



VISION BENEFIT PROPOSAL

PREPARED FOR CITY OF ARKANSAS CITY, KS



www.visioncaredirect.com
(877) 488-8900



P (877) 488-8900
F (844) 810-8643

405 S Holland, Suite A, Wichita, KS 67209
www.VisionCareDirect.com

October 29, 2024

City of Arkansas City, KS
P. O. Box 778
Arkansas City, Kansas 67005
RE: Vision Plan Proposal

Greetings!

Thank you for the opportunity to present our proposal for vision benefit services. Vision Care Direct is a premier vision plan in the state of Kansas with a large and continually growing network.

As you may know, early detection is the key to saving lives, and an annual eye exam is an integral part of this effort. Many diseases such as diabetes, high blood pressure, glaucoma, some types of cancers as well as heart and kidney issues can all be identified inside the eye before anywhere else in the body. That's why, as a physician-owned company, ensuring your employees receive the highest quality eye care possible is our number one priority.

Please see the attached documents for our full rate proposal, including 2 different options for your company's vision benefit needs as well as 4 rate tier options for each plan. For your convenience, I have included a brief overview of your options as well as a couple items that we feel make our plan better for you and your employees below:

Effective Date:	January 01, 2025
Benefit Frequency:	NA/12/12 , NA/12/12
Member Fees at Time of Service:	\$15 Exam / \$15 Materials
Materials Allowance:	Up to \$200 Frame / Up to \$200 Contacts
Enhanced Benefits from VCD PLUS Providers:	<ul style="list-style-type: none">• Standard digital progressive lenses included• Anti-reflective coatings for any lens at no additional charge

Other key advantages:

- Amazing live customer service. No waiting on hold or listening to a menu of extensions, we actually answer the phone when you call.
- We are a locally based company, which means revenue stays right here in the state of Kansas to support local communities and schools.

Again, thank you for your time and consideration of Vision Care Direct for your company. If you have any questions, or if there is anything else we can do, please don't hesitate to call or email us anytime. We look forward to serving you!

Regards,

Kaden James
Senior Account Executive, VCD of Kansas
Phone: (877) 488-8900
Email: kaden.james@visioncaredirect.com



City of Arkansas City, KS

Monthly Voluntary Rates

Eligible Employees:

Effective Date: 1/1/2025

Gold Materials 130 Gold Materials 200

Benefit Frequency		
Eye Exam	N/A	N/A
Frames	12 Months	12 Months
Lenses	12 Months	12 Months
In Network Allowance		
Frames	\$130	\$200
Single Vision Lenses	Included	Included
Bifocal Lenses	Included	Included
Trifocal Lenses	Included	Included
Progressive Lenses	Included*	Included*
Anti-reflective Coating	Included*	Included*
Polycarbonate for Kids	Included	Included
Elective Contact Lenses	\$130	\$200
Member Fees		
Eye Exam	N/A	N/A
Glasses	\$15	\$15
Polycarbonate for Kids	\$25	\$25
Rates		
Primary Only	\$11.04	\$16.89
Primary + 1	\$17.66	\$27.03
Primary + Children	\$20.38	\$35.47
Whole Family	\$34.66	\$50.67

ADDITIONAL SAVINGS

Flexible Exam Benefit	In the event that a member has an eye exam included with another plan, Vision Care Direct allows you to use your exam benefit for other services or materials. A \$65 credit will be applied to your bill at time of service toward non-covered items.
Lasik Vision Correction	Get \$200 toward your Lasik procedure through your VCD materials benefit. Lasik is in lieu of glasses and contacts. To file for your Lasik reimbursement, go to members.visioncaredirect.com/lasik .

* Standard digital progressive lenses and anti-reflective coatings are included at no additional charge through any of our VCD PLUS providers. The progressive lens allowance through a Standard VCD provider is equal to the doctor's retail cost of standard trifocal lenses. There is no benefit for anti-reflective coatings through Standard VCD providers.

Thank you for your business!

KADEN JAMES
Senior Account Executive





PAYROLL DEDUCT CHEAT SHEET

Vision Care Direct bills on a monthly basis, but we understand there are varying structures for how employers pay their employees. Knowing how much to deduct from an employee’s paycheck so your account balances correctly can be a tricky ordeal. We’ve included a helpful guide below to help you manage your payroll effectively and efficiently.

