

CONTRACT ROUTING FORM

1. Complete the information below BEFORE printing and completing items 2 through 7. Items in red are required.

Department: County Manager's Office
Department contract file name (use effective date): CommunityEyeCare_HR_07012024
Project Code: Click here to enter text.
Contract type: Agreement
Contracted Services/Goods: Eye Hardware Insurance Benefit
Contract Component: Master
Change Order Number/Addendum Number: Click here to enter text.
Vendor Name: Community Eye Care
Effective Date: 07012024
Approved by: County Manager
Date approved by the BOC: Click here to enter text.
Ending Date: Click here to enter a date.
Total Amount: Varies – see renewal rate agreement

Please Return Contract to:
Name: Courtney Jones
Email: courtney.jones@chathamcountync.gov
Special Instructions for Clerks
Office:

2. Department Head or his/her designee has read the contract in its entirety.

By: Courtney Jones (Department Head signature required)

3. County Attorney has reviewed and approved the contract

County Attorney has reviewed and rejects the contract Reason: _____

This is an automatic renewal and does not require approval from the County Attorney: Yes No

If this box is checked the County Attorney's Office has reviewed the contract but has not made needed changes to protect the County because the contract is a sole source contract and the services required by the County are not available from another vendor.

4. Technical/MIS Advisor has reviewed the contract if applicable. Yes No Not Applicable

5. Vendor has signed the contract. Yes No

6. A budget amendment is necessary before approval. Yes No

If budget amendment is necessary, please attach to this form.

7. Approval

Requires approval by the BOC - contracts over \$100,000.00. Follow Board submission guidelines.

Requires approval by the Manager – contracts \$100,000 or less.

8. Submit to Clerk.

Clerk's Office Only

Finance Officer has signed the contract
 The Finance Officer is not required to sign the contract



March 7, 2024

Andrea Brady
Chatham County Government
12 East Street
Pittsboro, NC 27312

RE: 2024 Vision Plan Renewal

Dear Andrea,

Thank you for choosing CEC as your vision plan. We value your business and are committed to offering quality vision plans that are simple, affordable, and flexible to each member's unique needs, supported by exceptional service.

We are pleased to inform you that the benefit will remain the same with a slight change in rates for 2 additional years. **The new monthly rates are shown below.**

Eyewear 130

Eyewear Allowance/Copay: \$130 /\$15

Eyewear 175

Eyewear Allowance/Copay: \$130 /\$15

	Current Rates	Renewal Rates	Current Rates	Renewal Rates
Employee Only	\$3.70	\$4.26	\$6.98	\$8.03
Employee + Spouse	\$7.40	\$8.51	\$13.96	\$16.05
Employee + Children	\$7.86	\$9.04	\$14.68	\$16.88
Employee + Family	\$11.16	\$12.83	\$20.94	\$24.08

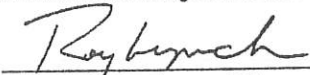
Renewal Period: 07/01/2024 – 06/30/2026

If you have questions about your renewal, you can reach me at 888-254-4290 ext. 136 or email at naiken@cecvision.com. Thank you for being part of our CEC community.

Sincerely,

Nicole Aiken
Account Manager

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.


Roy Lynch, Finance Officer

Signature of Acceptance

Signature 

Printed Name Dan LaMontagne

Title County Manager

Date _____