

VSP® Renewal Exhibit for MOLECULAR EPIDEMIOLOGY

Group Number: 30002541

Renewal Effective Date: February 01, 2024



	VSP Signature Plan® Current Plan	VSP Signature Plan® Renewal Plan
Exam Copay	\$10.00	\$10.00
Materials Copay	\$25.00	\$25.00
Frequency: Exam: Lenses: Frame:	Every 12 Months Every 12 Months Every 24 Months	Every 12 Months Every 12 Months Every 24 Months
Essential Medical Eye Care	\$20 copay per visit	\$20 copay per visit
Exam Coverage		
WellVision Exam®	Covered in full after copay	Covered in full after copay
Contact Lens Exam (Fitting & Evaluation)	Standard and premium fit: Covered in full after copay. Member receives 15% off contact lens exam services; copay will never exceed \$60	Standard and premium fit: Covered in full after copay. Member receives 15% off contact lens exam services; copay will never exceed \$60
Routine Retinal Screening	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam
Lens Coverage		
Basic Prescription Lenses: (Glass or plastic) Single vision Lined bifocal Lined trifocal Lenticular	Covered in full after copay	Covered in full after copay
Lens Enhancements¹	Covered with a copay, saving an average of 40%	Covered with a copay, saving an average of 40%
	Single Vision Multifocal	Single Vision Multifocal
Standard Anti-Glare coating:	\$37 \$37	\$37 \$37
All other Anti-Glare coatings:	\$51 - \$75 \$51 - \$75	\$51 - \$75 \$51 - \$75
Impact-resistant lenses for children:	Covered in full Covered in full	Covered in full Covered in full
Impact-resistant lenses for adults:	\$23 \$28	\$23 \$28
Standard Progressives:	N/A Covered in full	N/A Covered in full
Premium & Custom Progressives:	N/A \$80 - \$160	N/A \$80 - \$160
Tints/Light-reactive lenses:	\$70 \$70	\$70 \$70
Scratch-resistant coating:	\$15 \$15	\$15 \$15
¹ Prices shown reflect standard selections; premium or custom options may also be available at additional costs.		
Frame Coverage		
VSP Network Doctors and Visionworks®	\$130 allowance; plus 20% off any amount above the allowance	\$130 allowance; plus 20% off any amount above the allowance
Contact Lens Coverage		
Elective Contact Lenses (prescription contact lenses, in lieu of glasses)	\$130 allowance	\$130 allowance
Necessary Contact Lenses	Covered in full after copay	Covered in full after copay

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Extra Savings		
VSP Laser VisionCareSM Program Discounts on LASIK, Custom LASIK, and PRK, plus patient education.	Average 15% off or 5% off promotional offer Discounts only available from VSP contracted facilities. Members who've had laser surgery can use frame benefit for non-prescription sunglasses	Average 15% off or 5% off promotional offer Discounts only available from VSP contracted facilities. Members who've had laser surgery can use frame benefit for non-prescription sunglasses
Additional Pairs of Glasses	30% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses purchased on the same day with the same provider who performed the exam. Or 20% off from any VSP provider within 12 months of the member's last WellVision Exam	30% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses purchased on the same day with the same provider who performed the exam. Or 20% off from any VSP provider within 12 months of the member's last WellVision Exam
Out-of-Network Schedule		
Eye Exam:	\$50.00	\$50.00
Single Vision:	\$50.00	\$50.00
Lined Bifocal:	\$75.00	\$75.00
Lined Trifocal:	\$100.00	\$100.00
Lenticular:	\$125.00	\$125.00
Progressive:	\$75.00	\$75.00
Frame:	\$70.00	\$70.00
Elective Contact Lenses:	\$105.00	\$105.00
Necessary Contact Lenses:	\$210.00	\$210.00
Monthly Rates		
Risk	Employee Only: \$5.32 Employee + One: \$8.51 Employee + Child(ren): \$8.69 Employee + Family: \$14.01	Employee Only: \$6.66 Employee + One: \$10.65 Employee + Child(ren): \$10.88 Employee + Family: \$17.54
Commissions	Sliding 10%	Sliding 10%
Policy Term	2 Years	2 Years
Select the desired renewal plan		<input type="checkbox"/>
Renewal Acceptance		

To renew your contract with VSP and ensure continuous service, please have the appropriate representative review this information, select the desired renewal action, sign and return this Renewal Agreement to the email address 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.

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Ross San
Key Client Manager, VSP
Phone # 916.858.7305
Ross.San@vsp.com

Signature: _____
Name: _____
Title: _____
Date: _____