



CITY OF LEES SUMMIT

Vision

Proposal produced on July 24, 2019
This quote is valid for 90 days from date of proposal

CITY OF LEES SUMMIT Rate Summary

Coverage	Participating Lives	Covered Volume	Rates	Annual Premium
Vision Opt1 RQ2 <small>5341643</small>				
Vision <i>(per Employee Per Month)</i>	0			92,530
<ul style="list-style-type: none"> ▪ Employee Only ▪ Employee + Family 	266		\$6.51	
	387		\$15.45	
Rates are guaranteed from January 1, 2020 - December 31, 2022				

Summary of Benefits VISION - Vision Opt1 RQ2

Vision		
Class Description	All Active Full Time Employees (30 Hours)	
Plan Name	M160D-10/15-O	
Reimbursement	In-Network Coverage (Using a Network Provider)	Out-of-Network Reimbursement (Using a Non-Network Provider)
Eye Examination		
Comprehensive exam of visual functions and prescription of corrective eyewear.	\$10 copay	\$45 allowance
Retinal Imaging This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes.	Up to \$39 copay	Applied to the exam allowance
Materials / Eyewear (Either Glasses or Contacts)		
Standard Corrective Lenses <ul style="list-style-type: none"> • Single vision • Lined bifocal • Lined trifocal • Lenticular 	\$15 copay \$15 copay \$15 copay \$15 copay	\$30 allowance \$50 allowance \$65 allowance \$100 allowance

Standard Lens Enhancement		
<ul style="list-style-type: none"> • Ultraviolet coating 	Covered in Full	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> • Polycarbonate (child up to age 18) 	Covered in Full	Applied to the allowance for the applicable corrective lens
Additional Lens Enhancements¹		
<ul style="list-style-type: none"> • Progressive Standard 	Up to \$55 copay	\$50 allowance
<ul style="list-style-type: none"> • Progressive Premium/Custom 	Premium: Up to \$95-\$105 copay Custom: Up to \$150-\$175 copay	\$50 allowance
<ul style="list-style-type: none"> • Polycarbonate (adult) 	Single Vision: Up to \$31 copay Multifocal: Up to \$35 copay	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> • Scratch-resistant coating (variable by type) 	Up to \$17 - \$33 copay	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> • Tints (variable by type) 	Single Vision: Up to \$17 - \$34 copay Multifocal: Up to \$17 - \$44 copay	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> • Anti-reflective coating (variable by type) 	Up to \$41 - \$85 copay	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> • Photochromic (variable by type) 	Up to \$47 - \$82 copay	Applied to the allowance for the applicable corrective lens
Frame Allowance		
(You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco.)	\$160 allowance	\$70 allowance
<ul style="list-style-type: none"> • Costco 	\$90 allowance	
Contact Lenses		
<ul style="list-style-type: none"> • Elective 	\$160 allowance	\$105 allowance
<ul style="list-style-type: none"> • Necessary 	Covered in full after eyewear copay	\$210 allowance
<ul style="list-style-type: none"> • Contact Fitting and Evaluation 	Standard or Premium fit: Covered in full with a maximum copay of \$60	Applied to the contact lens allowance
Value Added Features		
Additional Savings on Glasses and Sunglasses¹	Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.	

Laser Vision correction²	Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations.
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¹Member costs for listed lens enhancements will be limited to copays that MetLife has negotiated with participating providers. These copays can be viewed by members after enrollment at www.metlife.com/mybenefits. All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco to confirm the availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

² Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Laser vision care discounts are only available from participating locations.

Supplemental Rider Benefit Information	
In-Network	Out-of-Network
<p>Diabetic Eyecare Plus</p> <ul style="list-style-type: none"> • Provides additional coverage for members who have been diagnosed with type 1 or type 2 diabetes and have specific ophthalmological conditions. It also provides benefits for those with glaucoma and age-related macular degeneration (AMD). In addition, members who have diabetes but don't show signs of diabetic eye disease are eligible to receive preventive retinal screenings. Not available at retail chains including Costco. • Exam: Covered in full after \$20 copay. • Other Ophthalmological services: Covered in full. 	<p>Diabetic Eyecare Plus Program:</p> <ul style="list-style-type: none"> - Exam and other ophthalmological services - The lesser of the provider's fee or 80% of the Medicare allowable.

Vision		
Class Description	Retirees (open class) (30 Hours)	
Plan Name	M160D-10/15-O	
Reimbursement	In-Network Coverage (Using a Network Provider)	Out-of-Network Reimbursement (Using a Non-Network Provider)
Eye Examination		
Comprehensive exam of visual functions and prescription of corrective eyewear.	\$10 copay	\$45 allowance
Retinal Imaging This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes.	Up to \$39 copay	Applied to the exam allowance
Materials / Eyewear (Either Glasses or Contacts)		
Standard Corrective Lenses		
• Single vision	\$15 copay	\$30 allowance
• Lined bifocal	\$15 copay	\$50 allowance
• Lined trifocal	\$15 copay	\$65 allowance
• Lenticular	\$15 copay	\$100 allowance

