

RESOLUTION NO. 21707

Background

In 2014 Central Management Services (CMS) of Illinois entered into a master contract with Mesirow Insurance Services, Inc. to provide Insurance Broker Services. Pursuant to this master contract, the Tollway engaged the services with the Insurance Broker to obtain proposals for an Employee Vision Insurance Program.

The Insurance Broker, Mesirow, obtained quotes from insurance carriers for Employee Vision Insurance Program benefits. After a full evaluation of the proposals, the Tollway determined it to be in the best interest of the Tollway to accept the proposal from EyeMed Vision Care to provide a voluntary Employee Vision Program for a four-year period commencing March 1, 2019 through February 28, 2023. This voluntary vision program will be in addition to the discount program offered with Blue Cross/Blue Shield of Illinois Medical Plan. This optional vision program is a payroll deduction program.

Resolution

The contract from EyeMed Vision Care is accepted for a four-year period commencing March 1, 2019 through February 28, 2023. The coverage through EyeMed Vision Care will provide a Voluntary Employee Vision Program.

The Chairman or the Executive Director is hereby authorized to sign any and all documentation necessary to effectuate said procurement of services for and on behalf of the Tollway, subject to the approval of the Acting General Counsel, and the Chief Financial Officer is authorized to issue warrants in payment thereof.

Approved by:



Chairman

THA - Toll Highway Authority

Purchase Order

Release Order Number
CMS4819650:23
Master Contract? Y
Master Con/Ref #: CMS4819650
Contract/PO #: R-29960

V E N D O R	Vendor Number: V00005036
	Mesirow Insurance Services, Inc.
	353 North Clark Street
	Floor 10
	Chicago, IL 60654
	libby.fischer@alliant.com (312) 595-6200

S H I P T O	Ship To - CA 2700 Ogden Avenue Central Administration Downers Grove, IL 60515 US Email: (630) 241-6800
	Contract Administrator PO Box 3094 Lisle, IL 60532-8094 US Email: (630) 241-6800
B I L L T O	

VENDOR INSTRUCTIONS:
PURCHASE ORDER REQUIREMENTS - STATE OF ILLINOIS AGENCIES

Prior to commencement of billable work, delivery of supplies or rendering of any service on a Purchase Order:
 -Initial Purchase Order/Contract - All parties, including the State and vendor, must fully execute the contract in its entirety.
 -Release from an existing Purchase Order/Contract - The vendor must receive a Purchase Order signed by the State Agency and attached in BidBuy. Note, for any additional requirements see specific State Agency instruction.

PURCHASE ORDERS REQUIREMENTS - OTHER PURCHASING ENTITIES
 -Please see specific requirements provided by the purchasing entity.

Shipping Method: Shipping Terms: Solicitation (Bid) No.: N/A Release Begin Date: 03/01/2019	Release End Date: 02/28/2023	Freight Terms: Payment Terms: NA Delivery Calendar Day(s) A.R.O.: 30
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Item # 1
Class-Item 958-61

The premium portion is \$121,575.00 for a 4-year term and is payable directly to the insurance provider EyeMed Vision Care, LLC, rather than the broker. Insurance services: include any fees, benefits, premiums from the statement of work or invoices for tracking purposes. Agencies must attach said statement of work and/or invoices for type of insurance, amount, etc.

Quantity	Unit Price	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Freight	Total Cost
1.00	\$ 0.01	EA	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.01

TAX: \$ 0.00
 FREIGHT: \$ 0.00
 TOTAL: \$ 0.01

The undersigned agree to the Terms and Conditions as acknowledged by the Vendor and maintained in the State of Illinois' e-procurement system. This agreement consists of all terms as maintained in the state's e-procurement system inclusive of attached documents. The Vendor affirms that the Certifications and Financial Disclosures and Conflicts of Interest are true and accurate as of the date of the Vendor's execution of this Agreement. State documents will prevail in the event of a conflict between State and Vendor documents and information. The undersigned agree to the Terms and Conditions of this agreement:

OFFICIAL SIGNATURES:

Vendor Name: _____

Vendor
Signature: _____

Printed Name: _____


Title: _____

Phone #: _____

Email: _____

Date: _____

State of Illinois Agency or Other Purchasing Entity
Procuring State Agency or Entity: _____

Official
Signature: 

