VSP Renewal Rate Exhibit
County of Marin
Group #00109803
Effective: January 1st, 2016

	Current Plan		2016 Confirmed Renewal	
Network	**Signature**		**Signature**	
Copay	$10 Exam / $25 Material		$10 Exam / $25 Material	
Exam Every:	12 Months		12 Months	
Lenses Every:	24 Months		24 Months	
Frame Every:	24 Months		24 Months	
Diabetc EyeCare Plus	$20 per visit		N/A	
Primary Eyecare	N/A		$20 per visit	
VSP PROVIDER				
Examination	Covered after copay		Covered after copay	
Contact Lens Exam (Fitting & Evaluation)	15% off		15% off	
Lenses:				
Single Vision	Covered after copay		Covered after copay	
Lined Bifocal	Covered after copay		Covered after copay	
Lined Trifocal	Covered after copay		Covered after copay	
Lenticular	Covered after copay		Covered after copay	
Copay on Lens Options:	The most popular lens options are covered-in-full with a copay, saving our members an average of 35-40%.		The most popular lens options are covered-in-full with a copay, saving our members an average of 35-40%.	
	Single Vision	***Multifocal***	***Single Vision***	***Multifocal***
Anti-reflective coating	$39	$39	$39	$39
Polycarbonate for children	No copay	No Copay	No copay	No Copay
Polycarbonate	$25	$30	$25	$30
Progressive	Covered in Full		Covered in Full	
Photochromic	$62	$76	$62	$76
Scratch-resistant coating	$15	$15	$15	$15
Frames	$130.00		$160.00	
Elective Contact Lenses*	$130.00		$150.00	
Necessary Contact Lenses*	Covered after copay		Covered after copay	
	*Contact Lenses are in lieu of spectacle lenses and frames once every 24 months		*Contact Lenses are in lieu of spectacle lenses and frames once every 24 months	
DISCOUNTS & SAVINGS				
	Polycarbonate lenses for dependent children		Polycarbonate lenses for dependent children	
	Retinal Screen capped at $39		Retinal Screen capped at $39	
	Laser Vision Correction - Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.		Laser Vision Correction - Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.	
NON-VSP PROVIDER				
Examination	$45.00		$45.00	
Lenses:				
Single Vision	$45.00		$45.00	
Bifocal	$65.00		$65.00	
Trifocal	$85.00		$85.00	
Lenticular	$125.00		$125.00	
Progressive	$85.00		$85.00	
Frames	$47.00		$47.00	
Elective Contact Lenses*	$105.00		$105.00	
Necessary Contact Lenses	$210.00		$210.00	
	*Contact Lenses are in lieu of spectacle lenses and frames once every 24 months		*Contact Lenses are in lieu of spectacle lenses and frames once every 24 months	
FULLY-INSURED PROGRAM				
Employee Only	**$5.52**		**$5.52**	
Employee +1	**$12.39**		**$12.39**	
Employee + Family	**$17.66**		**$17.66**	
Contract Term	**January 1, 2013-December 31st, 2015**		**January 1, 2016-December 31st, 2018**	
Commissions	**Net**		**Net**	