Please note: Your bill from VCD will always reflect monthly rates regardless of your payroll structure.

	Gold Materials 130	Gold Materials 200
Weekly Payroll Rate		
Primary Only	\$2.55	\$3.90
Primary + 1	\$4.08	\$6.24
Primary + Children	\$4.70	\$8.19
Whole Family	\$8.00	\$11.69
Bi-weekly Payroll Rate		
Primary Only	\$5.10	\$7.80
Primary + 1	\$8.15	\$12.48
Primary + Children	\$9.41	\$16.37
Whole Family	\$16.00	\$23.39
Semi-monthly Payroll Rate		
Primary Only	\$5.52	\$8.45
Primary + 1	\$8.83	\$13.52
Primary + Children	\$10.19	\$17.74
Whole Family	\$17.33	\$25.34

Thank you for your business!

KADEN JAMES
Senior Account Executive



ALLOWANCE SUMMARY

Plan: Gold Materials 130

City of Arkansas City, KS

	VCD Standard Network	VCD PLUS Network	Out of Network
Benefit Frequency			
Eye Exam	N/A	N/A	N/A
Frames	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Contacts	12 Months	12 Months	12 Months
Member Fees			
Eye Exam	N/A	N/A	N/A
Glasses	\$15	\$15	\$0
Polycarbonate for Kids	\$25	\$25	\$0
Contacts	\$0	\$0	\$0
Lasik	\$0	\$0	\$0
Eye Exam (amount included after exam fee listed above)			
Comprehensive eye health examination including refraction and dilation	N/A	N/A	N/A
Flexible Exam Benefit			
In the event you have an eye exam included with another plan, Vision Care Direct allows you to use your exam benefit for other services or materials. A credit will be applied to your bill at time of service toward non-covered items.	N/A	N/A	N/A
Frames			
Frame allowance toward retail price of any frame in provider's office.	\$130	\$130	\$60
Lenses (amount included after glasses fee listed above)			
Single Vision: CR-39 in glass or plastic	100%	100%	\$50
Bifocal: CR-39 in glass or plastic	100%	100%	\$75
Trifocal: CR-39 in glass or plastic	100%	100%	\$100
Standard Progressive Lenses	Up to retail price of lined trifocal	100%	\$100
Premium Progressive Lenses	Up to retail price of lined trifocal	Up to retail price of standard progressive	\$100
Lens Options			
Scratch Resistant Coating	Not Included	100%	\$0
Ultraviolet Coating	Not Included	100%	\$0
Anti-Reflective Coating	Not Included	100%	\$0
Oil & Water Resistant Coating	Not Included	100%	\$0
Polycarbonate for Kids (after PK fee listed above)	100%	100%	\$0
Polycarbonate for Adults	Not Included	Not Included	\$0
Contacts			
Elective Contact Lenses: In lieu of glasses. Can be used toward multi-focal contacts and contact lens fitting fees.	\$130	\$130	\$80
Medically Necessary Contact Lenses: Requires prior authorization from your doctor to the Vision Care Direct Medical Director. Medically necessary is defined as 1) Keratoconus; or 2) monocular and/or binocular aphakia	\$750	\$750	\$80
Lasik			
In lieu of glasses and contacts. Allowance of \$200 toward Lasik procedure in the form of a reimbursement directly to the member. To file for Lasik reimbursement, go to members.visioncaredirect.com/lasik			

GENERAL LIMITATIONS AND EXCLUSIONS:

Vision Care Direct guarantees benefits only for the products/services listed above. Any charges incurred for items not detailed here, or that are incurred after the membership ends, are the sole responsibility of the member. Out of network benefits are provided in the form of a reimbursement directly to the member. To file for an out of network reimbursement, visit members.visioncaredirect.com/oon.

