



Meeting Agenda – Employment & Compensation Committee  
 Genesee County Economic Development Center  
 Tuesday, December 4, 2018, 11:30 a.m.  
 Location: Innovation Zone, Suite 107

Page #'s	Topic	Discussion Leader	Desired Outcome
	<b>1. Call to Order – Enter Public Session</b>	T. Bender	Vote
2-4	<b>2. Chairman's Report &amp; Activities</b> 2a. Agenda Addition / Deletions / Other Business 2b. Minutes: October 4, 2018, November 1, 2018	T. Bender	Vote
5-10	<b>3. Discussions / Official Recommendations to the Board:</b> 3a. Vision Coverage	L. Farrell	Discussion
	<b>4. Adjournment</b>	T. Bender	Vote



**Thursday, October 4, 2018**  
**GCEDC- Innovation Zone Conference Room, Suite 107**  
**Employment & Compensation Committee Meeting**  
**3:30 p.m.**

## MINUTES

### ATTENDANCE

Committee Members: T. Bender, A. Vanderhoof, M. Gray  
 Agency Members: P. Zeliff  
 Staff: S. Hyde, E. Richardson, M. Masse, L. Farrell, P. Kennett, J. Krencik  
 Guests:  
 Absent: P. Battaglia

### 1. Call to Order / Enter Public Session

T. Bender called the meeting to order at 3:32 p.m. in the GCEDC Innovation Zone Conference Room.

### 2. Chairman's Report & Activities

**2a. Agenda Addition / Deletions / Other Business –**

**2b. Minutes: January 11, 2018**

**M. Gray made a motion to approve the January 11, 2018 Minutes; the motion was seconded by A. Vanderhoof. Roll call resulted as follows:**

T. Bender - Yes  
 P. Battaglia - Absent  
 M. Gray - Yes  
 A. Vanderhoof- Yes

### 3. Discussions / Official Recommendations to the Board:

**3a. Sexual Harassment Policy –** Under the New NY Labor Law Section 201-g, all employers in New York State (regardless of size) are required to adopt anti-sexual harassment policies and training programs that meet or exceed the requirements in model documents issued by the Department of Labor (DOL). The law states that employees must adopt a policy by October 9, 2018.

A draft policy was issued at the end of August, with the DOL asking for comments on the draft to be submitted by September 12<sup>th</sup>.

The DOL issued a final policy this week, with minor changes to the one provided in the meeting materials.

T. Bender suggested that the policy replace the Board Chair with Employment & Compensation Committee Chair for the person to receive reports/complaints.

**M. Gray made a motion to recommend approval of the Sexual Harassment Policy as discussed; the motion was seconded by A. Vanderhoof. Roll call resulted as follows:**

T. Bender - Yes  
P. Battaglia - Absent  
M. Gray - Yes  
A. Vanderhoof- Yes

**5. ADJOURNMENT**

As there was no further business, M. Gray made a motion to adjourn at 3:37 p.m., seconded by A. Vanderhoof and passed unanimously.



Thursday, November 1, 2018  
GCEDC- Innovation Zone Conference Room, Suite 107  
Employment & Compensation Committee Meeting  
3:30 p.m.

**MINUTES**

**ATTENDANCE**

Committee Members: T. Bender, A. Vanderhoof, M. Gray, P. Battaglia (Video Conference)  
Agency Members:  
Staff: S. Hyde, E. Richardson, M. Masse, L. Farrell, P. Kennett, J. Krencik  
Guests:  
Absent:

**1. Call to Order / Enter Public Session**

T. Bender called the meeting to order at 3:30 p.m. in the GCEDC Innovation Zone Conference Room.

**2. Chairman’s Report & Activities**

**2a. Agenda Addition / Deletions / Other Business** – Nothing at this time.

**2b. Minutes: October 4, 2018**

**This item was tabled until next month.**

**3. Discussions / Official Recommendations to the Board:**

**3a. Health Insurance Discussion** - The committee reviewed health insurance plan options for 2019. Guidance was provided to staff to move forward with the proposed plan suggested by Tompkins Financial Employee Benefits Specialist.

