



August 15, 2017

Susan Wayman
City of Lee's Summit
220 SE Green St
Lee's Summit, MO 64063

Re: City of Lee's Summit #30026016 / January 1, 2018 Renewal Notification

Dear Ms. Susan Wayman:

Thank you for being a VSP® Vision Care customer. We put your employees first and guarantee their satisfaction. As the only national not-for-profit vision company, VSP gives you:

- Lowest Employee Out-of-Pocket
- Reduced Healthcare Costs
- 50% off Hearing Aids and Devices through our Partnership with TruHearing
- Diabetic Plus Eyecare - This program targets **glaucoma and age-related macular degeneration** in addition to **diabetic retinopathy** and other **diabetic eye diseases** with just a **\$20 copay – no limit on visits!** No impact on rates.

City of Lee's Summit has been a valued VSP client since July 1, 2011 and we currently cover 658 members. The plan offered is VSP's Choice Plan B which allows for an examination and lens once every 12 months, and frames once every 24 months, with a \$10 exam copayment and a \$15 materials copayment.

Rates include all applicable taxes and health assessment fees known as of the date of your renewal.

To continue VSP's program for this next policy, sign and return the Renewal Agreement to me by e-mail at isabel.rothrock@vsp.com or fax to 916-463-39286 by December 1, 2017. Please consider VSP your long-term partner in helping you maximize your benefit dollars.

Cordially,

A handwritten signature in cursive script that reads 'Isabel Rothrock'.

Isabel Rothrock
Senior Client Manager

cc: Jeff Spencer
Holmes Murphy & Associates, LLC

RENEWAL AGREEMENT

Group Name/Number: **City of Lee's Summit / #30026016**

Current Plan Design -24 Month Rate Guarantee

Plan Type: Choice – B
Frequency: 12/12/24
Copays: \$10 Exam/\$15 Materials
RFA & ECL Allowance: \$160 & \$130
Current Rates: \$7.31/16.72
Renewal Rates: \$6.34/15.05

Alternative Plan Design - 48 Month Rate Guarantee

Plan Type: Choice - B
Frequency: 12/12/24
Copays: \$10 Exam/\$15 Materials
RFA & ECL Allowance: \$160 & \$130
Alternative Rates: \$6.84/15.66

Open AccessSM Allowances: Examination up to \$45, Single Vision up to \$30, Lined Bifocal up to \$50, Lined Trifocal up to \$65, Lenticular up to \$100, Frame up to \$70, Elective Contact Lenses up to \$105 & Necessary Contact Lenses \$210.

Renewal Options

- Renew with current plan design
- Renew with alternative plan design

Contract Period for Option 1: January 1, 2018 through December 31, 2019

Contract Period for Option 2: January 1, 2018 through December 31, 2021

To renew your contract and maintain continuous service, please choose the option that best meets your needs, sign and return the Renewal Agreement by e-mail to: isabel.rothrock@vsp.com, or fax to: 916-463-3928 by December 1, 2017. VSP will produce your renewal contract when we have received the Signed Renewal Agreement. Please review the new contract carefully, since some of the provisions may have changed from your prior contract. Additionally, please keep a copy of this Renewal Agreement and accompanying letter, given that they serve as your Notice of Renewal.

By: _____

Title: _____

Date: _____