to reject any or all RFPs, to waive any or all formalities or technicalities, and to make such awards of contract as may be deemed to be the best and most advantageous to the City of Edinburg.

**ASSIGNMENT**
(6) Respondents are advised that the City of Edinburg shall not allow the successful respondent to sell, assign, transfer, or convey any part of any contract resulting from this RFP in whole or in part, to a third party without the written approval of the City of Edinburg.

**AWARD**
(7) Respondents are advised that the City of Edinburg is soliciting RFPs and award shall be made to the respondent that in the opinion of the City of Edinburg is the best qualified.

**NUMBER OF CONTRACTS**
(8) THE CITY reserves the right to award one, more than one, or no contract(s) in response to this RFP.

**STATUTORY REQUIREMENTS**
(9) It shall be the responsibility of the successful respondent to comply with all applicable State & Federal laws, Executive Orders and Municipal Ordinances, and the Rules and Regulations of all authorities having jurisdiction over the work to be performed hereunder and such shall apply to the contract throughout, and that they will be deemed to be included in the contract as though written out in full in the contract documents.

**ALTERATIONS/AMENDMENTS TO RFP**
(10) RFP **CANNOT** be altered or amended after opening time. Alterations made before opening time must be initialed by respondent guaranteeing authenticity. No RFP may be withdrawn after opening time without acceptable reason in writing and only after approval by the City of Edinburg.

**NO RESPONSE TO RFP**
(11) If unable to submit a RFP, respondent should return inquiry giving reasons.

**LIST OF EXCEPTIONS**
(12) The respondent shall attach to his/her RFP a list of any exceptions to the specifications/ requirements.

**PAYMENT**
(13) The City of Edinburg will execute payment by mail in accordance with the State of Texas Pay Law after SERVICES have been completed, introduced to the City, and found to meet City of Edinburg specifications/requirements. No other method of payment will be considered.

**SYNONYM**
(14) Where in this solicitation package SERVICES is used, its meaning shall refer to the request for GROUP VOLUNTARY VISION INSURANCE COVERAGE as specified.

**RESPONDENT'S EMPLOYEES**
(15) Neither the Respondent nor his/her employees engaged in fulfilling the terms and conditions of this Service Contract shall be considered employees of the City. The method and manner of performance of such undertakings shall be under the exclusive control of the vendor on contract. The City shall have the right of

inspection of said undertakings at any time.

**INDEMNIFICATION CLAUSE**

(16) The Respondent agrees to indemnify and save harmless the City, from all suits and actions of every nature and description brought against them or any of them, for or on account of the use of patented appliances, products or processes, and he shall pay all royalties and charges which are legal and equitable. Evidence of such payment or satisfaction shall be submitted upon request of the Purchasing Agent, as a necessary requirement in connection with the final estimate for payment in which such patented appliance, products or processes are used

**INTERPRETATIONS**

(17) Any questions concerning the project and/or specifications/requirements with regards to this solicitation for statement(s) of qualifications shall be directed to the designated individuals as outlined in the RFP. Such interpretations, which may affect the eventual outcome of this request for statements of qualifications, shall be furnished in writing to all prospective Respondents via Addendum. No interpretation shall be considered binding unless provided in writing by the City of Edinburg in accordance with paragraph entitled "**Addenda and Modifications**".

**VERBAL THREATS**

(18) Any threats made to any employee of the City, be it verbal or written, to discontinue the providing of item/material/services for whatever reason and/or reasons shall be considered a breach of contract and the City will immediately sever the contract with the Respondent/Consultant on contract.

**CONFIDENTIAL INFORMATION**

(19) Any information deemed to be confidential by the respondent should be clearly noted on the pages where confidential information is contained; however, the City cannot guarantee that it will not be compelled to disclose all or part of any public record under Texas Public Information Act, since information deemed to be confidential by the respondent may not be considered confidential under Texas Law, or pursuant to a Court order.

**PAST PERFORMANCE**

(20) Respondent's past performance shall be taken into consideration in the evaluation of RFP submittal.

**JURISDICTION**

(21) Contract(s) executed as part of this solicitation shall be subject to and governed under the laws of the State of Texas. Any and all obligations and payments are due and performable and payable in Hidalgo County, Texas.

**RIGHT TO AUDIT**

(22) The City of Edinburg reserves the right to audit the vendor's books and records relating to the performance of this contract. The City of Edinburg, at its own expense, shall have the right at all reasonable times during normal business hours and upon at least twenty-four (24) hours' advance notice, to audit, to examine, and to make copies of or extracts from the books of account and records maintained by the vendor(s) with respect to the Supply/Service and/or Purchase Contract. If such audit shall disclose overpayment by City to vendor, written notice of such overpayment shall be provided to the vendor and the amount of overpayment shall be promptly reimbursed by vendor to the City. In the event any such overpayment is not paid within ten (10) business days after receipt of such notice, the unpaid amount of such

overpayment shall bear interest at the rate of one percent (1%) per month from the date of such notice until paid.

**VENUE**

(23) The parties agree that venue for purposes of any and all lawsuits, cause of action, arbitration, and/or any other dispute(s) shall be in Hidalgo County, Texas.

**IF YOU HAVE ANY QUESTIONS ABOUT COMPLIANCE, PLEASE CONSULT YOUR OWN LEGAL COUNSEL. COMPLIANCE IS THE INDIVIDUAL RESPONSIBILITY OF EACH PERSON OR AGENT OF A PERSON WHO IS SUBJECT TO THE FILING REQUIREMENT. AN OFFENSE UNDER CHAPTER 176 IS A CLASS "C" MISDEMEANOR.**

**CONFLICT OF INTEREST**

(24) CHAPTER 176 OF THE TEXAS LOCAL GOVERNMENT CODE Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor or person considering doing business with a local government entity disclose in the Questionnaire Form CIQ, the vendor or person's affiliation or business relationship that might cause a conflict of interest with a local government entity. By law, this questionnaire must be filed with the records administrator of the City of Edinburg not later than the 7th business day after the date the person becomes aware of facts that require the statement be filed. See Section 176.006, Local Government Code. A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor. For more information or to obtain Questionnaire CIQ visit the Texas Ethics Commission web page at www.ethics.state.tx.us/forms/CIQ.pdf.

**CERTIFICATE OF INTERESTED PARTIES (Form 1295)**

(25) In 2015, the Texas Legislature adopted House Bill 1295, which added section 2252.908 of the Government Code. The law states that a governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties to the governmental entity or state agency at the time the business entity submits the signed contract to the governmental entity or state agency. The law applies only to a contract of a governmental entity or state agency that either (1) requires an action or vote by the governing body of the entity or agency before the contract may be signed or (2) has a value of at least $1 million. The disclosure requirement applies to a contract entered into on or after January 1, 2016. For more information go to the Texas Ethics Commission web page at www.ethics.state.tx.us/forms/CIQ.pdf.

**CONSIDERATION OF LOCATION OF BIDDER'S PRINCIPAL PLACE OF BUSINESS**

(26) The City may give local vendors, whose principal place of business is located within the City of Edinburg, and whose bid is within five percent (5%) of the lowest bid price preference as allowed by Section 271.9051 of the Local Government Code.

**CONFIDENTIALITY OF INFORMATION AND SECURITY**

(27) Should the successful respondent become the holder of and have access to confidential information in the process of fulfilling its responsibilities in connection with an awarded contract the successful respondent agrees that it shall keep such information confidential and will comply fully with the laws and regulations of the State of Texas, ordinances and regulations of the City, and any applicable federal laws and regulations relating to confidentiality.

## TERMINATION OF CONTRACT

(28) The City of Edinburg reserves the right to terminate the contract if, in the opinion of the City of Edinburg, the successful vendor's performance is not acceptable, no funds are available, or if the City wishes, without cause, to discontinue this contract. Termination will be in written form allowing a 30-day notice.

## RESPONSE DEADLINE

(29) Responses to the RFP must be addressed to City Secretary, City of Edinburg, 415 W. University Drive by **Monday, May 23, 2016 until 3:00 p.m.** for consideration. An original and two (2) copies of the response must be submitted no later than this date and time in a **sealed envelope** indicating that its contents are in response to the **RFP 2016-015** for **"GROUP VOLUNTARY VISION INSURANCE COVERAGE". Respondents are advised that all confidential records must be submitted in a separate sealed envelope and marked accordingly.**

| | |
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## ADDENDA AND MODIFICATIONS

(30) Any changes, additions, or clarifications to the RFP are made by amendments (addenda). Any respondent in doubt as to the true meaning of any part of the RFP or other documents may request an interpretation from the Purchasing Division. At the request of the respondent, or in the event the Purchasing Division deems the interpretation to be substantive, the interpretation will be made by written addendum. Said Addenda shall be mailed, e-mailed, hand delivered and/or faxed, to all prospective respondents. All Addenda issued in respect to this RFP shall be considered official changes to the original documents. Verbal statements in response to inquiries and/or requests for explanations shall not be authoritative or binding. It shall be the respondent's responsibility to ensure that they have received all Addenda in respect to this project. Furthermore, respondents are advised that they must recognize, comply with, and attach a signed copy of each Addendum which shall be made part of their RFP Submittal. Respondent(s) signature on Addenda shall be interpreted as the respondent's "recognition and compliance to" official changes as outlined by the City of Edinburg and as such are made part of the original solicitation documents. Failure of any respondent to receive any such addendum or interpretation shall not relieve such respondent from its terms and requirements. The City may issue a written addendum no later than five calendar days prior to the date bids must be received. Addendums are available online at www.cityofedinburg.com.

**RFP PREPARATION COSTS**

(31) The City of Edinburg shall not be held liable for any costs incurred by any respondent for work performed in the preparation of and production of a RFP or for any work performed prior to execution of contract.

**EQUAL EMPLOYMENT OPPORTUNITY**

(32) Respondent agrees that they will not discriminate in hiring, promotion, treatment, or other terms and conditions of employment based on race, sex, national origin, age, disability, or in any way violate Title VII of 1964 Civil Rights Act and amendments, except as permitted by said laws.

**AUTHORIZATION TO BIND RESPONDENT TO RFP**

(33) RFPs MUST give full firm name and address of respondent, and be manually signed. Failure to do so will disqualify your RFP. Person signing bid must show title or AUTHORITY TO BIND HIS/HER FIRM IN A CONTRACT. Firm name and authorized signature must appear on each page that calls for this information. The legal status of the Respondent whether corporation, partnership, or individual, shall also be stated in the RFP. A corporation shall execute the RFP by its duly authorized officers in accordance with its corporate by-laws and shall also list the state in which it is incorporated. A partnership Respondent shall give full names and addresses of all partners. All partners shall execute the RFP. Partnership and Individual Respondent shall state in the proposal the names and addresses of all persons with a vested interest therein. The place of residence of each Respondent, or the office address in the case of a firm or company, with county and state and telephone number, shall be given after the signature.