**4. ADJOURNMENT**

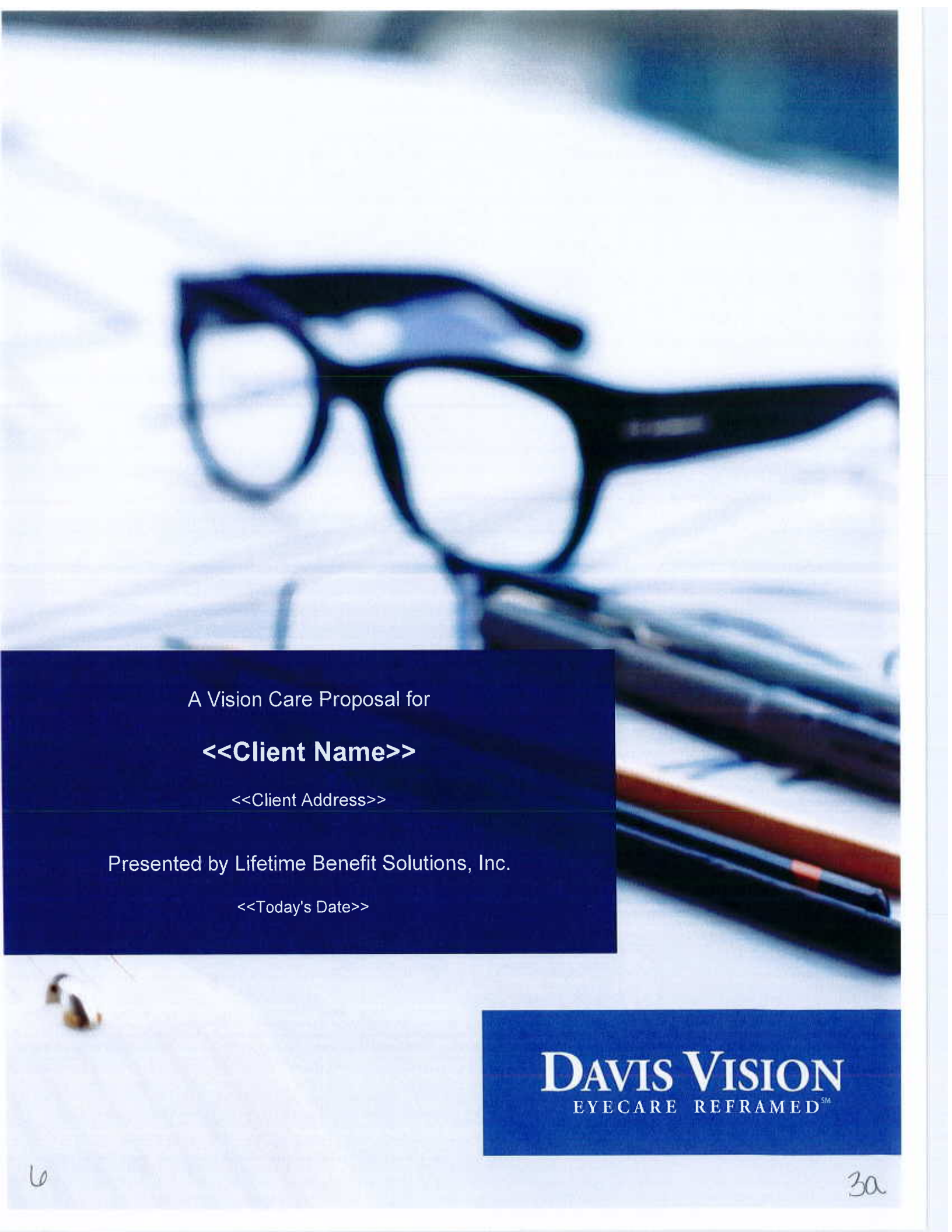
As there was no further business, M. Gray made a motion to adjourn at 3:56 p.m., seconded by A. Vanderhoof and passed unanimously.

**Davis Vision  
Proposed Vision Plan**

<b>100% Employee Paid</b>		
<b>Coverage Level</b>	<b>Monthly Rate</b>	<b>Annual Rate</b>
Employee Only	\$ 6.94	\$ 83.28
Employee + One	\$ 12.50	\$ 150.00
Employee + Family	\$ 19.44	\$ 233.28