Get more for your money! To access enhanced benefits through the VCD PLUS Network, look for locations on the VCD Provider Directory at www.visioncaredirect.com with this logo:





ALLOWANCE SUMMARY

Plan: Gold Materials 200

City of Arkansas City, KS

	VCD Standard Network	VCD PLUS Network	Out of Network
Benefit Frequency			
Eye Exam	N/A	N/A	N/A
Frames	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Contacts	12 Months	12 Months	12 Months
Member Fees			
Eye Exam	N/A	N/A	N/A
Glasses	\$15	\$15	\$0
Polycarbonate for Kids	\$25	\$25	\$0
Contacts	\$0	\$0	\$0
Lasik	\$0	\$0	\$0
Eye Exam (amount included after exam fee listed above)			
Comprehensive eye health examination including refraction and dilation	N/A	N/A	N/A
Flexible Exam Benefit			
In the event you have an eye exam included with another plan, Vision Care Direct allows you to use your exam benefit for other services or materials. A credit will be applied to your bill at time of service toward non-covered items.	N/A	N/A	N/A
Frames			
Frame allowance toward retail price of any frame in provider's office.	\$200	\$200	\$60
Lenses (amount included after glasses fee listed above)			
Single Vision: CR-39 in glass or plastic	100%	100%	\$50
Bifocal: CR-39 in glass or plastic	100%	100%	\$75
Trifocal: CR-39 in glass or plastic	100%	100%	\$100
Standard Progressive Lenses	Up to retail price of lined trifocal	100%	\$100
Premium Progressive Lenses	Up to retail price of lined trifocal	Up to retail price of standard progressive	\$100
Lens Options			
Scratch Resistant Coating	Not Included	100%	\$0
Ultraviolet Coating	Not Included	100%	\$0
Anti-Reflective Coating	Not Included	100%	\$0
Oil & Water Resistant Coating	Not Included	100%	\$0
Polycarbonate for Kids (after PK fee listed above)	100%	100%	\$0
Polycarbonate for Adults	Not Included	Not Included	\$0
Contacts			
Elective Contact Lenses: In lieu of glasses. Can be used toward multi-focal contacts and contact lens fitting fees.	\$200	\$200	\$80
Medically Necessary Contact Lenses: Requires prior authorization from your doctor to the Vision Care Direct Medical Director. Medically necessary is defined as 1) Keratoconus; or 2) monocular and/or binocular aphakia	\$750	\$750	\$80
Lasik			
In lieu of glasses and contacts. Allowance of \$200 toward Lasik procedure in the form of a reimbursement directly to the member. To file for Lasik reimbursement, go to members.visioncaredirect.com/lasik			

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Get more for your money! To access enhanced benefits through the VCD PLUS Network, look for locations on the VCD Provider Directory at www.visioncaredirect.com with this logo:





GROUP APPLICATION FORM

To enroll, simply complete the application below and return to Vision Care Direct via email at admin@visioncaredirect.com, or send by fax to (844) 810-8643. If you have any questions, feel free to call us toll-free at (877) 488-8900.

GROUP INFORMATION

GROUP NAME City of Arkansas City, KS		TAX ID	SIC CODE	
PHYSICAL ADDRESS P. O. Box 778		CITY Arkansas City	STATE Kansas	ZIP 67005
MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
PHONE	FAX	EMAIL		
PRIMARY CONTACT Marla McFarland		NO. OF ELIGIBLE EMPLOYEES	SEASONAL EMPLOYEE PAYROLL CYCLES (CHECK ALL THAT APPLY) <input type="checkbox"/> 9 Month <input type="checkbox"/> 10 Month <input type="checkbox"/> Other _____	

AGENT OF RECORD

NAME OF AGENT		NAME OF AGENCY		
ADDRESS		CITY	STATE	ZIP
PHONE	FAX	EMAIL		
GRANT PERMISSION TO VIEW YOUR ACCOUNT INFORMATION ONLINE? <input type="checkbox"/> Yes <input type="checkbox"/> No		GRANT PERMISSION TO MAKE CHANGES ON YOUR BEHALF ONLINE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
NAME OF GENERAL AGENT (IF APPLICABLE)		NAME OF GENERAL AGENCY		
G.A. PHYSICAL ADDRESS		CITY	STATE	ZIP
G.A. PHONE	G.A. FAX	G.A. EMAIL		
GRANT PERMISSION TO VIEW YOUR ACCOUNT INFORMATION ONLINE? <input type="checkbox"/> Yes <input type="checkbox"/> No		GRANT PERMISSION TO MAKE CHANGES ON YOUR BEHALF ONLINE? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PLAN DETAILS