**Confidential Information Respondents are advised that all confidential records must be submitted in a separate sealed envelope and marked accordingly.**

THE CITY OF EDINBURG

# Request for Proposals

## Group Voluntary Vision Insurance Coverage

**RFP # 2016-015**

EDINBURG
All-America City
1968 1995 2000

THE CITY OF EDINBURG

# Table of Contents

## Request for Proposals
## Vision Insurance Coverage


| | | Page |
|---|---|---|
| | General Information..... | 1 |
| **Part I** | Qualifications of Proposer..... | 5 |
| **Part II** | Description of the Risk..... | 6 |
| **Part III** | Administration of Claims..... . | 7 |
| **Part IV** | Census Data Overview..... | 8 |
| **Part V** | Exhibit of Past Premiums and Losses ..... | 9 |
| **Part VI** | Request for Proposal Form..... | 11 |

**Exhibits**

**A** - City of Edinburg Group Census

**B** - City of Edinburg Elected Official, and Chamber of Commerce, Census

**C** - City of Edinburg Vision Insurance Premiums/Claims History

**D** - Eyetopia Vision Benefits

# REQUEST FOR PROPOSALS

## Specifications and Underwriting Information
## Group Voluntary Vision Insurance Coverage

1. Proposal may be submitted Monday thru Friday, 8:00 a.m. - 5:00 p.m. to the City Secretary office at address below. Sealed proposal shall be received **by 3:00 p.m., Monday, May 23, 2016** at the office of the City Secretary, at which time all proposals will be publicly opened. Proposals received after the deadline will be returned to sender unopened. The City of Edinburg is not responsible for problems with postal or delivery service.

2. Submit three complete sets, one (1) marked "**ORIGINAL**", and two (2) marked "**COPY**". The sealed proposals shall be received and addressed to:

   ***CITY OF EDINBURG***
   ***c/o City Secretary***
   ***415 West University***
   ***P. O. Box 1079***
   ***Edinburg, Texas 78540-1079***

   The envelope shall be clearly identified as follows:

   **Group Voluntary Vision Insurance Coverage**
   **RFP # 2016-015**

   Proposal submitted via facsimile or e-mail **shall *not*** be accepted. All inquiries can be addressed to Lorena Fuentes, Purchasing Agent at lfuentes@cityofedinburg.com.

3. Due care and diligence have been used in the preparation of this information, and it is believed to be substantially correct. However, the responsibility for determining the full extent of the exposure and verification of all information presented herein shall rest solely upon the proposer.

   The City of Edinburg and its representatives will not be responsible for any errors or omissions in these specifications nor for the failure on the part of the proposer to determine the full extent of the exposures.

4. The City of Edinburg reserves the right to renegotiate the term of this coverage. The City of Edinburg shall reserve the right to renew (annually) the contract with the selected proposer, provided that proof is shown that said insurance carrier is providing the lowest possible rate at time of renewal. **Tentative award date is Tuesday, July 05, 2016.**

5. The City of Edinburg expressly reserves the right to reject any or all proposals, or waive any formalities in any proposal, in its own best interest and also hold the proposals for a period of ninety (90) days after publicly opening the proposal without taking action thereon. The City intends to review all aspects of the proposals to determine the best overall program for the City at this time. Since there are important considerations involved in selecting a carrier in addition to rates, the City

will not be required to accept the lowest proposal. Failure to manually sign proposal will disqualify it. Person signing proposal should show title or authority to bind their firm to a contract.

6. All rates shall be guaranteed for twelve (12) months, or longer, to be billed beginning October 1, 2016. However, the City of Edinburg reserves the right to accept a guarantee of more than twelve (12) months if it is in the City's interest.

7. The company shall reference its proposal in the same order as provided in the specifications. Any company seeking to provide or underwrite insured programs for the City of Edinburg must respond to appropriate sections of these specifications and must meet all conditions or standards listed in these specifications.

8. The City of Edinburg currently has named RJG Retirement Services, LLC and Holmes Murphy as agent of record and co-agent respectively.

9. The City of Edinburg, herewith referred to as the "Planholder", is requesting proposals for Group Voluntary Vision Insurance Coverage.

## FIRM and RFP EVALUATION

### RFP – EVALUATION

The evaluation system consists of a **100 point system**. The RFP will be ranked after evaluation. The RFP submittal evaluation will be based on the following criteria:

1. **35 points Vision Plan Coverage and Rates**
2. **15 points Provider Network and Utilization Management**
3. **15 points Responses to Financial Stability**
4. **10 points Demonstration of Experience of Similar Services Provided**

# PROPOSAL FORMAT

**Tab A:** Interest Letter

**Tab B:** Part I – Qualifications of Proposers

**Tab C:** Part II – Description of the Risk

**Tab D:** Part III – Administration of Claims

**Tab E:** Part IV – Census Data Overview

**Tab F:** Part V – Exhibit of Past Premiums and Losses

**Tab G:** Part VI – Request for Proposal Form

**Tab H:** Cost Proposal – Group Voluntary Vision Benefits Plan

**Tab J:**
1. Request for Proposal Response Form
2. Certification Statement
3. Non-Collusive Request for Proposal Certificate
4. References
5. Terminations
6. Declaration of Compliance

## Part I
## QUALIFICATIONS OF PROPOSER

**Please read carefully. The Planholder is not required to consider any proposal that does not comply with the criteria set forth herein. All proposers shall utilize the Request for Proposal Form provided in this specification packet - Part VI (pages 8 – 27).**

1. All companies and agents submitting proposals must be licensed by the State of Texas and have a demonstrated level of good performance with public entities, including municipalities and be permitted to contract with the State or any of its subdivisions.

2. The agent must have an errors and omissions policy with a minimum limit of $500,000. A copy of policy shall be furnished with your proposal.

3. The company must be recommended in the latest edition of A. M. Best's Insurance Reports with a general policyholder's rating of "B+" or better with no contingency rating. **The agent shall furnish A. M. Best's policyholder rating for each company with which coverage is being quoted.**

4. Any agent or agency submitting a proposal must be licensed by the carrier stipulated therein at the time it is submitted.

5. The company will conduct one initial enrollment and an annual enrollment thereafter, depending on renewal status. Open enrollment is planned for August 2016.

6. The enrollment process will include, but is not limited to, scheduling enrollment appointments by department, completing enrollment applications, mailing, ID cards, and insurance certificate booklets ***directly*** to insured employees mailing address, and providing employee summary reports for payroll deductions.

7. The successful company will provide brochures, certificate of insurance booklets, and insurance ID cards at the company's expense.

8. All proposed policies must be non-assessable.

## Part II
## DESCRIPTION OF THE RISK

1. **Name of Insured:**
   City of Edinburg, Texas

2. **Effective Date:**
   October 1, 2016

3. **Terms:**
   October 1, 2016 through September 30, 2017
   For a period of two (2) year contract with option to extend for two (2) additional one (1) year term.

4. It is the intent of these specifications to establish a Voluntary Benefits Insurance Plan with proposer for all full-time employees of the Planholder.

   a. Group Voluntary Vision Insurance Coverage

5. **SCHEDULE OF VISION BENEFITS:** (Exhibit D)

## Part III
## ADMINISTRATION OF CLAIMS

1. Proposer will act as a third party claims administrator or contractual claims administrator, for the express purpose of administering the Planholder's Benefit Plan.

   The proposer will be responsible for, but not limited to the following:

   a. Consulting and Installation of the Plan. Reviewing carrier policies to assure they meet specifications.

   b. Drafting of the Plan Document or Master Contract and announcement material.

   c. Printing and mailing of ID Cards and Employee Booklets directly to each employee's mailing address. Employee plan booklets must be available no later than October 1, 2016.

   d. Coordination with other plans for benefits. The Proposer will be responsible for coordination of benefits with all employed spouses' group insurance plans or other collectible insurance and will furnish an annual list of those claims put aside awaiting coordination of benefits.

   e. The proposer will analyze all statistical data for future cost projections. Periodic meetings will be held to advise Planholder's staff on these projections.

   f. Original contracts for all carriers will be filed with the Planholder.

   g. Processing and payment of all claims within ten (10) days of receipt from employees, hospital, or doctor.

   h. Proposals must include an agreement to furnish monthly reports of all paid claims. These reports must be furnished within fifteen (15) days of the end of each previous quarterly period.

   i. The proposer will honor and assist in administering any discount plan, which the Planholder has arranged with the Rio Grande Valley Area.

   j. Processing and payment of administrative fees and premiums will be done on a monthly basis.

   k. Necessary Government Filings.

## Part IV
## CENSUS DATA OVERVIEW

Number of full-time employees employed as of March 2016 is seven hundred twelve (712), sixty three (63) retirees, zero (0) COBRA, five (5) elected officials, four (4) Chamber of Commerce, six (6) EEDC, and eleven (11) Boys & Girls Club (included in employee census). There are seven hundred seventy six (776) authorized full-time permanent City positions for Fiscal Year 2015-2016. See exhibit A–City of Edinburg Group Census.

### a. Age Distribution (5 year brackets):

| AGE GROUP | FULL-TIME EMPLOYEES | RETIREES | COBRA | ELECTED OFFICIALS |
|---|---|---|---|---|
| **18 – 23** | 18 | | | |
| **24 – 29** | 107 | | | |
| **30 – 35** | 139 | | | 2 |
| **36 – 41** | 115 | 1 | | 2 |
| **42 – 47** | 123 | 1 | | 1 |
| **48 – 53** | 100 | 14 | | 3 |
| **54 – 59** | 73 | 19 | | |
| **60 – 65** | 42 | 28 | | |
| **Over 65** | 12 | | | 1 |
| ***Totals . . . .*** | ***729*** | ***63*** | ***0*** | ***9*** |

### b. Gender:

| | FULL-TIME EMPLOYEES | RETIREES | COBRA | ELECTED OFFICIALS |
|---|---|---|---|---|
| Male | 544 | 53 | | 7 |
| Female | 185 | 13 | | 2 |
| ***Totals . . . . .*** | ***729*** | ***63*** | ***0*** | ***9*** |

## Part V
## EXHIBIT OF PAST PREMIUMS AND LOSSES

1. Current plan year is October 1 - September 30, in order to coincide with the Planholder's fiscal year. Eyetopia is currently providing the Planholder with Group Voluntary Vision Insurance Coverage.