<b>85% Employer Paid / 15% Employee Paid</b>						
<b>Coverage Level</b>	<b>Monthly Rate</b>	<b>Annual Rate</b>	<b>Annual</b>		<b>Anticipated Enrollment</b>	<b>GCEDC Contribution</b>
			<b>85% GCEDC Contribution</b>	<b>15% Employee Contribution</b>		
Employee Only	\$ 4.00	\$ 48.00	\$ 40.80	\$ 7.20	2	\$ 81.60
Employee + One	\$ 7.20	\$ 86.40	\$ 73.44	\$ 12.96	2	\$ 146.88
Employee + Family	\$ 11.20	\$ 134.40	\$ 114.24	\$ 20.16	3	\$ 342.72
<b>Total Estimated Cost to GCEDC</b>						<b>\$ 571.20</b>

**NOTE:** Rates are guaranteed for four (4) years.



A Vision Care Proposal for

<<Client Name>>

<<Client Address>>

Presented by Lifetime Benefit Solutions, Inc.

<<Today's Date>>

**DAVIS VISION**  
EYECARE REFRAMED<sup>SM</sup>



# SEE THE DAVIS VISION DIFFERENCE.

## WHO WE ARE

We provide a better vision benefit: low-cost, low-stress coverage with plan options designed to give people more. We are the only managed vision care company built to decrease mark ups and keep money where it belongs - in the pockets of our members.

Our 22 million+ members enjoy the lowest possible out-of-pocket cost because our integrated business model leverages wholly-owned labs and nationwide Visionworks retail stores.

This value-driven mentality we've championed for over 50 years resonates with hard-working Americans, and our first group is still with us today.

## WHAT WE STAND FOR

We equip companies with benefits that meet the needs of the people who work there and empower them to stay healthy, spend wisely and see clearly.

We connect people to sight, inspire them to see and use better business to keep it simple.



97% customer satisfaction rating with customer service



ALL calls & claims are 100% administered in the U.S.



Over 61,000 access points nationwide, incl. 4 of the 5 top retailers



The optimal balance of Independent Providers (66%) & Retail Locations (34%)



