

**AN EMERGENCY RESOLUTION
AUTHORIZING A RENEWAL AGREEMENT
WITH VSP FOR A VISION CARE PLAN FOR ALL FULL-TIME
MAYFIELD VILLAGE EMPLOYEES**

WHEREAS, the Director of Finance has recommended, and it is the desire of Council to authorize the renewal of the VSP vision care plan for all eligible full-time employees;

WHEREAS, the plan will automatically renew on January 1, 2026 with no monthly increase with renewal rates guaranteed for two (2) years.

NOW, THEREFORE, BE IT RESOLVED by the Council of Mayfield Village, Cuyahoga County, State of Ohio that:

SECTION 1. The Mayor and President of Council are hereby and herein authorized and directed to enter into an agreement for a period of twenty-four (24) months, commencing on January 1, 2026 and concluding on December 31, 2027 with VSP for an employee vision care program as stipulated therein, at the rate of \$8.06 per month per employee for single coverage, \$13.57 per month for employee and spouse, \$13.85 per month for employee and children, and \$22.34 per month for employee, spouse and children. (Exhibit A).

SECTION 2. The Council finds and determines that all formal actions of this Council relating to the adoption of this Resolution have been taken at open meeting of this Council; and that deliberations of this Council and of its committees, resulting in such formal action, took place in meetings open to the public, in compliance with all statutory requirements including requirements of Section 121.22 of the Ohio Revised Code.

SECTION 3. This Resolution is hereby declared to be an emergency measure immediately necessary to maintain the employee vision program for the employees of Mayfield Village, Ohio which is due to expire on December

31, 2025. It shall, therefore, take effect immediately upon the passage by the affirmative vote of not less than five (5) members elected to Council and approval by the Mayor or otherwise at the earliest time allowed by law.

STEPHEN SCHUTT
Council President

First Reading: _____, 2025

Second Reading: _____, 2025

Third Reading: _____, 2025

PASSED: _____, 2025

BRENDA T. BODNAR, Mayor

APPROVED AS TO FORM:

ATTEST:

DIANE A. CALTA, ESQ.
Director of Law

MARY E. BETSA, MMC
Clerk of Council

Vision Benefit Renewal Notice

CUSTOMIZED FOR MAYFIELD VILLAGE - #30096591

Renewal Effective Date: January 1, 2026



Boost Your Benefits

Keeping your employees happy and healthy is more important than ever. Here is your renewal option to make sure your vision benefits continue to provide just what your team needs and values. Whatever you choose, your employees will be amazed by all that's included.

Big on Access

A huge provider network with private practice and retail locations, and an in-network, online-shop offering today's trendiest eyewear.

Easy on the Wallet

Give your team the lowest out-of-pocket costs on exams and lenses of any vision carrier.

Coverage for More than 20/20 Vision

Keep healthcare costs down with built-in coverage for urgent and medical eye care plus extra preventative care for employees with diabetes.

VSP CHOICE PLAN®: CUSTOMIZED BENEFIT OPTIONS AND MONTHLY RATES

Employer Pays 75% or more of Premium for Employees and Dependents / 71 Employees Enrolled

	CURRENT PLAN	BETTER PLAN	BEST PLAN	
Frequency				
Exam	Every 12 Months	Every 12 Months	Every 12 Months	
Frame	Every 24 Months	Every 24 Months	Every 24 Months	
Lenses	Every 12 Months	Every 12 Months	Every 12 Months	
Contact Lenses (Instead of lenses and frame)	Every 12 Months	Every 12 Months	Every 12 Months	
Copays and Allowances				
Exam Copay	\$10	\$10	\$10	
Lens/Frame Copay	\$25	\$25	\$25	
Frame Allowance	\$130	\$150	\$150	
Contact Lens Allowance	\$130	\$130	\$130	
Enhancements and Supplemental Benefits				
VSP LightCare™				
RATES	Current Rate	Renewal Rate	Better Plan	Best Plan
Employee Only	\$8.06	\$8.06	\$8.79	\$8.98
Employee + One	\$13.57	\$13.57	\$14.81	\$15.20
Employee + Child(ren)	\$13.85	\$13.85	\$15.11	\$15.50
Employee + Family	\$22.34	\$22.34	\$24.37	\$24.90

This Renewal Notice has been designed by VSP® specifically for Mayfield Village, headquartered in OH. Rates include all applicable taxes, health assessment, and platform participation fees known as of the date of the renewal.

Ready to enhance your plan?

Contact Victoria McLallen at victmc@vsp.com or (800) 216-6248 at least 60 days before your renewal date.

**No action needed to continue offering the current plan to your employees.
Your current VSP plan automatically renews Jan 1, 2026 through Dec 31, 2027.**

The VSP Choice Plan Is Full of Benefits



The VSP Choice Plan is a full-service plan that offers choice, care, and maximum value through a VSP network provider.

Average Savings of 30% On All Lens Enhancements¹

Protection from UV, relief from digital eyestrain, and more.

Coverage for Urgent and Medical Eye Care

Care for conditions like pink eye, dry eye, diabetic eye disease and glaucoma.