EFFECTIVE DATE January 01, 2025	RATE GUARANTEE 24 Months	RATE TIER (CHECK ONE) <input type="checkbox"/> 2-Tier <input type="checkbox"/> 3-Tier <input checked="" type="checkbox"/> 4-Tier		
GROUP CONTRIBUTION Paid by Group _____% Paid by Employee _____%		HOW WOULD YOU LIKE TO RECEIVE YOUR MONTHLY BILL? <input type="checkbox"/> Email (requires user account) <input type="checkbox"/> US Mail		
PLANS TO BE OFFERED (Check all that apply)	Primary Only	Primary + 1	Primary + Children	Whole Family
<input type="checkbox"/> Gold Materials 130	\$11.04	\$17.66	\$20.38	\$34.66
<input type="checkbox"/> Gold Materials 200	\$16.89	\$27.03	\$35.47	\$50.67

I. BUSINESS ASSOCIATE AGREEMENT

This HIPAA Business Associate Agreement (the "Agreement") is made by and between City of Arkansas City, KS ("Client Company"), and Independent Eye Care Professionals, Inc. d/b/a Vision Care Direct ("Business Associate") (each a "Party" and collectively the "Parties") and is effective upon the date of signing this Agreement.

1. BACKGROUND

Business Associate performs functions, activities or services for, or on behalf of Client Company and Business Associate receives, has access to or creates Protected Health Information (PHI), including Electronic Protected Health Information (ePHI), in order to perform such functions, activities or services. The purpose of this Agreement is to set forth the terms and conditions of disclosure of PHI by Client Company to Business Associate and to ensure the confidentiality, integrity and availability of ePHI that Business Associate creates, receives, maintains or transmits on behalf of Client Company. It is the intent of Client Company and Business Associate that this Agreement will meet the requirements of the Privacy Rule and the Security Rule.

2. DEFINITIONS

Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") Privacy Rule and Security Rule. 45 CFR Parts 160 and 164. Following are some of the key terms of this Agreement.

2.1 Business Associate. "Business Associate" is an individual or organization that creates, receives, maintains, or transmits protected health information on behalf of a Client Company, it shall generally have the same meaning as the term "business associate" at 45 CFR 160.103, and in reference to the party to this agreement shall mean Independent Eye Care Professionals, Inc. d/b/a Vision Care Direct;

2.2 Client Company. "Client Company" is a company or corporation who electronically transmits health information in connection with certain transactions for which HHS has established standards under the HIPAA Transactions Rule, it shall generally have the same meaning as the term "Client Company" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean City of Arkansas City, KS;

2.3 Subcontractor. "Subcontractor" is a person (as defined in 45 CFR 160.103) who a business associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such business associate, it shall generally have the same meaning as the term "subcontractor" at 45 CFR 160.103.

2.4 HIPAA Rules. "HIPAA Rules" shall mean the Privacy, Security, Breach Notification and Enforcement Rules at 45 CFR Part 160 and Part 164;

2.5 Protected Health Information. "Protected Health Information" or "PHI" shall have the same meaning as the term "protected health information" in 45 CFR § 160.103, but shall be limited to the information created or received by Business Associate from or on behalf of Client Company;

2.6 Electronic Protected Health Information. "Electronic Protected Health Information" or "ePHI" shall have the same meaning as the term "electronic protected health information" in 45 CFR § 160.103, but shall be limited to the EPHI that Business Associate creates, receives, maintains, or transmits on behalf of Client Company.

3. OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE

Business Associate Agrees to:

3.1 Use and Disclosure. Not use or disclose protected health information other than as permitted or required by the Agreement or as required by law;

3.2 Safeguards. Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of protected health information other than as provided for by the Agreement;

3.3 Reports of Non-Permitted Use or Disclosure. Report to Client Company any use or disclosure of protected health information not provided for by the Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware;

3.4 Reports of Security Incidents. Report to Client Company any use or disclosure of protected health information not provided for by the Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware;

3.5 Subcontractors. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information.

3.6 Designated Record Set.

(a) Make available protected health information in a designated record set to the Client Company as necessary to satisfy Client Company's obligations under 45 CFR 164.524;

(b) Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the Client Company pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy Client Company's obligations under 45 CFR 164.526;