A vision partner set up to save you the most money



A FREE pair of frames built into EVERY Davis Vision plan

## Proposed Benefits for <<Client Name>>

In-Network Benefits	Plan Design Options									
	Low Plan		Medium Plans				High Plan			
Frequency – Once Every:	Option 1: Fashion Value		Option 2: Designer		Option 3: Designer Gold		Option 4: Premier Platinum			
Eye Examination inclusive of Dilation (when professionally indicated)	12 Mos.	24 Mos.	12 Mos.	12 Mos.	24 Mos.	12 Mos.	24 Mos.	12 Mos.	12 Mos.	24 Mos.
Spectacle Lenses	12 Mos.	24 Mos.	12 Mos.	12 Mos.	24 Mos.	12 Mos.	24 Mos.	12 Mos.	12 Mos.	24 Mos.
Frame	24 Mos.	24 Mos.	12 Mos.	24 Mos.	24 Mos.	24 Mos.	24 Mos.	12 Mos.	24 Mos.	24 Mos.
Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses)	12 Mos.	24 Mos.	12 Mos.	12 Mos.	24 Mos.	12 Mos.	24 Mos.	12 Mos.	12 Mos.	24 Mos.
Contact Lenses (in lieu of eyeglasses)	12 Mos.	24 Mos.	12 Mos.	12 Mos.	24 Mos.	12 Mos.	24 Mos.	12 Mos.	12 Mos.	24 Mos.
<b>Copayments</b>										
Eye Examination	\$10		\$10		\$10		\$10			
Eyeglasses (Frame and/or Spectacle Lenses)	\$25		\$25		\$25		\$25			
Contact Lens Evaluation, Fitting & Follow-Up Care	N/A		\$25 <sup>1/</sup>		\$25		\$25			
<b>Eyeglass Benefit – Frame</b>										
<b>Frame Allowance (Retail):</b>	Up to \$100 OR Up to \$150 <sup>2/</sup>		Up to \$130 OR Up to \$180 <sup>2/</sup> Plus a 20% discount on any overage <sup>3/</sup>		Up to \$130 OR Up to \$180 <sup>2/</sup>		Up to \$150 OR Up to \$200 <sup>2/</sup>			
<b>Davis Vision Exclusive Collection<sup>4/</sup></b> (In lieu of Allowance): Fashion / Designer / Premier - member charge (if applicable)										
	\$0 / \$15 / \$40		\$0 / \$0 / \$25		\$0 / \$0 / \$25		\$0 / \$0 / \$0			
<b>Eyeglass Benefit - Spectacle Lenses</b>										
<b>Member Charges</b>										
Clear plastic or glass single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)	Covered		Covered		Covered		Covered			
Tinting of Plastic Lenses	\$15		Covered		Covered		Covered			
Scratch-Resistant Coating	Covered		Covered		Covered		Covered			
Polycarbonate Lenses (Children / Adults)	\$0 <sup>5/</sup> / \$35		\$0 <sup>5/</sup> / \$30		Covered		Covered			
Ultraviolet Coating	\$15		\$12		Covered		Covered			
Intermediate-Vision Lenses	\$30		\$30		Covered		Covered			
Blended-Segment Lenses	\$20		\$20		Covered		Covered			
Anti-Reflective Coating (Standard / Premium / Ultra)	\$40 / \$55 / \$69		\$35 / \$48 / \$60		\$35 / \$48 / \$60		\$35 / \$48 / \$60			
Progressive Lenses (Standard / Premium / Ultra)	\$65 / \$105 / \$140		\$50 / \$90 / \$140		\$0 / \$40 / \$90		\$0 / \$40 / \$90			
High-Index Lenses	\$60		\$55		\$55		\$55			
Polarized Lenses	\$75		\$75		\$75		\$75			
Glass / Plastic Photochromic Lenses	\$20 / \$70		\$20 / \$65		\$0 / \$65		\$0 / \$65			
<b>Scratch Protection Plan:</b>										
Single Vision / Multifocal Lenses	\$20 / \$40		\$20 / \$40		\$20 / \$40		\$20 / \$40			
<b>Contact Lens Benefit (in lieu of eyeglasses)</b>										
<b>Contact Lens: Materials Allowance</b>	Up to \$100		Up to \$130 Plus a 15% discount on any overage <sup>3/</sup>		Up to \$130		Up to \$150			
- Evaluation, Fitting & Follow-Up Care – Standard Lens Types	15% Discount <sup>3/</sup>		15% Discount <sup>3/</sup>		Covered		Covered			
- Evaluation, Fitting & Follow-Up Care – Specialty Lens Types	15% Discount <sup>3/</sup>		15% Discount <sup>3/</sup>		Up to \$60 allowance Plus a 15% discount on any overage <sup>3/</sup>		Up to \$60 allowance Plus a 15% discount on any overage <sup>3/</sup>			
<b>Exclusive Collection Contact Lenses<sup>4/</sup></b> (in lieu of Allowance): Materials: Disposable OR Planned Replacement: up to										
	N/A		4 OR 2 boxes		8 OR 4 boxes		8 OR 4 boxes			
- Evaluation, Fitting & Follow-up Care	N/A		Covered		Covered		Covered			
<b>Visually Required Contact Lenses</b> (with prior approval) - Materials, Evaluation, Fitting & Follow-Up Care										
	Covered		Covered		Covered		Covered			
<b>Additional Savings</b>										
Retinal Imaging – member charge	\$39		\$39		\$39		\$39			
Additional Pairs of Eyeglasses	30% discount <sup>3/</sup>		30% discount <sup>3/</sup>		30% discount <sup>3/</sup>		30% discount <sup>3/</sup>			

### Out-of-Network Reimbursement Schedule: up to

Eye Examination: \$30	Single Vision Lenses: \$25	Trifocal Lenses: \$45	Elective Contact Lenses: \$75
Frame: \$30	Bifocal/Progressive Lenses: \$35	Lenticular Lenses: \$60	Visually Required CL: \$225

<sup>1/</sup> Copayment applies to Collection Contact Lenses only.

<sup>2/</sup> Enhanced frame allowance is available at all Visionworks locations nationwide.

<sup>3/</sup> Additional discounts not applicable at Walmart, Sam's Club, or Costco locations or where limited by law or manufacturer restrictions.

<sup>4/</sup> Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

<sup>5/</sup> Polycarbonate lenses are covered for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

**One-year eyeglass breakage warranty included**

Not for distribution outside of Davis Vision and group/broker/consultant relationship



## Proposed Fully Insured Rates for <<Client Name>>

The following rates are guaranteed for four (4) years.

