

October 3, 2022

Lisa M. Pennisi-Wandell, Account Manager Haylor Freyer & Coon, Inc Employee Benefits Department 300 South State St, Suite 1000 Syracuse, NY 13202

RE: Montgomery County / Davis Vision Plan Renewal Effective 1/1/2023

Dear Lisa:

Thank you for giving Davis Vision the opportunity to review Montgomery County's vision plan benefits and to provide this renewal proposal. After reviewing the plan performance and market information, we are pleased to extend the existing plan, administrative fee, and fee schedule for an additional 4 year rate guarantee, through 12/31/26. Please see attached Excel document illustrating plan benefits, administrative fee, and provider reimbursement fee schedule.

Current Vision Plan	Current	2023 Fee	2024 Fee	2025Fee	2026 Fee	
Percent Change						
Administrative Fee	\$0.29 PEPM	\$0.29 PEPM	\$0.29 PEPM	\$0.29 PEPM	\$0.29 PEPM	

Please feel free contact me at (330) 704-2679 or the email below, if you should have any questions or if you need any additional information. Please let us know by October 31, 2022, if this renewal offer is accepted. Thank you for your continued partnership with Davis Vision on this valued client, and we look forward to your reply.

Sincerely,

Kristen Cook

Kristen Cook
Consultant, Client Services
Davis Vision from MetLife

M: 330.704.2679

E: kristen.cook@davisvision.com

Attachments: Fee Schedule, Benefit Summary

Montgomery County

Welcome to Davis Vision!

We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health - a key part of overall health and wellness!

If you are not currently enrolled, please visit our member site at davisvision.com or call 1.877.923.2847 and enter client code 4891 to locate providers or for additional information.



Using your benefits is easy! Just log on to our Member site at davisvision.com and click "Find a Provider," or call us at 1.800.999.5431.

Make an appointment. Tell your provider you are a Davis Vision member with coverage through Montgomery County. Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

Your Davis Vision Premier Plan Benefits



Benefit	Frequency Once every -	In-network Copay	Stwine about the topying	In-network Coverage				
Eye Examination	January 1	\$0	Covered in full. Include	des dilation when professionally indicated.				
Spectacle Lenses	January 1	\$0	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered (See below for additional lens options and coatings.)					
Frame	January 1	\$0	Covered in Full Frames:	Any Fashion, Designer or Premier level frame from Davis Vision's Collection ^{/1} (retail value, up to \$195).				
			OR, Frame Allowance:	\$125 toward any frame from provider. No copay required.				
Contact Lens Evaluation, Fitting & Follow Up Care	January 1	\$0	Davis Vision Collection Contacts: Standard, Soft Contacts:	Covered in full. Covered in full.				
Contact Lenses (in lieu of eyeglasses)	January 1	\$0	Covered in Full Contacts: Planned Replacement Disposable OR, Contact Lens Allowance:	From Davis Vision's Collection', up to: Two boxes/multi-packs* Four boxes/multi-packs* \$125 allowance toward any contacts from provider's supply. No copay required.				
			OR, Visually Required Contacts:	Covered in full with prior approval. *Number of contact lens boxes may vary based on manufacturer's packaging.				

Please Note: All employees are entitled to a second pair of eyeglasses (no plano). The second pair can be received at the same time or on a different day as the first pair.

Significant savings on optional frames, lens types and coatings!	Member Price
Davis Vision Collection Frames: Fashion Designer Premier	\$01\$01\$0
Tilling of Plastic Lenses	0.2
ociator-nesistant coating	0.2
Premium Scratch-Resistant Coating	¢20
Oltraviolet Coating	0.2
Anti-Reflective Coating: Standard Premium Ultra Ultimate	\$0 \$48 \$55 \$85
High-Index Lenses 1.67 1.74	ΦΩ 1.02
Polarized Lenses: Standard Premium Ultra Ultimate	\$0 \$0 \$50 \$85
Photochromic Lenses (i.e. Transitions®, etc.) ² : Plastic Glass	02102
Digital Single Vision Lenses	^
THIVEX LEHSES	950
Blue Light Filtering	\$15

- ¹⁷ The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select toric and multifocal contacts.
 ¹⁷ The additional contacts.
- 2/ Transitions® is a registered trademark of Transitions Optical Inc.

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lense evaluations any applicable fees above the evaluation and fitting allowance are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers. Please be advised these lens options and copayments apply to in-network benefits.

Montgomery County Insurance Trust - Renewal Rates

% Change in Overall Claims	COLLEGE PERIORS	Formulary Contact Lancac	Collection Frame Only	Anti-Reflective Coating	Scratch Resistant Coating	Ultraviolet Coatino	Plactic Photogonetics I among	Polarized Lengue	Hi-Index Lenses	Blended Seemented Lenses	Polycarhonate Lenges	Photochromic I enses	Intermediate Vision Lenses	Progressive - Premium	Progressive - Standard	Trifocal Lenses	Bifocal Lenses	Single Vision Lenses	Trifocal Complete	Bifocal Complete	Single Vision Complete	Current Plan Design	Group Code: Renewal Date: Client Manager: Rate Guarantee:
	\$80.00	\$41.88	\$35.00	\$20,00	\$12,00	\$65,00	\$75.00	355.00	\$20.00	\$30.00	\$20.00	\$30.00	\$30.00	\$50.00	983.74	603 74	\$66.57	\$45.04	\$125.62	\$108.45	\$88.82	Fee Schedule	MCI 1/1/2023 Kristen Cook 4
0.00%	\$80.00	\$41.88	\$35.00	\$20.00	\$12.00	\$65.00	\$75.00	\$55.00	\$20.00	\$30.00	\$20.00	\$30.00	\$90.00	\$50.00	\$83.74	366.57	\$46.94	\$125.62	\$108.45	27,000.3	\$88.87	2023 Rates	Benefit Changes 1) Add non-plan al
0.00%	\$80.00	\$41.88	\$35.00	\$20.00	\$12.00	\$65.00	\$75.00	\$55.00	\$20.00	\$30.00	\$20.00	\$30.00	\$90.00	\$50.00	\$83.74	\$66.57	\$46.94	\$125.62	\$108.45	900.02	CQ 993	2024 Rates	Benefit Changes Address and Contact: Other Notes 1) Add non-plan allowance overages of 20%/15%
0.00%	\$80.00	\$41.88	\$35.00	\$20.00	\$12.00	\$65.00	\$75.00	\$55.00	\$20.00	\$30.00	\$20.00	\$30.00	\$90.00	\$50.00	\$83.74	\$66.57	\$46.94	\$125.62	\$108.45	300.02	200 00	2025 Rates	oct. Other Notes
0.00%	\$80.00	\$41.88	\$35.00	\$20.00	\$12.00	\$65.00	\$75.00	\$55.00	\$20.00	\$30.00	\$20.00	\$30.00	\$90.00	\$50.00	\$83.74	\$66.57	\$46.94	\$125.62	\$108.45	588.82		2026 Rates	