**CURRENT AND PRIOR VISION INSURANCE PROVIDERS**

| | |
|---|---|
| 10/2015 – Present | Eyetopia (high plan) |
| 10/2015 – 09/2016 | Humana (low plan only) |
| 10/2013 – 09/2015 | Humana (high/low plan) |
| 10/2012 - 09/2013 | Ameritas Group |

a. **History of Group Vision Insurance Premium Rates (Employee/Elected Officials & COBRA participants)**

| NO. OF EMPLOYEES | RATES PER MO. EFFECTIVE | EMPLOYEE ONLY | EMPLOYEE & CHILD(REN) | EMPLOYEE & SPOUSE | EMPLOYEE & FAMILY |
|---|---|---|---|---|---|
| **726** | 10/01/2012 | $7.24 | $11.76 | $13.96 | $18.48 |
| **721** | 10/01/2013 | $2.45 | $4.65 | $4.90 | $7.31 |
| **748** | 10/01/2014 | $2.45 | $4.65 | $4.90 | $7.31 |
| | | | | | |
| **No. of Employees** | RATES PER MO. EFFECTIVE | EMPLOYEE | EMPOYEE +1 | EMPLOYEE+ FAMILY | PLAN |
| **738** | 10/01/2015 | $10.00 | $19.00 | $27.00 | 120/145 |
| | | $20.00 | $39.00 | $54.00 | 150/250 |

## Distribution by Type of Coverage

| **Vision Insurance Coverage** | |
|---|---|
| Employee Only | 461 |
| Employee & Child(ren) | 153 |
| Employee & Spouse | 46 |
| Employee & Family | 69 |
| ***Total . . . . . .*** | **729** |

### SUMMARY TOTALS

*(Above summary totals include the following:)*

| | |
|---|---|
| Total COBRA | 0 |
| Total Retirees | 63 |
| Total Elected Officials | 5 |
| Chamber of Commerce | 4 |
| | 72 |
| **Total Vision** | **801** |

## Part VI
## REQUEST FOR PROPOSAL FORM

***ONLY THOSE PROPOSALS SUBMITTED ON THIS FORM AND IN DUPLICATE WILL BE CONSIDERED. ALL OTHERS WILL BE REJECTED AND DISQUALIFIED.***

This form must include **ALL COSTS OF THE PROGRAM**. This should include fixed costs, prescription plan, cost containment options, and all printing expenses and miscellaneous expenses. The costs should be quoted per monthly charge.

All costs must be shown at the time of the proposal. We reserve the right to get written clarification of any benefits you propose.

The Planholder is interested in determining the cost or savings related to various changes in plan coverage. After quoting rates to duplicate proposed benefits, please provide the cost or savings related to changes in coverage as a rate change to the base monthly rates.

**Program Information**

1. What is your company's most current "A.M. Best Policyholder Rating?

   _____

   _____

   _____

2. What is your customer quality service statistics for the most recent twelve (12) months?

   _____

   _____

   _____

3. On the provided form, for reference purposes, a list of at least three (3) governmental entities or clients served in Texas by your company shall be completed along with proposal. List shall include, but not be limited to, name of contact person, telephone number, number of employees, and how long the entity/client was/is contracted by the company.

4. How many open complaints are on file against your company with the Texas Department of Insurance? _____
   How many complaints were filed with the Texas Department of Insurance during the past two (2) years? _____

5. Is your company currently involved in any litigation as a defendant over any benefits or services being proposed in response to this Proposal? _____ if yes, please provide a brief description of each suit and the amount involved.

   _____

   _____

_____

6. Do you have a toll free telephone number for handling inquiries from staff and employees? If so, is there an additional charge? Is there an assigned claims and billing representative for the Planholder?

_____
_____
_____

7. What procedures have you implemented to become compliant with HIPAA, Title H-Privacy/ Confidentiality and Security requirements?

_____
_____
_____

8. Define process to transition from social security numbers to unique identification numbers.

_____
_____
_____

9. Will you honor deductibles that have been satisfied for the current calendar year; and what evidence would employees need to furnish?

_____
_____
_____

10. Will all new full-time employees qualify for full coverage automatically or will they be subject to underwriting conditions?

_____
_____
_____

11. Will the initial enrollment period for new employees be effective immediately or after or during 30 - 60 days?

_____
_____
_____

12. Will your company provide on-site enrollment assistance? If yes, is there a charge?

_____
_____
_____

13. Does your company provide on-line enrollment? Does your company provide run-in and run-out claims payment services?

_____

14. Do you provide, to the employer and to the employee, an explanation of benefits? If so, in what form and how often?

15. Is the cost of providing employee booklets and identification cards included in the quoted rate? If no, what is the additional charge?

16. How do you establish "usual and customary" or "reasonable and customary"? What provider services are limited to reasonable and customary charges?

17. Please attach your Preferred Provider directory.

18. Do you agree to a no-loss/no-gain takeover on all benefits for all employees (continuation of coverage to retirees, council, or governing body) and dependents?

19. What benefits do you offer for preventive vision benefits?

20. How do you encourage members to take advantage of your preventive benefit?

21. Please describe how your organization will assist with GASB requirements over the next three (3) years.

22. Will your company direct bill retirees and Continuation of Coverage

participants? _____ if yes, is there an additional charge?

_____

_____

23. Do you require a claim form to be completed by the employee, doctor, and/or hospital? (Please provide a sample of form.)

_____

_____

_____

24. Who will process the claims; and where is your claims paying service located?

_____

_____

_____

25. Describe claim payment system.

_____

_____

_____

26. Describe your procedures for handling appeals of denied or disputed claims.

_____

_____

_____

27. How do you define "turnaround time"? Provide claim turnaround time statistics for the most recent twelve (12) month period.

_____

_____

_____

28. How promptly are referrals processed after you receive request from primary care provider? (hrs./days)

_____

_____

_____

29. Do you have a schedule of mandatory second opinions? If yes, please include your schedule.

_____

_____

_____

30. Specify what guidelines your processors are required to follow to identify potential coordination for benefits cases and describe your procedures for handing these claims.

_____

_____
_____

31. Will your company provide monthly claim reports?

_____
_____
_____

32. Do you provide an on-line customer service and claim status look up program?

_____
_____
_____

33. How promptly are payments made after you receive requests for payment of bills?

_____
_____
_____

34. Do you provide a monthly statement of all payments? How is the statement provided?

_____
_____
_____

35. What kind of reports regarding loss ratio or claims paid vs. premiums may we expect and in what time period?

_____
_____
_____

36. What is your company process for collecting provider overpayments?

_____
_____

37. Do the vision rates include IBNR (Incurred but not reported) reserves? ___If no, what are your company's procedures for developing IBNR reserves for the renewal?

_____
_____
_____

38. Will your carrier provide a service representative for the group? What services are included?

_____
_____
_____

39. Are there additional administrative fee(s); and if so, how much? How long are the administrative fee(s) guaranteed? (Include a sample of administrative document.)

_____

_____

40. What is your time frame for providing renewal rates to the Planholder?

_____

_____

_____

41. What percent of revenue is your company's operating expense?

_____

_____

_____

42. Define procedures for Managed Care Efficiency Reporting.

_____

_____

_____

43. Provide abandonment rate statistics for the most recent twelve (12) month period.

_____

_____

44. If your contract is terminated at the end of the contract year, how long will you continue to pay claims incurred prior to the termination date?

_____

_____

_____

45. Upon termination, will you release last twelve (12) months of Claims history and benefits accumulator information?

_____

_____

_____

46. Does your quote include a waiver of premium, if applicable?

_____

_____

_____

47. Are your rates guaranteed or subject to final enrollment?

_____

_____

48. Are the rates your company quoted guaranteed for twelve (12) months?

_____

_____

_____

49. What are your average increases for groups over 500 for the last one (1) year, three (3) years, and five (5) years?

_____

_____

_____

## GROUP VOLUNTARY VISION BENEFITS PLAN

***ONLY THOSE PROPOSALS SUBMITTED ON THIS FORM AND IN DUPLICATE WILL BE CONSIDERED. ALL OTHERS WILL BE REJECTED AND DISQUALIFIED.***

1. **ADMINISTRATION COSTS**

| | Per Participant | Per Month |
|---|---|---|
| 1. Claims Administration | _____ | _____ |
| 2. Plan Document or Master Contract | _____ | _____ |
| 3. Printing (Booklets, ID Cards, forms) | _____ | _____ |
| 4. Set-up costs | _____ | _____ |
| 5. Consulting & Claims Liaison | _____ | _____ |

| | Per Participant | Per Month |
|---|---|---|
| 6. Broker Fee or Commission | _____ | _____ |
| 7. Taxes | _____ | _____ |
| 8. COBRA Administration | _____ | _____ |
| 9. Pre-certification/Pre-admission | _____ | _____ |
| 10. Second Surgical Opinion | _____ | _____ |
| 11. Discount program with hospital and pharmacies | _____ | _____ |
| 12. Total Costs | ======== | ======== |

12. Total Costs ======== ========

13. Other Costs (Explain Below)

_____

_____

_____

14. Are set up fees a one time cost?
Explain:

_____

_____

15. What is the cost to administer run-in claims? (Incurred during past carrier's coverage.)

_____

_____

_____

## 2. VISION PLAN COSTS

*EMPLOYEE, EEDC, AND BOYS & GIRLS CLUB VISION INSURANCE BENEFITS*

| Vision Only | Rate | No. of Emp. | Monthly Cost | (x12) | Annual Cost |
|---|---|---|---|---|---|
| Employee Only | _____ | X 461 = | _____ | X 12 = | _____ |
| Employee & Child(ren) | _____ | X 153 = | _____ | X 12 = | _____ |
| Employee & Spouse | _____ | X 46 = | _____ | X 12 = | _____ |
| Employee & Family | _____ | X 69 = | _____ | X 12 = | _____ |

**TOTAL** ..... _____

*CHAMBER AND ELECTED OFFICIALS GROUP VOLUNTARY VISION INSURANCE BENEFITS*

| Vision Only | Rate | No. of Emp. | Monthly Cost | (x12) | Annual Cost |
|---|---|---|---|---|---|
| Participant Only | _____ | X 3 = | _____ | X 12 = | _____ |
| Participant & Child(ren) | _____ | X 1 = | _____ | X 12 = | _____ |
| Participant & Spouse | _____ | X 0 = | _____ | X 12 = | _____ |
| Participant & Family | _____ | X 5 = | _____ | X 12 = | _____ |

**TOTAL** ..... _____

Name of Excess Insurance Carrier: _____

Rating: _____

Any Contingency? _____

**DEVIATIONS:**

Indicate any deviations or qualifications of the proposed plan.

