

Chris Ewing

MERCER



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GUY CARPENTER OLIVER WYMAN

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November 10, 2008

Amy Sharkey, CCP
Compensation and Benefits Manager
City of Fort Collins Human Resources
215 North Mason, 2nd Floor
P.O. Box 580
Ft. Collins, CO 80522-0580

Subject: Confirmation of Coverage

RENEWALS FOR 2009
(P985 & P902)

Dear Amy,

Enclosed please find signed copies of your Confirmation of Coverage forms for the City of Fort Collins' Medical, Dental, Vision, Life Insurance and Disability renewals. Rates and benefits have been outlined in these documents. Please let me know if you have any questions.

Sincerely,

Chris Ewing

Copy: Wendy Stone, Kathy Dahlman, Mercer

Consulting. Outsourcing. Investments.

P902

CONFIRMATION OF COVERAGE: 2009 Renewal - Vision

CARRIER/POLICY #: **VSP**
Client / Legal name: **City of Fort Collins**
ERISA Plan name: **City of Fort Collins**
Eligible employees: **1,400**
Client / Insured Address: **215 North Mason Street, 2nd Floor
Fort Collins, CO 80522**

This document will confirm placement of the following coverage(s):

✓ Vision

Coverage will be effective on: **1/1/2009**

For a period of: **Rate guarantee until 12/31/2010**

Rates / fees (including any subsequent period caps or guarantees) for the above-referenced coverage(s) are:

Fully Insured Rates	Net of Commissions
Employee Only	\$6.86
Employee plus Spouse	\$13.72
Employee plus Child(ren)	\$13.72
Employee plus Family	\$22.08

Description of Benefits:

Plan Information

Exam Every: Every 12 Months
Lenses Every: Every 12 Months
Frame Every: Every 24 Months

Copayment

Exam \$15.00
Materials \$15.00

In Network Allowances

Retail Frame Value: \$105.00
Elective Contact Lenses \$105.00

Out of Network

Examination, up to: \$30.00
Single Vision Lenses, up to: \$30.00
Bifocal Lenses, up to: \$40.00
Trifocal Lenses, up to: \$50.00
Frame, up to: \$30.00
Elective Contact Lenses, up to: \$80.00

Dependent Coverage

19/25

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Conditions of coverage(s): None

As an authorized representative, I accept this confirmation of coverage. By signing below, I acknowledge agreement with the rates and benefits described above and that subsequent contract(s) shall conform to this document unless otherwise agreed to in writing.

Authorized Representative:
Legal Name of Insurer/
Administrator

Devin Farrell

Signature:




Date:

12/13/08

This form must be signed and returned to Mercer H&B prior to the effective date of coverage.

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CIVIL ENGINEERS ARCHITECTS