



UNITED INDEPENDENT SCHOOL DISTRICT INFORMATIONAL ITEM

TOPIC _____ **Group Vision Plan** _____

SUBMITTED BY **Robert Chapa** _____ OF: **Risk Management** _____

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: **February 16, 2011** _____

The Employee Benefits Committee has re-negotiated the Employee Group Vision Insurance and has accepted the following proposal:

Eytopia Vision has submitted a proposal to extent its current contract with **no increase in premiums for one more year**. All terms and conditions will continue to apply as well. Current monthly rates are:

Advantage Plan	Employee	\$8.50	Employee and Family	\$22.95
Gold Plan	Employee	\$16.85	Employee and Family	\$43.20

Contract date(s): September 1, 2011 – August 31, 2012

This will make it seven (8) years that United ISD has offered a Vision Care Plan with no increase in premiums.