3.7 Accounting of Disclosures. Maintain and make available the information required to provide an accounting of disclosures to the Client Company as necessary to satisfy Client Company's obligations under 45 CFR 164.528;

3.8 Internal Practices. Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules;

3.9 Privacy of Individually Identifiable Health Information (Subpart E). To the extent the business associate is to carry out one or more of Client Company's obligation(s) under Subpart E of 45 CFR Part 164.500-164.534, comply with the requirements of Subpart E that apply to the Client Company in the performance of such obligation(s);

3.10 Business Associates' Obligations Related to Breach of Unsecured PHI.

(a) For purposes of this section, "Breach" and "Unsecured PHI" shall have the same meaning as "breach" and "unsecured protected health information," respectively, as such terms are defined by 45 C.F.R. 164.402;

(b) Following the discovery of a potential Breach of Unsecured PHI, Business Associate shall notify Client Company of the Breach within 10 days from the date of discovery. Such notification shall be made without unreasonable delay after discovering the Breach, but no later than sixty (60) calendar days after the discovery;

(c) Business Associate's notice shall include, to the extent possible, the identification of each Individual who's Unsecured PHI has been, or is reasonably believed by the Business Associate to have been, accessed, acquired, used, or disclosed during or as a result of the Breach. Business Associate shall also provide Client Company with at least the following information: a description of the Breach, including the date of Breach and the date of discovery of the Breach, if known; a description of the types of Unsecured PHI involved in the Breach; any steps Individuals should take to protect themselves from potential harm resulting from the Breach; a brief description of what Business Associate is going to investigate the Breach, to mitigate harm to Individuals, and to protect against any further Breaches; and any other information requested by Client Company related to the Breach. Business Associate shall promptly supplement such notice with additional information as it becomes available;

(d) Business Associate will secure all ePHI, as appropriate, so as to render it unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in guidance issues pursuant to the requirements of the Omnibus Rule or notify Client Company of any Breach relating to Unsecured PHI, which notice shall be in compliance with the requirements of the Omnibus Rule and shall be given to Client Company as defined in 3.13 (b) above.

4. PERMITTED USES AND DISCLOSURES BY BUSINESS ASSOCIATE

4.1 Business Associate may only use or disclose protected health information as necessary to perform the services set forth in Service Agreement;

4.2 Business Associate is authorized to use protected health information to de-identify the information in accordance with 45 CFR 164.514(a)-(c);

4.3 Business Associate may use or disclose protected health information as required by law;

4.4 Business Associate agrees to make uses and disclosures and requests for protected health information consistent with Client Company's minimum necessary policies and procedures;

4.5 Business associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by Client Company, except for the specific uses and disclosures set forth below:

(a) Business Associate may use protected health information for the proper management and administration of the business associate or to carry out the legal responsibilities of the business associate;

(b) Business Associate may disclose protected health information for the proper management and administration of Business Associate or to carry out the legal responsibilities of the Business Associate, provided the disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached;

(c) Business Associate may provide data aggregation services relating to the health care operations of the Client Company.

5. PROVISIONS FOR CLIENT COMPANY TO INFORM BUSINESS ASSOCIATE OF PRIVATE PRACTICES AND RESTRICTIONS

5.1 Privacy Practices. Client Company shall notify Business Associate of any limitation(s) in the notice of privacy practices of Client Company under 45 CFR 164.520, to the extent that such limitation may affect business associate's use or disclosure of protected health information;

5.2 Notice of Changes and Restrictions. Client Company shall notify Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose his or her protected health information, to the extent that such changes may affect Business Associate's use or disclosure of protected health information;

Client Company shall notify business associate of any restriction on the use or disclosure of protected health information that Client Company has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may affect business associate's use or disclosure of protected health information;

5.3 Permissible Requests by Client Company. Client Company shall not request Business Associate to use or disclose protected health information in any manner that would not be permissible under Subpart E of 45 CFR Part 164 if done by Client Company, except if the Business Associate will use or disclose protected health information for data aggregation, management and administration, and legal responsibilities of the Business Associate.

6. TERM AND TERMINATION

6.1 Term. This Agreement shall be effective as of the date duly executed, and shall remain in effect for the duration of the relationship or on the date Client Company terminates for cause as authorized in paragraph (b) of this section, whichever is sooner.