Standard Lens Enhancement		
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Vision	Rate per Employee	Lives	Est Monthly Premium	Est Annual Premium
▪ Employee Only	\$6.51	266	\$7,711	\$92,530
▪ Employee + Family	\$15.45	387		
▪ Total		653		
Rates are guaranteed from January 1, 2020 - December 31, 2022 (36 months)				

Frequency / Exclusions

The following frequency limitations apply to all plans	
Frequencies	
<ul style="list-style-type: none"> ▪ Examinations 	<ul style="list-style-type: none"> ▪ 1 per 12 Months
<ul style="list-style-type: none"> ▪ Standard Corrective Lenses 	<ul style="list-style-type: none"> ▪ 1 per 12 Months
<ul style="list-style-type: none"> ▪ Frames 	<ul style="list-style-type: none"> ▪ 1 per 24 Months
<ul style="list-style-type: none"> ▪ Contact Lenses 	<ul style="list-style-type: none"> ▪ 1 per 12 Months
Either glasses or contacts allowed per frequency	

Exclusions
<ul style="list-style-type: none"> ▪ Services and/or materials not specifically included in the Summary of Benefits as covered Plan Benefits. ▪ Any portion of a charge in excess of the Maximum Benefit Allowance or reimbursement indicated in the Summary of Benefits. ▪ Plano lenses (lenses with refractive correction of less than $\pm .50$ diopter) ▪ Two pairs of glasses instead of bifocals. ▪ Replacement of lenses, frames and/or contact lenses furnished under this Plan which are lost, stolen or damaged, except at the normal intervals when Plan Benefits are otherwise available. ▪ Orthoptics or vision training and any associated supplemental testing. ▪ Medical or surgical treatment of the eyes. ▪ Prescription and non-prescription medications. ▪ Contact lens insurance policies or service agreements. ▪ Refitting of contact lenses after the initial (90-day) fitting period. ▪ Contact lens modification, polishing or cleaning. ▪ Local, state and/or federal taxes, except where MetLife is required by law to pay. ▪ Any eye examination or any corrective eyewear required as a condition of employment. ▪ Services and supplies received by You or Your Dependent before the Vision Insurance starts for that person. ▪ Missed appointments. ▪ Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits. ▪ Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital. ▪ Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony. ▪ Services and materials obtained while outside the United States, except for emergency vision care. ▪ Services, procedures, or materials for which a charge would not have been made in the absence of insurance.

Highlights

Broker Commissions included in the rate: None

Expected Participation: 96%

Employee Contributions: 1%

Financial Arrangement: Non-retrospectively Experience Rated

Situs is MISSOURI

SIC Code: 9111

Dependent Child Definition: A Child is covered up to age 26; A student is covered up to age 26.

This quote assumes the plan is not a Section 125 plan.
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An Open Enrollment period occurring annually is included
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Underwriting Assumptions

PlanSmart* - PlanSmart is a multifaceted program, offered at no additional cost, which enables you to provide your employees with access to a range of financial and retirement education resources through on-site workshops, with optional personal consultations and decision-support assistance.

Retirewise - Retirewise is an in-depth program consisting of a four-part series of workshops that deliver objective information covering a broad spectrum of retirement issues from Estate Planning to Tax Planning. Each workshop is delivered by a locally based financial professional.

*Certain conditions apply. Please discuss with your MetLife representative to determine if this program is right for your company.

WillsCenter.com: Online will prep service offered through SmartLegalForms, Inc., available to all customers at no charge.

If insurance coverage is provided, it will be governed by the terms and conditions of the insurance policy and applicable law. If administrative services are provided, they are governed by the terms and condition of the administrative services agreement and by applicable law.

If MetLife is requested to duplicate contractual provisions from the prior carrier, such provisions must be compatible with all MetLife's standards.

The quoted rates and or fees are based upon the request received. If new or additional information in connection with this request is provided, MetLife reserves the right to change its quote at any time before the effective date. After the effective date, rate and or fees are subject to the terms and conditions of the policy and or administrative services agreement.

Only those eligible persons residing in the United States may be covered. Any others must be approved by MetLife.

NOTICE REGARDING NON-US COVERAGE

When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a Metropolitan Life Insurance Company (MLIC) affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MLIC or any other insurer that is not a member of MAXIS GBN. Please note that while MLIC is a member of MAXIS GBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

Some services in connection with the coverage may be performed by our affiliate, MetLife Services and Solutions, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's obligations. Coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.

SIC Code: 9111

Intermediary and Producer Compensation Notice

MetLife enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products (“Products”) with brokers, agents, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such products (each an “Intermediary”). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (*number of products sold or dollar value of premium*) with MetLife. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife’s current supplemental compensation plan, the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period; (2) the amount of premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) premium growth during a one-year period; or (6) a fixed percentage or sliding scale of the premium for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., *insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, or reinsurance arrangements*).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife’s base compensation and supplemental compensation plans can be found on MetLife’s Web site at <http://www.metlife.com/business-and-brokers/broker-resources/broker-compensation>. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of products, and the compensation paid may vary based on a number of factors including the type of product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

L0918508759 [exp1219][All States][DC, GU, MP, PR, VI]

L0818507932 [exp0820][All Territories]