Printed Name: John Donato

Title: Chief of Procurement

Designee Signature: _____

Printed Name: _____

Title: _____

Date: 3/1/19

Legal
Signature: _____

Printed Name: _____

Title: _____

Date: _____

Fiscal
Signature: _____

Printed Name: _____

Title: _____

Date: _____

FOR STATE OF ILLINOIS USE ONLY:

Acq. Type: _____ Source Sel. Method: _____
Using Agency Funding Source: _____
Detailed Expenditure Object Code: _____
Approp. Acct Code: _____
Award Code: _____
Original Proc. Method: _____
Subcontractors Disclosed: _____
Subcontractors Utilized: _____
Publication Date: _____ Financing Needed: _____
IPG Cert/Disclosure Yes _____ No _____

APPROVED

By: Mary Hart

Phone#: (630) 241-0000

BUYER

Illinois State Toll
Highway Authority

STATE OF ILLINOIS

BASIC ORDERING AGREEMENT (BOA) < \$100,000

In addition to the insurance documents issued to State, the terms and conditions of this BOA, including those terms and conditions set forth in the additional documents referenced below, and any continuation sheets, constitute the entire agreement between the parties with respect to the subject matter of this BOA documents.

CONTRACT INFORMATION

Contract #: 18-0156
 Action: New
 Acquisition Type: Service
 Payment Cycle:
 Terms and Conditions: BOA Terms and Conditions

Term:

Begin Date: 3/1/2019
 End Date: February 28, 2023

CONTACT INFORMATION

Vendor Name: EyeMed Vision Care, LLC
 Address: 4000 Luxottica Place, Mason, Ohio 45040
 Contact: Emily Hoselton Phone #: 312-288-6757
 Email: EHoselton@eyemed.com Fax #:

Agency Name: Illinois Tollway
 Address: 2700 Ogden Avenue, Downers Grove, IL 60515
 Contact: Mary Hart Phone #: 630-241-6800 ext. 4620
 Email: mhart@getpass.com Fax #: 630-795-7908

Bill To:

Name: Illinois Tollway
 Address:
 P.O. Box 3094
 Lisle, IL 60532-8094

Ship To:

Name: Illinois Tollway
 Address:
 2700 Ogden Avenue
 Downers Grove, IL 60515

In signing the BOA, the Contractor affirms that the Certifications attached hereto are true and accurate as of the date of the Contractor's execution of the BOA.

BOA uses Illinois Procurement Gateway Certifications?
 YES (IPG Certifications including FORMS B)
 No

ORDERING INFORMATION

Item	Description	Qty.	Unit	Extension	Periodic Charge	
					Estimated Premium	Extension
	Employee Vision Insurance Program, underwritten by Fidelity Security Life Insurance Company, for the term of four (4) years, 3/01/2019 – 2/28/2023 Program Years, per Vendor Quote provided to Mesrow Insurance Services. These optional insurance coverages will be done by an Employee Payroll deduction, with no additional cost to the Tollway.	1	Year	Four (4) Years	\$121,575.00	\$121,575.00
					Page Total:	\$121,575.00

BOA Total (if multiple) \$121,575.00

STATE USE ONLY Reference Number: Source Selection Method: Is Financing Needed? No Using Agency Funding Source: • Fiscal Year: • Type:	Approp. Account Code: Detailed Expenditure Object Code: Award Code: Original Procurement Method: Subcontractors Utilized? No Subcontractors Disclosed?
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ADDITIONAL INFORMATION / REFERENCES / ATTACHMENTS
18-0156

SIGNATURES The undersigned parties agree to these terms and conditions.

Vendor

Signature: [Redacted]
Printed Name: Angela Sweeney
Title: Vice President, Sales
Date: 02/28/2019
Reviewed As to Form by EyeMed Legal: [Redacted]

State of Illinois

Signature agency representative:
Printed Name:
Title:
Date:

State of Illinois

State Agency: Illinois Tollway
Signature Agency representative: [Redacted]
Printed Name: John Donato
Title: Chief Of Procurement
Date: 3/1/19

State of Illinois

Signature agency representative: [Redacted]
Printed Name: Elizabeth Gorman
Title: Executive Director
Date: 3/1/19

Approved to Form and Constitutional
Attorney General State of Illinois

2/28/19