6.2 Termination.

(a) Termination resulting from the End of Relationship, Functions or Services. This Agreement shall terminate in the event that the underlying relationship, functions, or services that gives rise to the necessity of a Business Associate Agreement terminates for any reason;

(b) Termination for Cause. Business Associate authorizes termination of this Agreement by Client Company, if Client Company determines Business Associate has violated a material term of the Agreement and Business Associate has not cured the breach or ended the violation within the time specified by Client Company;

(c) Obligations of Business Associate Upon Termination. Upon termination of this Agreement for any reason, Business Associate, with respect to protected health information received from Client Company, or created, maintained, or received by business associate on behalf of Client Company, shall:

1. Retain only that protected health information which is necessary for business associate to continue its proper management and administration or to carry out its legal responsibilities;

2. Return to Client Company the remaining protected health information that the business associate still maintains in any form;

3. Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent use or disclosure of the protected health information, other than as provided for in this Section, for as long as business associate retains the protected health information;

4. Not use or disclose the protected health information retained by business associate other than for the purposes for which such protected health information was retained and subject to the same conditions which applied prior to termination; and

5. Return to Client Company the protected health information retained by business associate when it is no longer needed by business associate for its proper management and administration or to carry out its legal responsibilities.

6.3 Return or Destruction of PHI.

(a) Except as provided in paragraph (b) of this section, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all PHI received from Client Company, or created or received by Business Associate on behalf of Client Company. This

provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI;

(b) In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate and/or subcontractors maintain such PHI.

6.4 Survival. The respective rights and obligations of Business Associate under this section of this Agreement shall survive the termination of this Agreement.

II. VISION SERVICES AGREEMENT

We hereby agree to apply for membership with Vision Care Direct (VCD), a vision benefit program administered by Independent Eye Care Professionals, Inc. (IECP) for the benefit of our employees. We will instruct the payroll department to honor the attached application requests signed by our employees to enroll themselves and/or dependents in VCD, deduct the appropriate membership fee per employee from the employee's earnings and forward to the VCD Administration office monthly such membership fees, as indicated on the client company's monthly membership report and/or the monthly invoice.

It is agreed that this program will remain in effect for a period of one year for programs with a maximum 12 month benefit and/or two years for programs with a maximum 24 month benefit commencing from the effective date noted on the Group Application Form, and will automatically renew until terminated in writing by the client company. To determine maximum benefit period, refer to the Group Application Form provided herein.

The client company also acknowledges and agrees that:

1. Client company will remit all monies due as specified herein and no later than net thirty (30) days after the billing date (on or about the 25th) of the month prior to membership.
2. Failure to remit those monies by that date may result in automatic termination of participation of the client company's employees and dependents in the Vision Care Direct program.
3. Payment by check does not constitute actual payment until the check is received by the VCD Administration office and honored by the drawee bank.
4. The program will begin on January 01, 2025 and will automatically renew on an annual basis until a termination notice is received. Termination requests must be received in writing at least 30 days prior to the renewal date. Any requests for payment filed after the requested termination date will be collected from the provider and will become member responsibility.
5. The client company has had the program, including savings, explained in full and that it specifically understands that there is no insurance or rights shifted to the client company's employees under the program.
6. This agreement is voidable by the program if this application contains any material misrepresentations.
7. If legal action is necessary to collect any monies due, the client company shall pay all costs of collection, including attorney's fees. Jurisdiction and venue for all legal actions shall be in the state of Kansas and Kansas law shall govern.

III. VCD EXTENDED COVERAGE PROGRAM VS. COBRA

Vision Care Direct constantly strives to create programs and processes to assist our client companies in offering the best possible value in vision plan benefits. Vision Care Direct is a membership plan, not medical care or health care, and therefore it is not subject to COBRA. We understand COBRA coverage can be an important benefit for employees after termination. To ensure the highest level of customer service and flexibility, we have created two options to meet the needs of our client companies and their terminated employees.

Option 1 – Vision Care Direct Extended Coverage Program (ECP)

Vision Care Direct will automatically send an Extended Coverage Program letter to terminated employees upon termination of their Vision Care Direct vision plan.

The Extended Coverage Program is optional. It offers terminated employees the opportunity to continue their same coverage at the same rates for an additional 24 months. The terminated employee pays all rates directly to Vision Care Direct. If their terminated employee elects to participate they must return all completed documents and requested information on the ECP letter within 60 days.

