



VISION SERVICE PLAN

September 20, 1996

Ms Laurie Harvey
Benefits Administrator
City of Fort Collins
200 West Mountain Avenue
Suite A
Fort Collins, CO 80522-0580

RECEIVED

SEP 20 1996

HUMAN RESOURCES

Dear Ms Harvey,

I appreciate the opportunity to provide City of Fort Collins with a Vision Service Plan proposal of benefits VSP has a variety of plan options, and has the capability of designing a package specifically for City of Fort Collins needs Enclosed you will find several plan alternatives for your consideration

This year marks VSP's 41st anniversary as the nation's leading provider of quality vision care Over 9,000 groups and 15 million people are covered by our plan nationwide

Benefits of the VSP plan include comprehensive eye examinations, prescription lenses and selection of over 50% of the frames manufactured today are paid in full when obtained from one of VSP's 22,000 member doctor locations nationwide VSP pays our member doctors directly, therefore patients have no out-of-pocket expense for covered services other than the plan deductible The plan will also reimburse an individual according to a schedule of allowances if services are obtained from a non-member doctor

Ms Harvey, I welcome any questions you may have Please give me a call if I can be of further assistance at (303) 420-2052 or (800) 225-3665

Cordially,

Pamela M Sanders
Regional Manager

PMS/tl

Enclosures

SEP 25 2002



May 16 2002

Vincent Pascale
City of Ft Collins Colorado
200 W Mountain Ave
Ft Collins CO 80521

Dear Vince

As The City of Fort Collins is a valued customer of Vision Service Plan (VSP) we hope the group has enjoyed a positive outcome with all aspects of our services. We are pleased to offer the group another period of quality coverage. The renewal will be in effect from January 1 2003 for a 24 month term.

VSP reviewed the group's program and developed rates based on the experience of the vision care program. These rates are outlined in the enclosed renewal exhibit. VSP considers many factors when determining rates including claim cost utilization claim frequency and trend. VSP has offered a renewal rate moving the city closer to a standard VSP allowance as well as an alternative renewal that would leave the group with the current level of benefits. The rates are provided on the proposed rate report enclosed with this letter. As you will see we are comfortable with leaving our administrative fees the same for an additional 24 months.

Please review the renewal information and let me know if you have any questions. I am available to meet with you to further discuss the enclosed material or provide additional information if necessary.

To renew the contract with Vision Service Plan please sign the bottom portion of this letter and return it to VSP.

We appreciate your business and value our relationship with The City of Fort Collins.

Cordially

Tom Swartzbaugh CEBS
Senior Account Executive

RENEWAL NOTICE

Please sign and return this letter or fax to (303) 892 7768 to acknowledge acceptance of the renewal. VSP produces the Plan document upon receipt of the confirmation of renewal.

City of Fort Collins

Group Number 12063997

Renewal Date -- January 1 2003

Self Funded Renewal Rate \$2.15

Renewal Option I Rate \$2.15 Claim Cost \$ 10.19

Renewal Option II Rate \$2.15 Claim Cost \$9.74 (current program)

Plan Accepting Renewal Option II (current)

James B. Orrell
Authorized Group Representative Signature
10/1/02

VISION SERVICE PLAN

1050 17TH STREET SUITE 1885 DENVER CO 80256 TEL 303 892 7663 FAX 303 892 7768 800 225 3665

VISIT OUR WEB SITE AT WWW.VSP.COM

PROPOSED RATES REPORT
CITY OF FORT COLLINS
Renewal Date January 1, 2003
24 month rate guarantee

MEMBER DOCTOR BENEFITS

	CURRENT PLAN	PROPOSED OPTION I	PROPOSED OPTION II
	12/12/24	12/12/24	12/12/24
Frame Allowance	34 00	39 00	34 00
Elective Contact Lenses	100 00	110 00	100 00
Exam Copayment	15 00	15 00	15 00
Material Copayment	15 00	15 00	15 00

NON-MEMBER DOCTOR REIMBURSEMENT SCHEDULE

	CURRENT PLAN	PROPOSED RENEWAL	PROPOSED OPTION I
	12/12/24	12/12/24	12/12/24
Examination	30 00	35 00	30 00
Single Vision Lenses	30 00	30 00	30 00
Bifocal Lenses	40 00	40 00	40 00
Trifocal Lenses	50 00	55 00	50 00
Frame	30 00	45 00	30 00
Elective Contact Lenses	80 00	110 00	80 00
Necessary Contact Lenses	150 00	210 00	150 00

	CURRENT PLAN	PROPOSED RENEWAL	PROPOSED OPTION I
Administrative Fee	\$2 15	\$2 15	\$2 15
Estimated Claim Cost	\$9 32	\$10 19	\$9 74

Prepared 5/16/02