

# PUBLIC healthcare + INITIATIVE

## PUBLIC HEALTHCARE INITIATIVE BENEFIT COUNCIL ("PHI")

### Application for Membership – Ancillary Benefits

Applicant wishes to be considered for membership in PHI, a regional council of governments, established pursuant to Ohio Revised Code §167, to offer health care benefits for employees and dependents of its members.

Entity Name & County: \_\_\_\_\_

Designated Contact Name & Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Regular Meeting Schedule: \_\_\_\_\_

Number of Benefit Eligible Employees: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

January 29, 2018

Attn: Ohio Public Entity Consortium / Erin Patton  
P.O. Box 1135  
Dublin, OH 43017

**RE: Terminating Coverage Effective 2/28/2018**  
**OPEC VSP / Plan Number**

To whom it may concern,

Please use this letter as authorization to terminate our above mentioned policy effective 2/28/2018 as we have secured coverage with another carrier.

Thank you for your prompt attention to this matter.

Sincerely,

Group Contact

Effective 1/1/18 - 12/31/19  
Employer Paid



**PUBLIC healthcare**  
**INITIATIVE**

**Option 4 Choice**  
**\$10 / \$25 Copays**

	Network	Open Access Amount
<b>Exams</b>		
Exam with Dilation as necessary:	\$10 Copay	Up to \$45
Contact Lens Fitting (Standard or Premium)	15% Discount Off Fitting	
Diabetic Eyecare-\$20 Copay	Cost not to exceed \$60	
Frequency:	Once per plan year	
<b>Lenses</b>		
Single Vision Lenses	\$25 Copay	Up to \$30
Lined Bifocal Lenses	\$25 Copay	Up to \$50
Lined Trifocal Lenses	\$25 Copay	Up to \$65
Lenticular	\$25 Copay	Up to \$100
Frequency:	Once per plan year	
<b>Frames</b>		
Retail Frame Allowance:	\$140 Allowance	Up to \$70
Frame of your choice up to plan allowance, then 20% off overage, in-network		
Frequency:	Once per plan year	
<b>Contact Lenses</b>		
<i>In lieu of eyeglass benefit</i>		
<b>\$0 Copay for ECL materials</b>		
Elective Contact Lenses (ECL)	\$130 Allowance	Up to \$105
Medically Necessary (NCL)	Covered in Full	Up to \$210
Frequency:	Once per plan year	
<b>Member Cost for Lens Options<sup>1</sup></b>		
Standard Progressive Lenses		\$55
Premium Progressive Lenses		\$95-\$105
Custom Progressive Lenses		\$150-\$175
Anti-Reflective Coating		\$41
Photochromic Lenses		Covered in Full
Polycarbonate Lenses for Children		\$0
Polycarbonate Lenses for Adults		\$31-\$35
Scratch Coatings		\$17
Plastic Gradient Dye		Covered in Full
Solid Tints & Dyes		Covered in Full
Other Add-Ons & Services		Avg. 20%-25% Off
Frequency:	Once per plan year	
<b>Monthly Rates:</b>		
Employee Only		<b>\$6.25</b>
Employee + One		<b>\$12.05</b>
Employee + Family		<b>\$20.10</b>
Composite		<b>\$13.91</b>

<sup>1</sup>Prices shown reflect the standard option price for each respective category. Premium options may vary.  
Dependent Coverage: All dependents covered until age 26 end of birth month.

**Rate Guarantee: January 1, 2018 through December 31, 2019**

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_  
Waiting Period: \_\_\_\_\_

*In the event of a conflict between this document and the Public Healthcare Initiative Contract- the VSP contract will prevail  
Proprietary & Confidential*