_____

_____

**VISION INSURANCE ALTERNATE PROPOSAL #1**

(Please feel free to submit other alternate proposals on separate sheet, if applicable.)

*EMPLOYEE, EEDC, BOYS & GIRLS CLUB VOLUNTARY VISION INSURANCE BENEFITS*

| Vision Only | Rate | No. of Emp. | Monthly Cost | (x12) | Annual Cost |
|---|---|---|---|---|---|
| Employee Only | _____ | X 461 = | _____ | X 12 = | _____ |
| Employee & Child(ren) | _____ | X 153 = | _____ | X 12 = | _____ |
| Employee & Spouse | _____ | X 46 = | _____ | X 12 = | _____ |
| Employee & Family | _____ | X 69 = | _____ | X 12 = | _____ |
| | | | TOTAL ..... | | _____ |

*CHAMBER AND ELECTED OFFICIALS GROUP VOLUNTARY VISION INSURANCE BENEFITS*

| Vision Only | Rate | No. of Emp. | Monthly Cost | (x12) | Annual Cost |
|---|---|---|---|---|---|
| Participant Only | _____ | X 3 = | _____ | X 12 = | _____ |
| Participant & Child(ren) | _____ | X 1 = | _____ | X 12 = | _____ |
| Participant & Spouse | _____ | X 0 = | _____ | X 12 = | _____ |
| Participant & Family | _____ | X 5 = | _____ | X 12 = | _____ |
| | | | TOTAL ..... | | _____ |

RECOMMENDED CHANGES TO VISION INSURANCE PLAN:

_____

_____

_____

3. FEATURES TO PROPOSED PLAN(S):

_____

_____

_____

4. COST/SAVINGS RECOMMENDATIONS:

The Planholder is interested in determining the cost or savings related to various changes in plan coverage. After quoting rates to duplicate proposed benefits, please provide the cost or savings related to changes in coverage as a rate change to the base monthly rates.

## REQUEST FOR PROPOSAL RESPONSE FORM
## GROUP VOLUNTARY VISION INSURANCE COVERAGE

Name of Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Telephone#_____ Facsimile # _____

Current A. M. Best Rating: _____

***(Shall furnish copy of policyholder rating for each company with which coverage is being quoted)***

**********

Name of Claims Representative (Agent): _____

Address: _____

City: _____ State: _____ Zip: _____

Agency Name: _____

Telephone # _____ Facsimile # _____

Number of Years in Business _____

***(Must enclose E & O Certificate of Insurance)***

**IMPORTANT:**

In order for your proposal to receive consideration, you must complete the certification statement below acknowledging that you have full knowledge of the requirements for providing insurance programs to the City of Edinburg.

## CERTIFICATION STATEMENT

The undersigned does hereby declare that they have read the specifications for the Voluntary Vision Insurance Coverage and with full knowledge for the requirements, does hereby agree to furnish the coverage in full accordance with the specifications and requirements.

I certify that _____ and its response complies with *(Name of Company/Organization)* these specifications.

_____
Authorized Signature

_____
Type/Print Name

_____
Title

_____
Date

# NON-COLLUSIVE REQUEST FOR PROPOSAL CERTIFICATE

By submission of this proposal, the PROPOSER certifies that:

(a) This proposal has been independently arrived at without collusion with any other proposer or with any competitor;

(b) This proposal has not been knowingly disclosed and will not be knowingly disclosed, prior to the opening of the proposals for this project, to any other proposer, competitor, or potential competitor;

(c) No attempt has been or will be made to induce any other person, partnership, or corporation to submit or not to submit a proposal;

(d) The person signing this proposal certifies that he has fully informed himself regarding the accuracy of the statements contained in this certification, and under the penalties being applicable to the proposer as well as to the person signing in its behalf.

_____
Authorized Signature

_____
Type/Print Name

_____
Title

_____
Name of Company/Organization

_____
Date

## REFERENCES

Please provide the Planholder with three (3) municipality references that have been insured with your company for at least three (3) years.

Company Name: _____

Name of Proposer: _____

Contact Person: _____ Title: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ # of Employees: _____

Company Name: _____

Name of Proposer: _____

Contact Person: _____ Title: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ # of Employees: _____

Company Name: _____

Name of Proposer: _____

Contact Person: _____ Title: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ # of Employees: _____

## TERMINATIONS

Please provide the Planholder with three (3) references that have terminated with your company in the past year.

Company Name: _____

Name of Proposer: _____

Contact Person: _____ Title: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ # of Employees: _____

Company Name: _____

Name of Proposer: _____

Contact Person: _____ Title: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ # of Employees: _____

Company Name: _____

Name of Proposer: _____

Contact Person: _____ Title: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ # of Employees: _____

## DECLARATION OF COMPLIANCE

The undersigned does hereby declare that they have read the Request for Proposal on which they are submitting a proposal with full knowledge of the requirements, and does hereby agree to furnish all services in full accordance with the requirements outlined in the Request for Proposal.

The proposer affirms that, to the best of their knowledge, the proposal has been arrived at independently and is submitted without collusion to obtain information or gain any favoritism that would in any way limit competition or give unfair advantage over other proposers.

The undersigned hereby declares that they have the authority to represent the proposer in submitting this proposal at the unit prices and level of services herein after notice of proposal award.

Company Name _____

Address _____

City, State, Zip Code _____

Contact Person/Agent _____

Area Code & Phone Number _____

Authorized Signature _____

Typed Name of Signatory _____

Title of Signatory _____

Date _____

# EXHIBIT A

City of Edinburg Group Census

## CITY OF EDINBURG

### Employee Census

| Gender | Vision Coverage | Birth Year | # of Dependents |
|---|---|---|---|
| F | E | 1974 | 0 |
| M | EC | 1988 | 1 |
| M | EF | 1964 | 3 |
| M | EF | 1969 | 2 |
| M | EC | 1960 | 1 |
| M | E | 1983 | 0 |
| M | E | 1970 | 0 |
| F | E | 1985 | 0 |
| M | E | 1983 | 0 |
| M | ES | 1956 | 1 |
| M | E | 1981 | 0 |
| M | EC | 1957 | 1 |
| M | E | 1975 | 0 |
| M | EF | 1983 | 4 |
| M | ES | 1952 | 1 |
| M | E | 1977 | 0 |
| M | E | 1981 | 0 |
| M | EF | 1984 | 5 |
| F | E | 1971 | 0 |
| F | E | 1956 | 0 |
| M | EC | 1985 | 1 |
| M | EF | 1962 | 2 |
| M | ES | 1958 | 1 |
| M | EF | 1973 | 4 |
| M | EF | 1977 | 3 |
| F | E | 1986 | 0 |
| M | E | 1975 | 0 |
| M | E | 1971 | 0 |
| F | EF | 1971 | 3 |
| M | E | 1989 | 0 |

## CITY OF EDINBURG

### Employee Census

| Gender | Vision Coverage | Birth Year | # of Dependents |
|---|---|---|---|
| M | EF | 1972 | 6 |
| M | E | 1995 | 0 |
| F | E | 1974 | 0 |
| M | E | 1978 | 0 |
| M | EF | 1967 | 3 |
| F | EF | 1980 | 4 |
| M | EC | 1980 | 1 |
| M | E | 1968 | 0 |
| F | EF | 1966 | 3 |
| M | ES | 1977 | 1 |
| M | EF | 1970 | 2 |
| M | EF | 1961 | 2 |
| M | E | 1981 | 0 |
| M | ES | 1992 | 1 |
| F | EF | 1961 | 2 |
| M | ES | 1954 | 1 |
| M | ES | 1984 | 1 |
| F | E | 1992 | 0 |
| M | EF | 1972 | 4 |
| F | ES | 1967 | 1 |
| M | EF | 1952 | 2 |
| M | E | 1993 | 0 |
| F | EC | 1959 | 1 |
| M | E | 1968 | 0 |
| M | ES | 1974 | 1 |
| M | EF | 1972 | 4 |
| F | EF | 1973 | 3 |
| F | EF | 1981 | 3 |
| F | EC | 1979 | 1 |
| F | ES | 1984 | 1 |

## CITY OF EDINBURG

### Employee Census

| Gender | Vision Coverage | Birth Year | # of Dependents |
|---|---|---|---|
| F | ES | 1963 | 1 |
| M | E | 1972 | 0 |
| M | ES | 1988 | 1 |
| F | EF | 1966 | 2 |
| F | E | 1959 | 0 |
| F | EC | 1982 | 1 |
| F | E | 1983 | 0 |
| F | E | 1965 | 0 |
| M | EF | 1982 | 2 |
| M | E | 1954 | 0 |
| M | E | 1985 | 0 |
| F | E | 1965 | 0 |
| F | ES | 1991 | 1 |
| M | EF | 1965 | 2 |
| M | E | 1960 | 0 |
| F | E | 1954 | 0 |
| M | E | 1974 | 0 |
| M | EC | 1947 | 1 |
| M | EF | 1968 | 2 |
| F | E | 1989 | 0 |
| F | E | 1963 | 0 |
| M | E | 1987 | 0 |
| M | EF | 1969 | 4 |
| M | ES | 1954 | 1 |
| F | E | 1975 | 0 |
| M | E | 1983 | 0 |
| M | EF | 1986 | 3 |
| M | EF | 1979 | 4 |
| M | ES | 1964 | 1 |
| F | EF | 1983 | 4 |

## CITY OF EDINBURG

### Employee Census

| Gender | Vision Coverage | Birth Year | # of Dependents |
|---|---|---|---|
| M | EF | 1970 | 6 |
| M | ES | 1971 | 1 |
| M | EF | 1988 | 2 |
| M | E | 1989 | 0 |
| M | EF | 1967 | 3 |
| F | EF | 1968 | 2 |
| M | E | 1991 | 0 |
| F | E | 1986 | 0 |
| F | EF | 1969 | 2 |
| M | E | 1984 | 0 |
| M | E | 1967 | 0 |
| M | EF | 1974 | 4 |
| M | EF | 1981 | 3 |
| M | ES | 1953 | 1 |
| F | E | 1959 | 0 |
| M | E | 1983 | 0 |
| M | EF | 1965 | 4 |
| M | EF | 1966 | 3 |
| F | E | 1978 | 0 |
| M | EF | 1983 | 2 |
| M | EF | 1977 | 4 |
| M | EF | 1970 | 4 |
| M | EC | 1963 | 1 |
| M | EF | 1967 | 3 |
| F | E | 1981 | 0 |
| M | E | 1955 | 0 |
| F | E | 1986 | 0 |
| F | E | 1964 | 0 |
| M | ES | 1988 | 1 |
| M | EF | 1973 | 4 |

