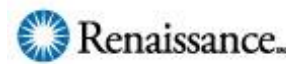


# Renaissance Vision Coverage

Quote Prepared For: **cbg Voluntary Vision Plan**

Effective Date: Groups with effective dates through December 1, 2016



Adding Renaissance Vision coverage to your dental plan couldn't be easier. You may purchase our vision coverage as a standalone benefit or bundle dental and vision for easy administration.

Renaissance vision coverage is administered by VSP. With over 65 million members and more than 31,000 doctors, VSP boasts the largest national network of independent doctors.<sup>1</sup> Eye care professionals across the nation partner with VSP to deliver the best patient experience. You'll be thrilled by the large selection of eyewear available to you, from classic styles to trendy frames, and you'll find hundreds of options to choose from. Frames include dozens of top brand names, so you can find one that fits your personality.

## Vision Coverage through VSP Eye Doctors

The best eye doctors provide the best care. VSP carefully chooses eye doctors based on their professional licensing, work history, education, professional liability and ethics. Vision members will receive quality care with an eye exam from a VSP doctor.

- **Certified care:** VSP optometrists are Therapeutic Pharmaceutical Agent (TPA) certified and ophthalmologists are American Board of Ophthalmology (ABO) certified.
- **Excellent standards:** The VSP credentialing process complies with the National Committee for Quality Assurance (NCQA) standards.

## All VSP Doctor Locations

Accept new patients, provide a WellVision Exam and offer a wide selection of contact lenses and frame brands.

## VSP Doctor Network: VSP Choice

Your Coverage with VSP Doctors and Affiliate Providers	Plan Type	
	Copay	Frequency
<b>WellVision Exam</b>		
<ul style="list-style-type: none"> <li>• Focuses on your eyes and overall wellness</li> </ul>	\$10	Every 12 months
<b>Prescription Glasses</b>	\$25	See frame and lenses
<b>Frame</b>		
<ul style="list-style-type: none"> <li>• \$150 allowance for a wide selection of frames</li> <li>• 20 percent savings on the amount over your allowance</li> </ul>	Included in prescription glasses	Every 24 months
<b>Lenses</b>		
<ul style="list-style-type: none"> <li>• Single vision, lined bifocal, lined trifocal and lenticular lenses</li> <li>• Polycarbonate lenses for dependent children</li> </ul>	Included in prescription glasses	Every 12 months
<b>Lens Enhancements</b>		
<ul style="list-style-type: none"> <li>• Standard progressive lenses</li> <li>• Premium progressive lenses</li> <li>• Custom progressive lenses</li> <li>• Average savings of 20–25 percent on other lens enhancements</li> </ul>	\$55 \$95–\$105 \$150–175	Every 12 months
<b>Contacts (instead of glasses)</b>		
<ul style="list-style-type: none"> <li>• \$150 allowance for contacts; copay does not apply</li> <li>• Contact lens exam (evaluation and fitting) (Medically necessary covered in full after \$25 copay)</li> </ul>	Up to \$60 (applies to contact evaluation and fitting)	Every 12 months
<b>Extra Savings</b>		
<b>Glasses and Sunglasses</b>		
<ul style="list-style-type: none"> <li>• 20 percent savings on additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of your WellVision Exam.</li> </ul>		
<b>Contacts</b>		
<ul style="list-style-type: none"> <li>• 15 percent savings on a contact lens exam (fitting and evaluation)</li> </ul>		
<b>Laser Vision Correction</b>		
<ul style="list-style-type: none"> <li>• Average 15 percent off the regular price or 5 percent off the promotional price; discounts only available from contracted facilities.</li> </ul>		
<b>Your Coverage with Other Providers<sup>2</sup></b>		
<b>Visit <a href="http://www.vsp.com">www.vsp.com</a> for details, if you plan to see a provider other than a VSP doctor.</b>		
<ul style="list-style-type: none"> <li>• Exam- Up to \$45</li> <li>• Frame- Up to \$70</li> </ul>	<ul style="list-style-type: none"> <li>• Single vision lenses- Up to \$30</li> <li>• Lined bifocal lenses- Up to \$50</li> </ul>	<ul style="list-style-type: none"> <li>• Lined trifocal lenses- Up to \$65</li> <li>• Progressive lenses- Up to \$50</li> <li>• Contacts- Up to \$105 (\$210 necessary)</li> <li>• Lenticular lenses- Up to \$100</li> </ul>
<b>Monthly Premiums</b>		
<b>Employee only</b>	\$ 7.82	
<b>Employee + spouse</b>	\$15.64	
<b>Employee + children</b>	\$16.73	
<b>Employee + family</b>	\$26.74	

(1) VSP internal data. (2) Coverage with a retail chain affiliate may be different. Once your benefit is effective, visit [www.myrenbenefits.com](http://www.myrenbenefits.com) for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with Renaissance, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

Underwritten by Renaissance Life & Health Insurance Company of America, Indianapolis, IN, and in New York by Renaissance Health Insurance Company of New York, NY. Both companies may be reached at PO Box 1596, Indianapolis, IN 46206.