Option 2 – Similar to COBRA Approach:

Vision Care Direct will work directly with the client company. Vision Care Direct will follow the client company's typical process for offering COBRA benefits to its terminated employees.

The COBRA approach requires an explanation, written description of how the client company handles their COBRA implementation and the contact information of who within the company handles COBRA implementation. In the even that an outside company has been contracted to provide this service, their contact information and written process must also be provided.

Please select the option below that best meets the needs of your company:

Vision Care Direct Extended Coverage Program

-- OR --

Similar to COBRA Approach

Company contact for COBRA implementation:

Contact Name: _____

Company Name: _____

Email: _____

Phone: _____

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed and made effective as of the Effective Date specified in Section 6.1.

CLIENT COMPANY

VISION CARE DIRECT

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

Date: _____

Date: _____



SIMPLE. FLEXIBLE. AFFORDABLE.

	BENEFITS	INCLUDED
FRAMES	\$200	✓
CONTACTS	\$200	✓
LENSES	Single Vision	✓
	Bifocal	✓
	Trifocal	✓
VCD PLUS EXTRAS*	HD Progressive	✓
	Anti-Reflective Coating	✓
	Scratch Resistance	✓
	UV Protection	✓
	Oil & Water Resistance	✓

COMPLETE PAIR OF GLASSES STARTING AT JUST \$15

At last, you finally have the freedom to use your materials allowance the way you want without all the surprise out of pocket expenses. With VCD PLUS providers in your area, you'll have access to high definition (single vision, bifocal, trifocal or premium progressive) lenses, premium anti-reflection coating, scratch resistant coating and UV protection all for one low price!

OWNED BY KANSANS, FOR KANSANS

Vision Care Direct is proudly owned by private practice optometrists right here in the great state of Kansas. Revenue and tax dollars stay in Kansas to support your local communities and schools.

*Benefits available exclusively at VCD PLUS participating providers.
Contact lens benefit is in lieu of glasses.



MEMBER APPLICATION FORM

To enroll, simply complete the application below and return to Vision Care Direct via email at admin@visioncaredirect.com, or send by fax to (844) 810-8643. If you have any questions, feel free to call us toll-free at (877) 488-8900.

GROUP INFORMATION

GROUP ID	GROUP NAME City of Arkansas City, KS	GROUP EFFECTIVE DATE January 01, 2025		
PHYSICAL ADDRESS P. O. Box 778		CITY Arkansas City	STATE Kansas	ZIP 67005
PHONE	FAX	EMAIL		

EMPLOYEE INFORMATION

EMPLOYEE FIRST NAME	MI	LAST NAME	REQUESTED EFFECTIVE DATE	
HOME ADDRESS		CITY	STATE	ZIP
DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married	
HOME PHONE	WORK PHONE	EMAIL		

DEPENDENTS TO BE ADDED Include only family members for whom membership is desired.

SPOUSE FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
DEPENDENT FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
DEPENDENT FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
DEPENDENT FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
DEPENDENT FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female

PLAN CHOICE

AVAILABLE PLAN OPTIONS (Check one)	Primary Only	Primary + 1	Primary + Children	Whole Family
<input type="checkbox"/> Gold Materials 130	\$11.04	\$17.66	\$20.38	\$34.66
<input type="checkbox"/> Gold Materials 200	\$16.89	\$27.03	\$35.47	\$50.67

ACKNOWLEDGMENT

I understand that Vision Care Direct is a membership plan and not vision insurance. I understand that I may make changes for a Qualifying Event (see company policy). I authorize my group to make payroll deductions of monthly contributions from my earnings. As long as I remain employed at my current group, I commit to making all financial contributions required by this program. Should I leave the group under which I enrolled in the program, I have the opportunity to convert to a VCD Individual Plan. Should I agree to have my plan converted to an individual plan, I will be subject to the terms and conditions under that plan. Note: Membership cards are automatically generated when the Member Application Form is processed and entered into the Vision Care Direct System. You do not need to wait until you receive your membership card to seek care. If you require care before your card arrives, your VCD doctor can log-on to www.VisionCareDirect.com to verify eligibility.

Signature _____

Date _____