Voluntary (100% Employee Paid) Monthly Rates*										
2-tier	Option 1: Fashion Value		Option 2: Designer			Option 3: Designer Gold		Option 4: Premier Platinum		
	12/12/24	24/24/24	12/12/12	12/12/24	24/24/24	12/12/24	24/24/24	12/12/12	12/12/24	24/24/24
Employee Only	\$ 4.57		\$ 6.94	\$ 5.59		\$ 7.77		\$ 10.63	\$ 8.58	
Employee + Family	\$ 10.53		\$ 15.97	\$ 12.85		\$ 17.87		\$ 24.46	\$ 19.73	
3-tier										
Employee Only	\$ 4.57		\$ 6.94	\$ 5.59		\$ 7.77		\$ 10.63	\$ 8.58	
Employee + One	\$ 8.24		\$ 12.50	\$ 10.06		\$ 13.98		\$ 19.14	\$ 15.44	
Employee + Family	\$ 12.82		\$ 19.44	\$ 15.65		\$ 21.75		\$ 29.79	\$ 24.02	
4-tier**										
Employee Only	\$ 4.57		\$ 6.94	\$ 5.59		\$ 7.77		\$ 10.63	\$ 8.58	
Employee + One	\$ 8.24		\$ 12.50	\$ 10.06		\$ 13.98		\$ 19.14	\$ 15.44	
Employee + Children	\$ 8.70		\$ 13.19	\$ 10.62		\$ 14.76		\$ 20.21	\$ 16.30	
Employee + Family	\$ 13.73		\$ 20.83	\$ 16.77		\$ 23.30		\$ 31.91	\$ 25.73	
Funded (75% Employer Paid / 25% Employee Paid) Monthly Rates*										
2-tier	Option 1: Fashion Value		Option 2: Designer			Option 3: Designer Gold		Option 4: Premier Platinum		
	12/12/24	24/24/24	12/12/12	12/12/24	24/24/24	12/12/24	24/24/24	12/12/12	12/12/24	24/24/24
Employee Only	\$ 3.18	\$ 2.81	\$ 4.00	\$ 3.87	\$ 3.39	\$ 5.31	\$ 4.49	\$ 6.05	\$ 5.88	\$ 4.95
Employee + Family	\$ 7.33	\$ 6.45	\$ 9.20	\$ 8.89	\$ 7.80	\$ 12.23	\$ 10.32	\$ 14.05	\$ 13.51	\$ 11.39
3-tier										
Employee Only	\$ 3.18	\$ 2.81	\$ 4.00	\$ 3.87	\$ 3.39	\$ 5.31	\$ 4.49	\$ 6.05	\$ 5.88	\$ 4.95
Employee + One	\$ 5.73	\$ 5.05	\$ 7.20	\$ 6.96	\$ 6.11	\$ 9.56	\$ 8.07	\$ 10.89	\$ 10.58	\$ 8.92
Employee + Family	\$ 8.92	\$ 7.86	\$ 11.20	\$ 10.83	\$ 9.50	\$ 14.88	\$ 12.56	\$ 16.94	\$ 16.45	\$ 13.87
4-tier**										
Employee Only	\$ 3.18	\$ 2.81	\$ 4.00	\$ 3.87	\$ 3.39	\$ 5.31	\$ 4.49	\$ 6.05	\$ 5.88	\$ 4.95
Employee + One	\$ 5.73	\$ 5.05	\$ 7.20	\$ 6.96	\$ 6.11	\$ 9.56	\$ 8.07	\$ 10.89	\$ 10.58	\$ 8.92
Employee + Children	\$ 6.05	\$ 5.33	\$ 7.60	\$ 7.35	\$ 6.45	\$ 10.10	\$ 8.52	\$ 11.49	\$ 11.16	\$ 9.41
Employee + Family	\$ 9.55	\$ 8.41	\$ 12.00	\$ 11.60	\$ 10.18	\$ 15.94	\$ 13.46	\$ 18.15	\$ 17.63	\$ 14.86

Effective date: <<Effective Date>>

\* Underwritten by either HM Life Insurance Company, Pittsburgh, PA or HM Life Insurance Company of New York, New York, NY under policy form series HL902 or similar. All rates are nonparticipating financial arrangements, unless otherwise specified, and are based on data submitted in the request for proposal.

\*\*4-tier option: EE+one = spouse, domestic partner, or one child. EE+children = two or more children.

NOTE: Voluntary funding is not available for biennial (24/24/24) entitlement cycles.

