

VSP Renewal Rates For: City of Lee's Summit - VSP Group #30026016
 Effective January 1, 2017 - Two Year Rate Guarantee



	Current Choice Plan (Employees)		Renewal Choice Plan (Employees)		Current Choice Plan (Retirees)		Renewal Choice Plan (Retirees)	
	VSP Provider	Open Access Amount	VSP Provider	Open Access Amount	VSP Provider	Open Access Amount	VSP Provider	Open Access Amount
Exams								
Exam	\$10 Copay	Up to \$45	\$10 Copay	Up to \$45	\$10 Copay	Up to \$45	\$10 Copay	Up to \$45
Contact Lens Fitting and Evaluation	Up to \$60	N/A	Up to \$60	N/A	Up to \$60	N/A	Up to \$60	N/A
Frequency:	Every 12 months		Every 12 months		Every 12 months		Every 12 months	
Lenses								
Single Vision Lenses	\$15 Copay	Up to \$30	\$15 Copay	Up to \$30	\$15 Copay	Up to \$30	\$15 Copay	Up to \$30
Lined Bifocal Lenses	\$15 Copay	Up to \$50	\$15 Copay	Up to \$50	\$15 Copay	Up to \$50	\$15 Copay	Up to \$50
Lined Trifocal Lenses	\$15 Copay	Up to \$65	\$15 Copay	Up to \$65	\$15 Copay	Up to \$65	\$15 Copay	Up to \$65
Lined Lenticular Lenses	\$15 Copay	Up to \$100	\$15 Copay	Up to \$100	\$15 Copay	Up to \$100	\$15 Copay	Up to \$100
Frequency:	Every 12 months		Every 12 months		Every 12 months		Every 12 months	
Frames: Up to plan allowance, then 20% off overage, In-network.								
Retail Frame Allowance:	\$130 Allowance	Up to \$70	\$160 Allowance	Up to \$70	\$130 Allowance	Up to \$70	\$160 Allowance	Up to \$70
Frequency:	Every 24 months		Every 24 months		Every 24 months		Every 24 months	
Contact Lenses: In lieu of eyeglass benefit, material copay applies to NCL.								
Elective Contact Lenses (ECL)	\$130 Allowance	Up to \$105	\$130 Allowance	Up to \$105	\$130 Allowance	Up to \$105	\$130 Allowance	Up to \$105
Medically Necessary (NCL)-Prior Auth	\$15 Copay	Up to \$210	\$15 Copay	Up to \$210	\$15 Copay	Up to \$210	\$15 Copay	Up to \$210
Frequency:	Every 12 months		Every 12 months		Every 12 months		Every 12 months	
Lens Enhancements								
Fixed Discounted Copays								
Lens Add-Ons & Services	20-25% avg savings	N/A	20-25% avg savings	N/A	20-25% avg savings	N/A	20-25% avg savings	N/A
Fully-Insured Rates								
Employee Only	\$7.31		\$7.31		\$7.31		\$7.31	
Employee + Family	\$16.72		\$16.72		\$16.72		\$16.72	
ELIGIBILITY CRITERIA					NOTES			
Child/Student Age Verification: Age limits managed by eligibility file and not enforced by VSP.			Domestic Partner Coverage: Not offered at this time.		1. All renewal options include VSP's Diabetic Eyecare Plus Program.			
RENEWAL ACCEPTANCE								
To renew your contract with VSP and ensure continuous service, please have the appropriate representative review this information, sign and return this Renewal Exhibit to the email address or fax number below. VSP produces your Plan Policy upon receipt of your confirmation of renewal. Your new Plan Policy may contain some provisions that are changed from those in your current Policy, so you should review the new Policy carefully upon receipt. Please file this Agreement with your VSP contract as it serves as your notice of renewal.								

Cynthia Castillo
 Market Director
 200 S. Wacker Drive, Suite 3080
 Chicago, IL 60606
 312.651.7975 Phone / 312.466.1733 Fax
 Email: Cynthia.Castillo@vsp.com

Cheryl Lancor
 Account Manager
 200 S. Wacker Drive, Suite 3080
 Chicago, IL 60606
 312.651.7967 Phone / 312.466.1733 Fax
 Email: Cheryl.Lancor@vsp.com

By: _____
 Title: _____
 Date: _____