## CITY OF EDINBURG

### Employee Census

| Gender | Vision Coverage | Birth Year | # of Dependents |
|---|---|---|---|
| M | E | 1998 | 0 |
| M | E | 1941 | 0 |
| F | E | 1962 | 0 |
| F | E | 1978 | 0 |
| F | E | 1969 | 0 |
| M | EF | 1976 | 3 |
| M | E | 1984 | 0 |
| F | ES | 1977 | 1 |
| F | E | 1962 | 0 |
| M | EF | 1969 | 5 |
| M | E | 1986 | 0 |
| M | EF | 1972 | 3 |
| F | E | 1957 | 0 |
| M | EF | 1966 | 4 |
| M | EF | 1971 | 4 |
| M | EF | 1992 | 3 |
| F | EF | 1969 | 2 |
| F | E | 1980 | 0 |
| M | E | 1980 | 0 |
| M | EF | 1973 | 3 |
| M | E | 1984 | 0 |
| F | E | 1956 | 0 |
| F | EF | 1984 | 2 |
| F | E | 1987 | 0 |
| F | E | 1952 | 0 |
| F | EC | 1963 | 1 |
| F | E | 1986 | 0 |
| M | EF | 1984 | 4 |
| M | EF | 1978 | 3 |
| M | E | 1990 | 0 |

## CITY OF EDINBURG

### Employee Census

| Gender | Vision Coverage | Birth Year | # of Dependents |
|---|---|---|---|
| M | EF | 1968 | 4 |
| M | EF | 1966 | 5 |
| M | EC | 1967 | 1 |
| F | E | 1988 | 0 |
| M | EF | 1974 | 4 |
| M | EF | 1975 | 4 |
| F | E | 1967 | 0 |
| M | E | 1965 | 0 |
| M | E | 1985 | 0 |
| M | ES | 1977 | 1 |
| M | E | 1953 | 0 |
| M | E | 1977 | 0 |
| M | EF | 1969 | 4 |
| M | E | 1956 | 0 |
| F | EF | 1973 | 2 |
| F | ES | 1984 | 1 |
| M | E | 1983 | 0 |
| F | E | 1951 | 0 |
| M | E | 1980 | 0 |
| M | E | 1985 | 0 |
| M | E | 1681 | 0 |
| M | E | 1965 | 0 |
| F | EC | 1986 | 1 |
| F | E | 1988 | 0 |
| M | E | 1966 | 0 |
| M | ES | 1978 | 1 |
| M | E | 1978 | 0 |
| M | E | 1968 | 0 |
| M | E | 1981 | 0 |
| M | EF | 1970 | 5 |

## CITY OF EDINBURG

### Employee Census

| Gender | Vision Coverage | Birth Year | # of Dependents |
|---|---|---|---|
| M | EF | 1973 | 4 |
| F | E | 1964 | 0 |
| M | E | 1981 | 0 |
| M | EF | 1976 | 5 |
| F | ES | 1985 | 1 |
| M | EF | 1966 | 4 |
| M | E | 1975 | 0 |
| F | EF | 1975 | 4 |
| M | E | 1978 | 0 |
| M | EF | 1982 | 5 |
| F | EF | 1969 | 3 |
| M | ES | 1982 | 1 |
| M | ES | 1957 | 1 |
| M | E | 1982 | 0 |
| M | EF | 1972 | 2 |
| M | ES | 1957 | 1 |
| M | E | 1984 | 0 |
| M | EF | 1981 | 5 |

**E = EMPLOYEE**

**EC = EMPLOYEE CHILD**

**EF = EMPLOYEE FAMILY**

**ES = EMPLOYEE SPOUSE**

# EXHIBIT B

City of Edinburg
Elected Official, Chamber of Commerce

CITY OF EDINBURG

Elected Officials, Chamber of Commerce Census

| Gender | Birth Year | Type of Coverage | # of Dependents |
|---|---|---|---|
| F | 1966 | EF | 2 |
| F | 1963 | EC | 1 |

# EXHIBIT C

City of Edinburg Vision Insurance
Premiums/Claims History

15Oct01 Utilization Edinburg City.xls

| Encounters | Month | Charges | Allowed | Paid | Membership Fees | Commissions | Admin | Reserves |
|---|---|---|---|---|---|---|---|---|
| 122 | October-15 | $ 14,459.86 | $ 9,216.15 | $ 6,913.20 | $ 5,294.00 | $ 529.40 | $ 635.28 | $ (2,783.88) |
| 69 | November-15 | $ 8,065.40 | $ 5,397.72 | $ 3,494.22 | $ 5,278.00 | $ 527.80 | $ 633.36 | $ 622.62 |
| 33 | December-15 | $ 4,195.00 | $ 2,694.45 | $ 2,103.45 | $ 5,259.00 | $ 525.90 | $ 631.08 | $ 1,998.57 |
| 34 | January-16 | $ 3,957.42 | $ 2,683.40 | $ 1,848.42 | $ 5,165.00 | $ 516.50 | $ 619.80 | $ 2,180.28 |
| 26 | February-16 | $ 3,157.00 | $ 2,074.48 | $ 1,684.48 | $ 5,105.00 | $ 510.50 | $ 612.60 | $ 2,297.42 |
| 73 | March-16 | $ 9,317.00 | $ 6,151.49 | $ 4,479.49 | $ 4,990.00 | $ 499.00 | $ 598.80 | $ (587.29) |
| 25 | April-16 | $ 3,451.00 | $ 2,594.26 | $ 1,827.26 | $ 4,926.00 | $ 492.60 | $ 591.12 | $ 2,015.02 |
| **382** | **7** | **$ 46,602.68** | **$ 30,811.95** | **$ 22,350.52** | **$ 36,017.00** | **$ 3,601.70** | **$ 4,322.04** | **$ 5,742.74** |

# EXHIBIT D

Eyetopia
Schedule of Benefits

eyetopia vision care
the perfect vision solution

VISION CARE DIRECT
*The vision plan your eye doctor recommends™*

**100% Voluntary**, paid by employee through payroll deduction:

| | Eyetopia 120/145 | Eyetopia 150/250 |
|---|---|---|
| Employee Only | $10.00 | $20.00 |
| Member + One | $19.00 | $39.00 |
| Family | $27.00 | $54.00 |

- Eyetopia Vision Care encourages Employers to offer a dual-option in order to meet the needs of every employee. Eyetopia 120-145 is a basic plan and offers standard vision benefits at an affordably monthly rate. The Eyetopia 150/250 plan offers premium vision benefits and keeps the costs at the doctor's office to a minimum. Offering both options has increased overall employee participation and employee satisfaction.
- Even though we strongly suggest a dual-option, it is not required.
- For questions about plan details please refer to the Summary of Benefits.

---

The rates quoted above are "firm" until November 30, 2015

Initial Rate Guarantee Period 3 years

Additional year(s) Rate Guarantee Period can be negotiated

Kelly Haight
Director of Operations

1387 Sattler Road, Sattler, TX 78132
800-662-8264 ◊ 830-964-6444 ◊ Fax: 866-772-0285 ◊ www.Eyetopia.org

eyetopia vision care
the perfect vision solution

VISION CARE DIRECT
The vision plan your eye doctor recommends™

# Why Eyetopia is the Perfect Vision Solution for Your Employees.

Eye Exam as a 'Health Marker' - If your employees are like most, a full two-thirds of them will pass up the opportunity to have an eye exam in the next 12 months. Statistics show that this same number of employees will pass on having a blood pressure and cholesterol check and most will avoid getting physical exam this year as well. Examination of the eye can detect the first warning signs of of diabetes and hypertension as well as many other systemic diseases. Our mission is to provide education for all of your employees on the benefits of a regular eye exam -- not just those that need glasses or contact lenses to function.

- Dry Eye Detection and Treatment - We offer a generous allowance on the first contact lens with a time-released wetting agent. Providing relief to chronic dry eye sufferers.
- Wellness Eye Exams - are encouraged by offering non-prescription computer glasses to Members who don't wear glasses or contact lenses.
- Medically Necessary Spectacles - Certified Eyetopia Providers are now offering the latest in lens designs that can treat reading disorders, aniseikonia, amblyopia and other vision problems.

Our Spectacle Lens Selection – Eyetopia standard plan covers an uncoated plastic, 1.50 indexed lens as do most vision plans. Members can upgrade to thinner plastic or polycarbonate lenses at a fixed co-pay. Eyetopia Gold offers all these lenses in all available materials and includes Ultra Violet protection and Scratch Resistance as a covered benefit with NO co-pay!

- Latest Spectacle Lens Technology - Free form digitally surfaced progressive-add lenses (PALS) are the latest technology in spectacle lenses. This technology optimizes the lenses to 1/100 of a diopter in accuracy. These optimized lenses that come with a premium anti-reflective coating retail throughout Texas for between $350 - $500 per pair, depending on the prescription. Well beyond the 'basic' lenses covered by vision insurance, but it is now the 'covered' lens for the Eyetopia Gold plan Member. Standard plan members can pay an upgrade for these lenses starting as low as $65.00.
- Computer Wear - A very large segment of computer users are suffering from eyestrain and eye fatigue. Eyetopia covers both prescription and non-prescription computer glasses. Offering non-prescription computer eye wear as a covered benefit provides an additional incentive to all employees to have an annual eye exam.

Our Frame Selection – Eyetopia's frame benefit is extended to any frame available through the Participating optical, there is no special group of budget frames.

Our Contact Lens Option – With generous allowances, the benefit usually covers the cost of all fitting fees, even the more complex fits and leaves money to get a supply of contact lenses. Contact lens selection is left entirely up to the Member and their doctor; colored, disposable, permanent, etc. It doesn't matter, you have freedom of choice with Eyetopia!

Our Refractive Surgery Option – Eyetopia offers a benefit on all FDA approved procedures. Most vision plans only offer discounts on laser vision correction (LASIK). Remember to contact a doctor who provides refractive surgery care (coded RSC on the directory) so that he/she can maximize their refractive surgery benefit.

Our Doctors – Our doctors are the architects and owners of Eyetopia Vision Care. They know what patients need and what products work. Our providers work to incorporate the latest technology into our plan benefits.