# VALUE-ADDED FEATURES AT NO EXTRA COST

**MORE COVERED FRAMES:** In lieu of the frame allowance, members may choose to select any frame from Davis Vision's Exclusive Collection. The Collection is available at most participating independent provider offices and features three levels of frames: Fashion, Designer, and Premier, with retail values of \$100 - \$195. By selecting an Exclusive Collection frame, member eyewear is often completely covered. In fact, over half of our members take advantage of the tremendous savings by selecting a Davis Vision Exclusive Collection frame.<sup>1/</sup>

**FREE ONE-YEAR BREAKAGE WARRANTY:** All eyeglasses come with a breakage warranty for repair or replacement of the frame and/or lenses for a period of one year from the date of delivery. The one-year breakage warranty applies to all plan-covered eyeglasses (i.e., all spectacle lenses, Davis Vision Exclusive Collection frames and national retailer frames, where our Exclusive Collection is not displayed).

**SCRATCH-PROTECTION PLAN:** Standard scratch-resistant coating is available for plastic lenses free of charge. Members may also purchase an optional scratch protection plan, which will replace scratched lenses with new lenses of the same material, style and prescription, at no charge for one year from the original date of dispensing.

**ADDITIONAL PAIR DISCOUNTS<sup>2/</sup>:** Members will receive 50% off of additional complete pairs of eyeglasses and sunglasses at Visionworks and 30% off at other participating providers on the same transaction. Otherwise, a 20% discount off the providers usual and customary rate is available. Contact lenses are available at a 10% discount.

**MORE COVERED CONTACT LENSES:** In lieu of the allowance for all plans except Fashion Value, members may be fitted with contact lenses from our Exclusive Collection<sup>1/</sup> of contact lenses, which includes torics and multifocals. All Collection contact lenses are dispensed in accordance with the specified plan design and include evaluation, fitting, and follow-up care. Davis Vision also covers the cost in full for contact lenses that are determined Visually Required. They may be prescribed in lieu of eyeglasses when it will result in significantly better visual acuity and/or improved binocular function, including avoidance of diplopia or suppression.

**MAIL ORDER REPLACEMENT CONTACT LENSES:** Davis Vision's mail order contact lens replacement service is powered by ABB Optical Group, the nation's #1 optical distributor and 2nd largest contact lens provider. By accessing [www.davisvisioncontacts.com](http://www.davisvisioncontacts.com), Davis Vision members can easily order replacement contact lenses at significant savings and have them shipped directly to their doorstep.

**RETINAL IMAGING DISCOUNT:** Members can receive a retinal imaging exam at participating providers at a discounted<sup>2/</sup> fee. The exam enables the retina, macula, blood vessels, and optic nerve to be seen in wide angle, digital images without the use of dilation drops. The exam is brief and very comfortable and allows for early detection, diagnosis, and ongoing monitoring of diseases which can affect the eyes and overall health.

**LASER VISION CORRECTION (LASIK):** Our members enjoy lower prices on LASIK procedures than other carriers, along with flexible financing options - up to 12 months interest free. These savings are 40% - 50% off the national average price of traditional LASIK and are available at over 1,000 locations across our nationwide network of laser vision correction providers<sup>3/</sup>.

**LOW VISION COVERAGE:** Members who require low-vision services and optical devices are entitled to the following coverage, both in- and out-of-network, with prior approval from Davis Vision:

**LOW VISION EVALUATION:** One comprehensive evaluation, sometimes called a functional vision assessment, every five years with a maximum charge of \$300.

**LOW-VISION AID:** Maximum allowance of \$600 with a lifetime maximum of \$1,200 for items such as high-power spectacles, magnifiers, and telescopes.

**FOLLOW-UP CARE:** Four visits in a five-year period, with a maximum charge of \$100 each visit.

**HEARING AID DISCOUNTS:** Auditory health and wellness are increasingly important with hearing loss on the rise. Our members have free access to EPIC Hearing Service Plans for a savings of 30% - 60% off of suggested retail prices for brand name hearing aids through the largest, accredited network of audiologists and ENT physicians. Additional savings are available through EPIC's *Listen Hear, Live Well* rewards program.

<sup>1/</sup> Participating retail providers typically do not display the Collection, but are contractually required to maintain a comparable selection (in both quantity and quality) of frames that would be covered, with no additional member out-of-pocket expense. Collection is subject to change.

<sup>2/</sup> Additional discounts are not applicable at Costco, Sam's Club, and Walmart locations, or where limited by law or manufacturer restrictions.

<sup>3/</sup> Laser vision correction services administered by QualSight, LLC. Terms and conditions are subject to change.