Up to \$3,000 in Savings

Contact lens rebates and discounts on hearing aids, prescriptions - the list goes on.²

VSP CHOICE PLAN BENEFITS		
	In-network	Out-of-network
VISION CARE		
WellVision Exam®	Covered-in-full after copay	Reimbursed up to \$45
Contact Lens Exam, Fitting, and Evaluation (Standard and Premium)	Covered-in-full after copay, not to exceed \$60	Not applicable
Routine Retinal Scanning	Covered-in-full after copay, not to exceed \$39 ²	Not applicable
FRAMES		
	Covered-in-full after copay, up to frame allowance ³	Reimbursed up to \$70
	20% off any amount above the allowance ^{2,3}	
	Extra \$20 allowance on Featured Frame Brands ^{3,5}	
LENSES		
Single Vision		Reimbursed up to \$30
Lined Bifocal		Reimbursed up to \$50
Lined Trifocal	Covered-in-full after copay	Reimbursed up to \$65
Lenticular		Reimbursed up to \$100
Standard Progressive Lenses		Reimbursed up to \$50
LENS ENHANCEMENTS Enhanced coverage may apply. Refer to the option(s) under Customized Benefit Options and Monthly Rates.		
Premium Progressive Lenses	\$95 - \$105	Not applicable
Custom Progressive Lenses	\$150 - \$175	
Standard Anti-Reflective Coating	\$41	
Photochromic Lenses	\$75	
Solid Tints and Dyes	\$0	
Plastic Gradient Tints	\$17	
Polycarbonate Lenses	\$31 - \$35; \$0 for children	
Scratch-Resistant Coating	\$17	
UV Protection	\$16	

Vision Benefit Proposal Customized for Mayfield Village

VSP CHOICE PLAN BENEFITS (CONTINUED)		
	In-network	Out-of-network
CONTACT LENSES		
Elective	Covered-in-full, up to Contact Lens Allowance	Reimbursed up to \$105 ⁶
Necessary	Covered-in-full after copay	Reimbursed up to \$210
ADDITIONAL BENEFITS		
Essential Medical Eye Care^{SM,7} Supplemental coverage beyond routine care to treat urgent issues/monitor ongoing conditions like pink eye, sudden vision changes, dry eye, diabetic eye disease and glaucoma	Covered-in-full after copay; not to exceed \$20	
Low Vision Supplemental testing and coverage for approved low vision aids; for members with vision loss that prevents reading, moving around in unfamiliar surroundings, and completing desired tasks	Up to \$1,000 every two years; covers 100% supplemental testing and 75% for approved low vision aids	
VSP Laser VisionCareSM Program⁸ Discounted access for laser vision correction services	Average savings of 15-20% off retail price or 5% off promotional price	Not applicable
Additional Pairs of Glasses	20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses ^{3,4,5}	
Sunglasses Use of frame allowance for non-prescription sunglasses; for members who have had laser surgery	Covered-in-full after copay, up to frame allowance ³	

Confidentiality Statement

This Renewal Notice has been designed by VSP specifically for Mayfield Village. It contains confidential information that is unique to our plan designs and rate structures, all of which are critical to VSP trade secrets. For this reason, we respectfully request that the information in this proposal be treated as confidential, as allowed under applicable laws, and not released to any interested parties without VSP written consent. It is also important to note that our proposal is based on the scope of the obligations that VSP agrees to undertake. VSP will comply with state and/or federal rules and regulations as they pertain to prepaid vision plans with a defined benefit.

Exclusions and Limitations

- When covered-in-full benefits are obtained from a VSP network doctor, the member will have no out-of-pocket costs other than copays. Vision care and eyewear obtained from an out-of-network provider are subject to product availability and the same copays. For details, see above.
- Some eyewear and vision care may be limited or not covered under this plan, as follows. Please contact VSP Vision Care for more information.
 - Cosmetic materials, such as lenses with refractive correction of less than $\pm .50$ diopter, unless otherwise stated above.
 - Services and/or materials not specifically indicated on this schedule as covered plan benefits.
 - Two pairs of glasses instead of bifocals.
 - Replacement of lenses, frames, and/or contact lenses furnished under this plan which are lost/broken/damaged, except at the normal intervals when services are otherwise available.
 - Orthoptics or vision training and any associated supplemental testing.
 - Medical or surgical treatment of the eyes and services associated with CRT or orthokeratology.
 - Contact lens insurance policies or service agreements. Refitting of contact lenses after the initial (90-day) fitting period. Additional office visits associated with contact lens pathology.
 - Contact lens modification, polishing, or cleaning.
- Local, state, and/or federal taxes, except where VSP is required by law to pay.
- Coverage shall be governed solely by the terms of your VSP contract.

Additional exclusions and limitations related to specific benefits of the VSP Choice Plan:

- Savings off average usual and customary pricing based on VSP claims data.
- Based on applicable laws, benefits may vary by location.
- Benefits may vary at retail chain locations. Walmart and Costco frame allowance is \$70. Walmart and Costco prices already include discounts instead of those noted. Featured Frame Brand promotional allowance is not available at Walmart and Costco.
- 30% off applies to glasses purchased the same day as the member's eye exam from the same VSP doctor who provided the exam. Members also receive 20% off unlimited additional pairs of glasses valid through any VSP network provider within 12 months of the last covered eye exam. Exceptions at retail locations may apply.
- Reflects current promotion. Featured Frame Brands are subject to change. Available only to VSP members with applicable plan benefits through VSP network doctors and in-network locations. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.
- If \$100 in-network allowance is purchased, members will be reimbursed up to \$85 out-of-network.
- Essential Medical Eye Care pays secondary to other medical eye insurance coverage.
- Discounts only available from VSP-contracted facilities.

*2017 National Vision Plan Member Research

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