## Eyetopia provides the eyewear that people really want by focusing on lowering costs at the time of service.

One of the most frequent complaints about vision insurance is the 'out-of-pocket' cost experienced at the time of service. The monthly payroll deduction for vision care is insignificant compared to health care and dental payroll deductions, but the employee can't afford the glasses they 'really' want because most of the desired upgrades are not 'covered' by the plan, their plan quickly drops in value to them.

## Offer a 'true high' plan and a low plan.

The Eyetopia Gold Plan has only one co-pay, it is $5.00 and applies to Benefit One. The 150/250 Plan offers above average coverage on your vision correction benefit including extras like UV protection and scratch resistant coatings on spectacle lenses. For wearers of the 'no-line bifocal' your best lens choice is the VCDLabs Acuity® lens that comes with a premium antireflective coating manufactured with the latest free form technology. Free form lenses retail between $400 and $600 a pair, through our own subsidiary, VCDLabs® we now offer this lens as our 'basic' PAL lens saving you hundreds of dollars. The contact lens allowance of $250 annually is one of the richest in the industry. 150/250 members pay a little more each month but keep their out-of-pocket expenses to a minimum.

The Eyetopia 120/145 Plan saves you 30% to 40% annually on eyewear, but the monthly costs are more in line with traditional vision plan rates so you can expect to pay more out-of-pocket at the time of service. This is an excellent plan for those that do not know how much out-of-pocket they spend on eyewear. Through our own subsidiary, VCDLabs® we now offer standard (CR-39) single vision and bi-focal flat top 28 lenses with premium anti-reflective coating. For no extra charge, the latest polycarbonate lens, Resolution® is provided to all dependents under the age of 26. Starting as low as $65 in upgrade charges 120/145 plan members can upgrade from the 'basic' PAL lens to the VCDLabs Acuity® lens saving hundreds of dollars.

We know you will find Eyetopia to be a "perfect" product for your employees. Eyetopia is a non-profit, non-stock provider association. This keeps plan benefits higher than average without increasing your employees' costs. In addition, at least 90% of the revenue from the plan stays in your community, strengthening your economy. We believe in strengthening the doctor-patient relationship and vision plans shouldn't limit selections or choices on eye care products and services. Your employees and their doctor should decide what is best for them. Eyetopia works hard to make sure all participants, members, providers and employers are completely satisfied.

eyetopia vision care
the perfect vision solution

VISION CARE DIRECT
The vision plan your eye doctor recommends

Dual Option Recommended

| | Eyetopia | |
|---|---|---|
| | 120/145 Plan | 150/230 Plan |
| Exam Co-pay | $10 | $5 |
| **Material option in lieu of Exam** | $45 allowance | $65 allowance |
| Materials Co-pay | $20 | No-copay |
| Single Vision Lens | Covered | Covered |
| Bifocal Lens | Covered | Covered |
| Trifocal Lens | Covered | Covered |
| Lenticular Lens | Covered | Covered |
| Progressive Lens | Covered | Covered |
| **^Eyetopia Lab standard Lenses w/ Premium Anti-Reflective Coating** (Single Vision & Bifocal only) | Covered | Covered |
| **^Eyetopia Labs premium Lenses w/ Premium Anti-Reflective Coating** (Single Vision & Progressive Only) | $65 co-pay | Covered |
| **^Eyetopia Lab polycarbonate Lenses w/ Premium Anti-Reflective Coating** (child dependents) | Covered | Covered |
| Polycarbonate Lenses | $35.00 co-pay | Covered |
| Trivex Lenses | U&C Upgrade | Covered |
| 1.60 Index Lenses | U&C Upgrade | Covered |
| 1.67 Index Lenses | U&C Upgrade | Covered |
| Frame Allowance | $120 Retail | $150 Retail |
| Scratch Coating | Covered | Covered |
| UV Protection Coating | Covered | Covered |
| **^Eyetopia Lab blue blocker coating w/Premium Anti-Reflective Coating** | $65 co-pay | Covered |
| Basic Anti-Reflective Coating | $25 co-pay | Covered |
| Warranted Anti-Reflective Coating | $65 co-pay | $65 co-pay |
| Premium Anti-Reflective Coating | $65 + difference in U & C | $65 + difference in U & C |
| Tint | $12 co-pay | $12 co-pay |
| **^ Eyetopia Labs Non-Rx Computer Glasses** | Covered | Covered |
| **^Medically Necessary Spectacles** | $400 allowance | $400 allowance |
| Contact Lens Allowance | $145 | $250 |
| Medically Necessary Contacts (no co-pay) | $400 allowance | $400 allowance |
| Contact Lens Co-pay | $20 | $0 |
| Standard Contact Fitting Fee | Included in Allowance | Included in Allowance |
| Exam/Lens/Frame/Contacts Frequency | 12/12/12/12 | 12/12/12/12 |
| Refractive Surgery | $350/Eye Allowance (All FDA Procedures) | $500/Eye Allowance (All FDA Procedures) |
| **Annual Membership Fee** | Monthly | Monthly |
| Employee | $10.00 | $20.00 |
| Employee + 1 | $19.00 | $39.00 |
| Employee + Family | $27.00 | $54.00 |

**^ Offered by special arrangement between many Participating Providers and Eyetopia Labs.**



1387 Sattler Road, Sattler, TX 78132
800-662-8264 ◊ 830-964-6444 ◊ Fax: 866-772-0285 ◊ www.Eyetopia.org

eyetopia vision care

# Summary of Benefits for Eyetopia (150/250)

VISION CARE DIRECT
The vision plan your eye doctor recommends

| Eyetopia Vision Care Benefits | Co-pay[1] |
|---|---|
| Eyetopia provides two vision benefits each eligibility period. By coordinating your coverage with your health insurance wellness eye exam you have the opportunity to maximize your Eyetopia benefits. | |
| BENEFIT ONE[2] (choose either one of the following 2 options every 12 months):<br>1. Refractive Exam-One refraction (CPT Code 92015) or one Routine Vision Exam | $5.00 |
| 2. $65 allowance toward medical eye exam copay or other services or materials. | |
| BENEFIT TWO (choose only one of the following Vision Correction Options): Eyetopia Vision Care Provides you with three (3) options for correcting your vision. You may select one of the following every 12 months: | |
| 1. **Prescription Eye Wear (lenses and/or frame)**[3,4]<br>High Index or Polycarbonate single vision, bifocal or trifocal lenses that also include a standard anti-reflective coating – covered 100%. The Eyetopia labs PAL or free form single vision comes with a premium anti-reflective coating and is covered 100%.<br>• *Specific to Eyetopia labs Premium Lenses Only:*<br>• *Premium Anti-glare, anti-smudge, anti-scratch with UV Protection*<br>• *iBlu® Coat (optional)*<br>• *Optimized Manufacturing Technology* | None |
| • Tint (Solid and Gradient)<br>• Transition or Polarized Lenses [2]<br>• Warranted Anti-Reflective Coating<br>• Premium Anti-Reflective Coating [2] | $12.00<br>Note 2<br>$65.00<br>Note 2 |
| ♦ **Frame:** The member may select any frame on display. Eyetopia Vision Care provides an allowance of $150.00 to be applied toward the frame selected. The member pays any amount exceeding the $150.00 allowance. | None |
| 2. **Contact Lens Option** Eyetopia Vision provides a $250.00 allowance to be applied toward the Participating Provider's usual and customary (U&C) fees toward prescription contact lenses.<br>♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses.[3,4]<br>♦ Medically necessary spectacle or contact lenses - $400 total allowance | None |
| 3. **Refractive Surgery Option.**[6,7] You may select refractive surgery instead of spectacles or contact lenses during each plan period. Eyetopia Vision Care provides a $500.00 per eye allowance toward the fees for refractive surgery, for the following procedures: LASIK, ASA, ICL or RLE. The member pays any amount exceeding the $500.00 per eye allowance. | None |

[1] The co-pay must be paid to the Participating Provider at the time of service.
[2] Special Lens Materials: The member may select special lens materials (transition, ultra light, premium PALs, etc.) provided they pay any amount exceeding the participating provider's U&C fees for the covered lenses.
[3] Non-covered items: Any items not specifically mentioned above, including but not exclusive to rush service, service agreements, special lens materials, oversize and other extras are paid for by the patient at the time of service.
[4] If the contact lens exam or "fitting" is performed and the patient decides against getting contact lenses, the patient is responsible for the cost of the contact lens fitting fee.
[5] The Participating Provider must pre-authorize medical necessity.
[6] Non-covered Items and Exclusions – Facility fees, medications and enhancements or treatments related to complications.
[7] Access to surgeons must come by referral from a Primary Eye Care Provider who provides pre and post-op care and counseling.

## Exclusions & Limitations

**Included Services and/or Eye Wear.** Only those professional vision care services and/or vision correction options specifically referenced herein are included in the Eyetopia Vision Care.
In-Network coverage is available through Participating Providers. Out of network services are not covered.

**Additional Professional Services and/or Vision Corrections.** The member may select professional services and/or vision correction items not specifically referenced as included in Eyetopia Vision Care. However, these services and/or items are the member's responsibility at the Participating Provider's (U&C) charge, payable at the time of service or of ordering.

