

**RESOLUTION NO. 3561-2012**

**RESOLUTION OF THE FORT BRAGG CITY COUNCIL APPROVING VISION SURVEY RESULTS AND VISION CARE BENEFIT COVERAGE AMOUNTS FOR FY 2012-2013**

**WHEREAS**, the City Council has set forth a process within the employee memorandums of understanding (MOUs) to determine the average costs of local vision care providers for vision care; and

**WHEREAS**, the Administrative Services office of the City of Fort Bragg has completed that process by conducting a survey of vision care providers within the City of Fort Bragg as to their costs for vision examinations and lenses; and


**WHEREAS**, the results of the vision care survey are set forth within the attached Exhibit "A"; and

**WHEREAS**, according to the City's annual procedure for establishing benefit amounts for vision care services, dollar amounts that are paid for vision care for its covered employees and employees' eligible dependents are to be those amounts listed in the attached Exhibit "A" and coverage shall be effective July 1, 2012.

**NOW, THEREFORE, BE IT RESOLVED AND ORDERED** by the City Council of the City of Fort Bragg that the amounts set forth within the attached Exhibit "A" for vision care coverage shall be effective July 1, 2012.

The above and foregoing Resolution was introduced by Councilmember Hammerstrom, seconded by Councilmember Courtney, and passed and adopted at a regular meeting of the City Council of the City of Fort Bragg held on the 23<sup>rd</sup> day of July, 2012, by the following vote:

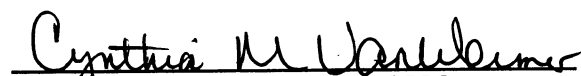
**AYES:** Councilmembers Courtney, Deitz, Gjerde, Hammerstrom, and Mayor Turner.  
**NOES:** None.  
**ABSENT:** None.  
**ABSTAIN:** None.

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**DAVE TURNER,**  
Mayor

**ATTEST:**

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Cynthia M. VanWormer, CMC  
City Clerk

# EXHIBIT "A"

## VISION SURVEY RESULTS AS OF JULY 2011

### *Procedure/Schedule of Payments*

#### **ALLOWABLE SERVICES AND RATE SCHEDULE (Revised 7/12):**

The primary purpose of this Vision Care Benefit is to provide partial cost reimbursement for **vision examinations every 12 months** and, where correction is prescribed, the basic spectacle lenses and frames. These services may be provided by **any** optometrist, ophthalmologist and/or dispensing optician. Reimbursement requests are evaluated based upon the date expense is incurred, and these benefits are available **only once within a fiscal year (July thru June)**.

**A. Examination once each year for employee and dependents (where employee provides 50% support similar to IRS rules to age 23): **\$150.00****

**Includes:**

- Complete eye examination by an Ophthalmologist (MD) or Optometrist (OD) which includes glaucoma test; or
- Complete eye examination by an Ophthalmologist (MD) or Optometrist (OD) without glaucoma test; or
- Contact Lens Fitting for first time wearers (includes annual eye exam); or
- Annual Contact Lenses exam by an Ophthalmologist (MD); or Optometrist (OD) (includes annual eye exam).

**B. Frames: (Limited to once every two years) **\$150.00****

**C. Lenses (pair): Only when needed (scratch or other coatings included):**

- Single Vision Lenses. **\$150.00**
- Bifocal/Trifocal/Progressive Lenses. **\$215.00**

**D. Contact Lens: Only when needed (one year supply & non-cosmetic):**

- Contact Lenses. **\$180.00**
- Contact Lenses for astigmatism or Presbyopia. **\$280.00**

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**SAFETY GLASSES:**

*For coverage of mandatory Safety Glasses: Please refer to MOU or resolution.*

**NOT COVERED:**

Reimbursement will not be made in one year for: two pair of glasses in lieu of bifocals or both glasses and contact lenses. Lost or broken lenses, frames, or contacts will not be replaced except at the normal interval when the benefit is otherwise available.

Medical or surgical treatment of eyes, services or material provided as a result of Workers' Compensation law or other agency, group insurance; and services prior to, or after termination of employment.