

SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



ITEM: 3.25
(ID # 15440)

MEETING DATE:
Tuesday, June 22, 2021

FROM : HUMAN RESOURCES:

SUBJECT: HUMAN RESOURCES: Approve the Vision Service Plan (VSP) renewal rate and plan changes effective July 1, 2021 through June 30, 2022, All Districts. [Total Cost - \$517,458, 100% Vision Premiums Charged to County Departments]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the Vision Service Plan (VSP) renewal rate and plan changes effective July 1, 2021 through June 30, 2022.

ACTION: Policy




Brenda Diederichs, Assistant CEO / Human Resources Director 6/22/2021

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Perez, seconded by Supervisor Jeffries and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez, and Hewitt
Nays: None
Absent: None
Date: June 22, 2021
xc: HR

Kecia R. Harper
Clerk of the Board
By: 
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$0	\$517,458	\$517,458	\$0
NET COUNTY COST	\$0	\$0	\$0	\$0
SOURCE OF FUNDS: County departmental budgets			Budget Adjustment: No	
			For Fiscal Year: FY 21/22	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

The Vision Services Plan (VSP) is an employer paid self-funded program available to Elected Officials, Management, Confidential, and Unrepresented employees, Resident Physicians and Pharmacy Residents, and employees in bargaining units of the Riverside County Deputy District Attorney Association (RCDDAA) and Law Enforcement Management Unit (LEMU). There are 2,439 eligible employees and their dependents enrolled in the plan.

The County currently offers VSP's Signature Value plan. It is proposed with this renewal that the County move from the Signature Value Plan to the VSP Choice Plan with additional enhanced benefits.

This vision benefit is paid by the County (no employee contribution). All County departments are currently charged a rate of \$16.69 per eligible employee per month to cover the cost. The renewal and recommended plan changes result in a very minor rate increase from \$16.69 to \$17.68. The new rate will take effect beginning Fiscal Year 21/22.

The VSP contract terms and conditions for this renewal (July 1, 2021 to June 30, 2025) is currently being negotiated. Once the contract is finalized, it will be submitted to the Board of Supervisors for approval.

SUPPLEMENTAL:

Additional Financial Information

The total fiscal year cost for 20/21 for VSP is calculated to be \$486,280. The projected cost for fiscal year 21/22 is \$517,458 which is an increase of approximately 6% to annual cost, a difference of \$31,178. The next fiscal year cost is calculated by using the number of eligible employees that are enrolled in the plan (2,439) and the new rate of \$17.68.

Impact on Residents and Businesses

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

There is no impact to residents or businesses in the County of Riverside.

Contract History and Price Reasonableness

The County has contracted with VSP to provide vision services to its employees for more than a decade. VSP has remained consistent and committed to providing high levels of customer satisfaction and patient care.

ATTACHMENTS

Attachment A: County of Riverside – Vision Service Plan (VSP) Effective July 1, 2021


Meghan Hahn, Administrative Analyst 6/14/2021

COUNTY OF RIVERSIDE

GROUP# 12208766

Effective: 7/1/2021 - 6/30/2025 (48 MONTHS)



	OPTION 1		OPTION 2
	Current Signature Plan		Choice Plan \$180 Frame Allowance \$180 Contact Allowance
	Signature Plan C 12/12/12 \$20 Total Copay		Choice Plan C 12/12/12 \$20 Total Copay
Examination	Every 12 months		Every 12 months
Lenses	Every 12 months		Every 12 months
Frame	Every 12 months		Every 12 months
VSP Provider			
Comprehensive Eye Examination	Covered in full after copay		Covered in full after copay
Contact Lens Examination	Included in allowance		Up to \$60 copay
Diabetic Eyecare Plus converting to Primary Eyecare	Diabetic Eyecare + \$20	Primary Eyecare \$20	\$20
Lenses			
Single Vision	Covered in full		Covered in full
Bifocal	Covered in full		Covered in full
Trifocal	Covered in full		Covered in full
Lenticular	Covered in full		Covered in full
Allowances			
Retail Frame Allowance	\$120		\$180
Feature Frame Brand Allowance	\$140		\$200
Costco Equivalent Frame	\$65		\$100
Elective Contact Lenses	\$120		\$180
Necessary Contact Lenses	Covered		Covered
Lens Enhancement out-of-pocket cost			
Anti-Reflective Coating	\$37 - \$75		\$41 - \$85
Polycarbonate Lenses	Covered for Dependent Children \$23 - \$30		Covered for Dependent Children \$31 - \$35
Standard Progressives	\$50	Covered	Covered
Custom/Premium Progressives	\$80 - \$160		\$95 - \$175
Tints/Photochromic	Covered		Covered
UV Coating	Covered		Covered
Scratch Coating	\$15 - \$29		\$17 - \$33
Non-VSP Provider Allowances			
Examination	up to \$45		up to \$45
Single Vision	up to \$45		up to \$30
Bifocal	up to \$65		up to \$50
Trifocal	up to \$85		up to \$65
Lenticular	up to \$125		up to \$100
Progressive Lenses	up to \$85		up to \$50
Frame	up to \$47		up to \$70
Elective Contact Lenses	up to \$105		up to \$105
Necessary Contact Lenses	up to \$210		up to \$210
Tints	up to \$5		up to \$5