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# Summary of Benefits for Eyetopia (120/145)

VISION CARE DIRECT
The vision plan your eye doctor recommends

| Eyetopia Vision Care Benefits | Co-pay |
|---|---|
| Eyetopia provides two vision benefits each eligibility period. By coordinating your coverage with your Health Insurance you have the opportunity to maximize your Eyetopia benefits. | |
| **Benefit One** [2] (choose either one of the following 2 options every 12 months): | |
| 1. Refractive Exam. One refraction (CPT code 92015) or one routine Vision Exam. | $10.00 |
| 2. $45 allowance toward medical eye exam copay or other services or materials | |
| **Benefit Two** (choose only one of the following Vision Correction Options): Eyetopia Vision Care provides you with three (3) options for correcting your vision. If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may select one of the following every 12 months: | |
| 1. Prescription Eye Wear (lenses and/or frame)[3]<br>♦ Standard Prescription Lenses – covered 100%<br>♦ Non-coated CR-39 plastic single vision, bifocal, trifocal or standard Progressive lenses[4].<br>♦ Eyetopia Labs Standard single vision or bifocal flat top 28 lenses with premium Anti-Reflective Coating[5]. | $20.00 |
| ♦ Child dependents (under age 26) can upgrade to Eyetopia Labs Resolution® polycarbonate lenses[5]. | |
| ♦ Basic Anti-Reflective Coating (Ultra Violet Protection & Scratch Resistant Coating) | $25.00 |
| ♦ Standard Tints (Gradient and Solid) | $12.00 |
| ♦ Polycarbonate upgrade [6] | $35.00 |
| ♦ Warranted Anti-Reflective Coating | $65.00 |
| ♦ Eyetopia Labs high definition PAL or free form SV in CR-39 with a premium anti-reflective coating. [5] | $65.00 |
| ♦ Frame: The member may select any frame on display. Eyetopia Vision Care provides an allowance of $120.00 to be applied toward the frame selected. The member pays any amount exceeding the $120.00 allowance. | |
| 2. **Contact Lens Option:** [7] Eyetopia Vision provides a $145.00 allowance to be applied toward the Participating Provider's usual and customary (U&C) fees toward prescription contact lenses.<br>♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses. | $20.00 |
| ♦ Medically necessary spectacle or contact lenses - $400 total allowance.[8] | |
| 3. **Refractive Surgery Option.** [9] You may select refractive surgery instead of spectacles or contact lenses during each plan period. Eyetopia Vision Care provides a $350 per eye allowance for in-network surgeons and a $75 per eye allowance for out-of-network surgeons toward the fees for the following procedures: LASIK, ASA, ICL or RLE. The member pays any amount exceeding the per eye allowance. | None |

[1] The co-pay must be paid to the Participating Provider at the time of service.
[2] When Health Insurance Carriers offer an annual wellness eye exam it creates an overlap in benefits for Eyetopia Members. If this occurs, the Member may choose another option under Benefit One as described, a $10.00 co-pay is still required to exercise these other options.
[3] Special Lens Materials and Non-covered Items: Transition, ultra light, premium PALs, rush service, service agreements, other special lens materials, oversize, other extras and any items not specifically mentioned above may be substituted provided the Member pays any amount exceeding the price of the covered benefit and the Participating Provider's usual and customary fees for the upgrade at the time of service.
[4] Standard Progressive Lenses are defined as any brand of PAL offered by the Participating Provider with up to a $130.00 retail value.
[5] Members can upgrade from standard non-coated lens to the VCDLabs premium coated lenses at no charge. They can upgrade to the VCDLabs high definition Acuity® PAL or upgrade® single vision in CR-39 plastic for an additional $65.00.
[6] Child Dependents not being prescribed Resolution® polycarbonate lenses, Members (employees) and Dependent Spouses are charged a polycarbonate upgrade fee.
[7] If the contact lens exam or "fitting" is performed and the patient decides against getting contact lenses, the patient is responsible for the cost of the contact lens fitting fee.
[8] The Participating Provider must pre-authorize medical necessity.
[9] Non-covered Items and Exclusions – Facility fees, medications and enhancements or treatments related to complications. Access to surgeons must come by referral from a Primary Eye Care Provider who provides pre and post-op care and counseling.

## Exclusions & Limitations

**Included Services and/or Eye Wear.** Only those professional vision care services and/or vision correction options specifically referenced herein are included in the Eyetopia Vision Care.

In-Network coverage is available through Participating Providers. Out of network services are not covered.

**Additional Professional Services and/or Vision Corrections.** The member may select professional services and/or vision correction items not specifically referenced as included in Eyetopia Vision Care. However, these services and/or items are the member's responsibility at the Participating Provider's (U&C) charge, payable at the time of service or of ordering.

*Find us on Facebook.com/eyetopiavision*

# Frequently Asked Questions

1. **What makes Eyetopia better?**
   **Flexibility.** We provide flexibility to Employees and Providers. Keeping the two most important groups of people happy. We provide flexibility to the Employee by giving them the freedom to choose what kind of frame they want (Eyetopia does not force a small selection), and by giving them the freedom to choose whatever kind of contact lenses they want. The employee can choose along with their doctor, the most practical method of refractive surgery. Eyetopia offers a benefit on all FDA approved procedures, not just Lasik. We don't believe in telling doctors how best to treat their patients. The doctor can have the spectacle lenses manufactured at any lab they choose, even in their own office if they have an in- house lab. The doctors are the architects of the plans. They tell the marketing/management team how to operate.

2. **Why do you offer two plans?**
   **Flexibility.** Some employees will just need the basic 120/145 plan, which provides basic eyewear, all upgrades are at an additional cost. It is intended to meet minimum needs. Eyetopia Gold covers several upgrade options but has a higher payroll deduction. If an employee discovers that they are paying a lot out of pocket at the time of service and they are on the 120/145 plan, by switching to the Eyetopia Gold Plan at the next enrollment period they can spread out their costs for upgrades over the entire year through payroll deduction.

3. **Is Eyetopia an Insurance product?**
   No. It is a non-stock, non-profit Texas Corporation structured as an association of Participating Providers. Each Provider owns an equal portion of the company as long as they continue to participate. This structure allows more Provider input and keeps operating overhead down which equates to better benefits for the employees and better reimbursements for the Providers.

4. **Is Eyetopia Section 125 (Cafeteria Plan) Eligible?**
   Yes. Employers and employees can choose to have their membership fees deducted pre-tax.

5. **Are there minimum participation requirements?**
   Not at this time.

6. **Is there an out-of-network benefit?**
   No. Since Eyetopia is not an insurance company we cannot offer an out of network benefit. However, we have an open door Membership policy and will invite any provider recommended by a Member/Employee to join. We also have the ability to offer an immediate temporary membership to a Provider to maximize Member/Employee convenience as needed.

7. **Do you have a website?**
   Yes, You can find us at www.Eyetopia.org. We have a Provider Directory on the Home Page and our Providers can go on line to check for eligibility and benefit coverage.

8. **Can I keep my membership in Eyetopia when I change employment or retire?**
   Yes, you can be set up on direct billing.

# Eyetopia Providers

Eyetopia Providers can be found within reasonable distance throughout the Rio Grande Valley.

| Fname | MI | Lname | Suff | City | Addr1 | Addr2 | ST | Zip | Phone | Services |
|---|---|---|---|---|---|---|---|---|---|---|
| Leon | | Keeble, III | O.D. | Brownsville | 101 E. Morrison Rd. | Ste. C | TX | 78526 | 956-544-5735 | EX, CL, RSC, PD |
| Leon | | Keeble, III | O.D. | Brownsville | 101 E. Morrison Rd. | Ste. C | TX | 78526 | 956-544-5735 | EX, CL, RSC, PD |
| Heminio | | Rosales | | Brownsville | 2012 E. Price Road | Suite A | TX | 78521 | 956-546-3995 | CL |
| Michael | A. | Foster | O.D. | Brownsville | 2200 Boca Chica Blvd. | Suite 106 | TX | 78521 | 956-621-3110 | EX, CL, CL, RSC |
| Clive | J. | Thomson | M.D. | Brownsville | 2370 N Expressway | | TX | 78526 | 956-548-5519 | EX |
| Ivar | | Perez | O.D. | Brownsville | 2370 N. Expressway | Suite 1238 | TX | 78520 | 956-541-6324 | EX, CL |
| Rolando | | Rios | O.D. | Brownsville | 2370 N. Expressway | Suite 1238 | TX | 78520 | 956-541-6324 | EX, GL, CL, RSC, PD |
| Rosendo | A. | Barrera | O.D. | Brownsville | 2485 Hudson Blvd | | TX | 78526 | 956-554-3030 | EX, GL, CL, RSC, PD |
| Edward | | Marquez | O.D. | Brownsville | 3001 Pablo Kisel Blvd | Suite E | TX | 78526 | 956-621-3311 | EX, GL, CL, RSC, PD, VIP |
| Beatrice | | Vela | O.D. | Brownsville | 3500 W. Alton Gloor Blvd. | Ste. B | TX | 78520 | 956-350-5800 | EX |
| Rosendo | A. | Barrera | O.D. | Brownsville | 3570 W. Alton Gloor Blvd. | #8126 | TX | 78520 | 956-554-3030 | EX, CL |
| Lauro | | Guerrero, III | O.D. | Brownsville | 864 Central Blvd. | Suite 2800 | TX | 78520 | 956-504-1202 | EX, CL |
| Mae | | Wesson | M.D. | Brownsville | 9 N Park Plaza | | TX | 78520 | 956-318-1400 | EX, GL, CL |
| George | | Amegin | D.O. | Brownsville | 9 North Park Plaza | | TX | 78520 | 956-546-1501 | EX, GL, CL, RSC, PD |
| Jal | | Goel | M.D. | Brownsville | 9 North Park Plaza | | TX | 78520 | 956-546-1501 | EX, GL, CL, RSC, PD |
| Christopher | Michael | Gullen | O.D. | Donna | 301 N. Salinas Blvd. | | TX | 78537 | 956-464-6160 | EX, GL, CL, PD |
| Sonia | | Brito | O.D. | Edinburg | 1724 W. University Dr. | | TX | 78539 | 956-381-8858 | EX, CL, RSC, PD |
| Mae | | Wesson | M.D. | Edinburg | 2005 W University Dr | | TX | 78539 | 956-318-1400 | EX, GL, CL |
| George | | Amegin | D.O. | Edinburg | 2005 West University Drive | | TX | 78539 | 956-318-1400 | EX, GL, CL, RSC, PD |
| Lorena | Z. | Flores-Hernandez | O.D. | Edinburg | 2301 S. HWY 281 | | TX | 78539 | 956-383-5581 | EX, GL, CL, RSC, VIP |
| Luis | | Navarro | O.D. | Edinburg | 2301 S. HWY 281 | | TX | 78539 | 956-383-5581 | EX, GL, CL, VIP |
| Kriselda | | Garza | O.D. | Edinburg | 2301 S. US Hwy 281 | | TX | 78539 | 956-383-5581 | EX, GL, CL, PD, VIP |
| Claudia | M. | Salas | O.D. | Edinburg | 2506 E Richardson Rd | | Tx | 78542 | 956-720-4000 | EX, GL, CL |
| Ana | L. | Salinas | O.D. | Edinburg | 2506 E Richardson Rd | | TX | 78542 | 956-720-4000 | EX, GL, CL |
| Emma | E. | Gonzalez | O.D. | Edinburg | 2506 E. Richardson Rd. | | TX | 78542 | 956-720-4000 | EX, GL, CL |
| Guadalupe | A. | Flores | O.D. | Edinburg | 5525 Doctors Drive | | TX | 78539 | 956-362-2076 | EX, GL, CL, PD |
| Ricardo | Rene | Gonzalez | O.D. | Elsa | 609 E. Edinburg Ave. | P.O Box 1137 | TX | 78543 | 956-262-2020 | EX, GL, CL, RSC |
| Rogelio | | Cantu | O.D. | Harlingen | 1205 Ed Carey Drive | | TX | 78550 | 956-423-2100 | EX, GL, CL |
| Lauro | | Guerrero, III | O.D. | Harlingen | 1205 Ed Carey Drive | | TX | 78550 | 956-423-2100 | EX, GL, CL |
| Ida | | Reed | O.D. | Harlingen | 1205 N Ed Carey Dr | | TX | 78550 | 956-423-2100 | EX, GL, CL |
| Michael | Todd | Wingard | O.D. | Harlingen | 1205 N Ed Carey Drive | | TX | 78550 | 956-423-2100 | EX, GL, CL |
| Roland | | Gonzales | | Harlingen | 1205 N. Ed Carey Dr. | | TX | 78550 | 956-423-2800 | GL, CL, PD, VIP |

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# Eyetopia Providers

VISION CARE DIRECT
The vision plan your eye doctor recommends

| Fname | MI | Lname | Suff | City | Addr1 | Addr2 | ST | Zip | Phone | Services |
|---|---|---|---|---|---|---|---|---|---|---|
| Celina | | Villanueva | O.D. | Harlingen | 1205 N. Ed Carey Dr. | | TX | 78550 | 956-423-2100 | EX, GL, CL |
| Carl | E. | Zimmerman | O.D. | Harlingen | 2000 S Expressway 83 | Suite F-8 | TX | 78552 | 956-428-0303 | EX, CL, RSC |
| Landon | L. | Liska | O.D. | Harlingen | 2000 S. Expressway 83 | Ste.F8 | TX | 78552 | 956-428-0303 | EX, CL, RSC, PD |
| Larry | | Sumerlin | O.D. | Harlingen | 2000 S. Expressway 83 | Suite B-05 | TX | 78552 | 956-428-9669 | EX, CL, RSC |
| Lanning | | Bilsh | | Harlingen | 2000 South Expressway 83 | Suite F-3 | TX | 78552 | 956-440-1333 | GL, PD |
| James | D. | Rowe | O.D. | Harlingen | 2220 Haine Drive | Suite 49 | TX | 78550 | 956-425-8558 | EX, GL, CL, RSC |
| Roland | | Gonzales | | Harlingen | 506 E. Van Buren | | TX | 78550 | 956-423-4333 | GL, CL, PD, VIP |
| Ida | | Reed | O.D. | Harlingen | 506 E. Van Buren | | TX | 78550 | 956-423-4333 | EX, GL, CL |
| Celina | | Villanueva | O.D. | Harlingen | 506 E. Van Buren | | TX | 78550 | 956-423-4333 | EX, GL, CL |
| Michael | Todd | Wingard | O.D. | Harlingen | 506 E. Van Buren | | TX | 78550 | 956-423-2100 | EX, GL, CL |
| Rolando | | Rios | O.D. | Harlingen | 923 S. 77 Sunshine Strip | | TX | 78550 | 956-428-2103 | EX, GL, CL, RSC, PD |
| Antonio | | Vasquez | O.D. | Los Fresnos | 810 W. Ocean Blvd. | Suite C2 | TX | 78566 | 956-233-5252 | EX, GL, CL |
| Lauro | | Guerrero, III | O.D. | McAllen | 1309 E. Ridge Road | Suite 1 | TX | 78503 | 956-631-8875 | EX, CL |
| Fred | | Farias, III | O.D. | McAllen | 1313 S. 10th St. | | TX | 78501 | 956-630-2020 | EX, GL, CL |
| Dennis | Michael | Chang | O.D. | McAllen | 1700 South 10th Street | Suite 115 | TX | 78503 | 956-683-9595 | EX |
| Steven | K | Fertig | O.D. | McAllen | 2200 S. 10th St. | | TX | 78503 | 956-630-3103 | EX, GL, CL |
| Armando | | Reyes | O.D. | McAllen | 317 S. Broadway St. | | TX | 78501 | 956-686-7435 | EX, GL, CL, PD |
| Juan | E. | Cerda | O.D. | McAllen | 317 South Broadway St. | | TX | 78501 | 956-686-7435 | EX, GL, CL, PD |
| Vanessa | Porter Loo | Chang | O.D. | McAllen | 318 West Nolana Ave | | TX | 78504 | 956-664-0444 | EX, GL, CL, RSC, PD |
| Antonio | | Ramirez | O.D. | McAllen | 4013 N. 23rd | Suite B | TX | 78504 | 956-687-6567 | EX, GL, CL, RSC, VIP |
| William | B. | Bieker | O.D. | McAllen | 423 Nolana | | TX | 78504 | 956-687-1185 | EX, GL, CL |
| Ana | L. | Salinas | O.D. | McAllen | 505 S Broadway St. | | TX | 78501 | 956-682-2141 | EX, GL, CL |
| Claudia | M. | Salas | O.D. | McAllen | 505 S. Broadway St. | | TX | 78501 | 956-682-2141 | EX, GL, CL, RSC |
| Diana | | Fuentes | O.D. | McAllen | 5233 N. 23 St. | | TX | 78504 | 956-664-9022 | EX, GL, CL, RSC, PD |
| Landon | L. | Liska | O.D. | McAllen | 5801 N. 10th St. | Ste. 200 | TX | 78504 | 956-992-9100 | EX, GL, CL, RSC, PD |
| Roberto | | Olivarez, Jr. | O.D. | McAllen | 6900 N. 10th St. | Suite 6 | TX | 78504 | 956-664-0240 | EX, GL, CL, RSC, PD |
| Flora | | Kolla | O.D. | McAllen | 7400 N. 10th St. | Suite F | TX | 78504 | 956-682-1655 | EX, GL, CL |
| Lora | Nadine | Martinez | O.D. | Mercedes | 325 W. Third St. | | TX | 78570 | 956-514-0559 | EX, GL, CL, RSC |
| Juan | J. | Barajas | O.D. | Mission | 1300 S. Bryan Rd. | Suite 105 | TX | 78572 | 956-581-6161 | EX, GL, CL, PD |
| Enedelia | | Barrera | O.D. | Palmview | 207 Palma Vista Dr. | Suite 1 | TX | 78572 | 956-519-3350 | EX, GL, CL, RSC, PD |
| Celina | G | Vasquez | O.D. | Palmview | 207 Palma Vista Dr. | Suite 1 | TX | 78572 | 956-519-3350 | EX, GL, CL, RSC, PD |
| Enedelia | | Barrera | O.D. | Palmview | 3711 W. Expwy 83 | Suite 1 | TX | 78572 | 956-519-3350 | EX, GL, CL, RSC, PD |
| Celina | G | Vasquez | O.D. | Palmview | 3711 W. Expwy 83 | Suite 1 | TX | 78572 | 956-519-3350 | EX, GL, CL, PD |
| Marina | Tijerina | Villalobos | O.D. | Pharr | 1001 East Ferguson | | TX | 78577 | 956-782-9444 | EX, GL, CL, RSC, PD |

# Eyetopia Providers

| Fname | MI | Lname | Suff | City | Addr1 | Addr2 | ST | Zip | Phone | Services |
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| Armando | | Reyes | O.D. | Pharr | 1313 S. Cage Blvd | | TX | 78577 | 956-783-5500 | EX, GL, CL, RSC |
| Juan | E. | Cerda | O.D. | Pharr | 1313 S. Cage Blvd. | | TX | 78577 | 956-783-5500 | EX, GL, CL, RSC |
| Thomas | | Kopan | O.D. | Pharr | 1501 West Kelly Ave. | | TX | 78577 | 956-354-3915 | EX, CL |
| Enedelia | | Barrera | O.D. | Pharr | 900 W. Sam Houston | Suite 5 | TX | 78577 | 956-781-3300 | EX, GL, CL, RSC, PD |
| Sylvia | Angie | Ramirez | O.D. | Rio Grande City | 280 W. 2nd St. | | TX | 78582 | 956-488-0808 | EX, GL, CL |
| Mae | | Wesson | M.D. | Rio Grande City | 5346 E Hwy 83 | Ste 1 | TX | 78582 | 956-487-8293 | EX, GL, CL |
| George | | Amegin | D.O. | Rio Grande City | 5346 East Highway 83 | Suite 1 | TX | 78582 | 956-487-8293 | EX, GL, CL, RSC, PD |
| Mae | | Wesson | M.D. | San Benito | 325 E 77 Sunshine Strip | | TX | 78586 | 956-399-8463 | EX, GL, CL |
| George | | Amegin | D.O. | San Benito | 325 East 77 Sunshine Strip | | TX | 78586 | 956-399-8463 | EX, GL, CL, RSC |
| Jal | | Goel | M.D. | San Benito | 325 East 77 Sunshine Strip | | TX | 78586 | 956-399-8463 | EX, GL, CL, RSC, PD |
| Antonio | | Vasquez | O.D. | San Benito | 780 East US Business 77 | | TX | 78586 | 956-361-7600 | EX |
| Ivar | | Perez | O.D. | San Benito | 955 W. Hwy 77 #1 | | TX | 78586 | 956-399-0660 | EX, GL, CL |
| Roland | | Gonzales | | Weslaco | 1331 E 6th St | | TX | 78596 | 956-375-2820 | EX, GL, CL |
| Ida | | Reed | O.D. | Weslaco | 1331 E. 6th | | TX | 78596 | 956-375-2620 | EX, GL, CL |
| Rogelio | | Cantu | O.D. | Weslaco | 1331 E. 6th St. | | TX | 78596 | 956-375-2820 | EX, GL, CL |
| Lauro | | Gtierrero, III | O.D. | Weslaco | 1331 E. 6th St. | | TX | 78596 | 956-375-2820 | EX, GL, CL |
| Celina | | Villanueva | O.D. | Weslaco | 1331 E. 6th St. | | TX | 78596 | 956-375-2820 | EX, GL, CL |
| Michael | Todd | Wingard | O.D. | Weslaco | 1331 E. 6th St. | | TX | 78596 | 956-375-2820 | EX, GL, CL |
| Rolando | | Rios | O.D. | Weslaco | 1506 E 6th Street | | TX | 78596 | 956-968-3302 | EX, GL, CL, RSC, PD |
| Jaime | | Rodriguez | O.D. | Weslaco | 415 South Airport Dr. | Suite H | TX | 78596 | 956-447-2020 | EX, GL, CL, RSC, PD |
| Robert | | Saldana | O.D. | Weslaco | 500 N. Texas Blvd. | | TX | 78523 | 956-969-4750 | EX, GL, CL |
| Celina | | Villanueva | O.D. | Weslaco | 601 East Express Way 83 | Suite 100b | TX | 78596 | 956-969-2816 | EX |

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