Hello

EXHIBIT "A"

I have great news for City Of Joplin Full. The EyeMed renewal process just became easier. For renewals with no changes, we no longer require a signature. Your benefits will continue as-is.

Rates below will be effective 1/1/2020.

Tier	Current Rate	Renewal Rate
Employee Only	$5.33	$5.33
Employee + Spouse	$10.12	$10.12
Employee + Children	$10.65	$10.65
Employee + Family	$15.65	$15.65

As a reminder, we will continue to guarantee these rates for 48 months with the exception of changes in benefits, network, contributions, number of eligible employees or any future tax, fee or assessment imposed by the Federal or State governments. This document should be retained for your records.

We look forward to continuing our relationship. In addition to your same great savings we have a couple more to share.

- Routine Retinal Screening: Pay no more than $39 at EyeMed in-network provider locations.
- Hearing Care Discount: 40% off of a hearing exam and set discounted pricing for hearing materials from the Amplifon Hearing Health Care network.
- Sun Savings: $20 off any purchase, or $50 off purchase of $200+ at Sunglass Hut.*
- International Travel Solution: Assistance for vision emergencies when traveling abroad.

If you'd like to see additional plan design options or if there are any questions, don't hesitate to contact me. We know things change, so if there is a new contact person, please send me their contact information so that I can follow up.

There is no additional action required.

Thank you for your business.

Best regards,

Jeff Weak
Account Manager
jweak@eyemed.com
4000 Luxottica Place
Mason, OH 45040

* May not be combined with any other offers or discounts. This is not insurance. Redeemable at any participating U.S. Sunglass Hut, Sunglass Hut at Macy's or online, or at SunglassHut.com. Excludes Chanel, Maui Jim, Oakley, Tiffany and Tom Ford. Exclusions may apply. Limitations and exclusions may apply. For a complete list of current offers, EyeMed members may log into their member account at eyemed.com.

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION TARGET OPTICAL sears OPTICAL

City of Joplin

Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Option Exam Only

Exam Only

Insight Network

Fully Insured

Employee Paid

Funded Benefits

Vision Care Services	In-Network Member Cost	Out of Network Member Reimbursement
Exam Services		
Exam	$10 copay	Up to $40

Frequency

Examination
Once every 12 months

Lenses
Unlimited

Frame
Unlimited

Terms

Contract Term
48 months

Rate Guarantee
48 months

Monthly Rates

Subscriber	$1.43
Subscriber + Spouse	$2.72
Subscriber + Child(ren)	$2.87
Subscriber + Family	$4.22

lonthly Rate is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, tl umber of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies.
yeMed Vision Care reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For curre sting of brands by tier, call 866.939.3633.

lan Details

luote for group situsedin the State of MO and will be valid until the 01/01/2021 implementation date. Date Quoted 06/25/2020. Rates are valid only when the quoted lan is the sole stand-alone vision plan offered by the group. Percentage discounts are not part of the insurance benefit. Underwritten by Fidelity Security Life Insurance ompany of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-146, form number M-9191.

lan Exclusions/Limitations

lo benefits will be paid for services or materials connected with or charges arising from: any Vision Materials; Medical or surgical treatment, services or supplies for tl eatment of the eye, eyes or supporting structures; refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of ai Vorkers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or visi aining, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by olicyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lense lano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to l overed under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 da om the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials wou ext become available. Fees charged by a Provider for services other than a covered benefit and any local, state or federal taxes must be paid in full by the Insured Pers the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequenc ome provisions, benefits, exclusions or limitations listed herein may vary by state.

y signing below, the Group agrees to receive all documents and correspondence electronically and that the Group can access the internet or the email address rovided. The Group understands that the Group may revoke this authorization or request specific paper documents without revoking this authorization by contacting yeMed by mail, email, or telephone. If City of Joplin has chosen this benefit design, attach this document to the group application and sign here:

Signature Date

City of Joplin

Saving our members some extra green

We're committed to keeping money in our members' pockets.
That's why we offer our members additional discounts above the proposed plan benefits.

$avings for Members

40% off

additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used – an industry exclusive

20% off

any item not covered by the plan, including non-prescription sunglasses

Lasik

Lasik or PRK from US Laser Network
15% off retail price or 5% off promotional price

Hearing Care

Amplifon Hearing Health Care Network
40% off hearing exams and a low price guarantee on discounted hearing aids

Additional Discounts

Vision Care Services	In-Network Member Cost
Discounted Exam Services	
Retinal Imaging	Up to $39
Contact Lens Fit and Follow-up	
(Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)	
Fit and Follow-up - Standard	$40
Fit and Follow-up - Premium	10% off retail price
Discounted Standard Plastic Lenses	
Single Vision	$50
Bifocal	$70
Trifocal	$105
Discounted Frames	35% off retail price
Discounted Lens Options	
Standard Progressive	$135
Anti Reflective Coating - Standard	$45
Photochromic - Non-Glass	$75
Polycarbonate - Standard	$40
Scratch Coating - Standard Plastic	$15
Tint - Solid or Gradient	$15
UV Treatment	$15
Contact Lenses (discount applied to materials only)	
Conventional Contact Lenses	15% off Retail Price
Other Add-on Services and Materials	20% off retail price

iscount Details
ember receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional service: contact lenses.
lan discounts cannot be combined with any other discounts or promotional offers.
certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online ovider locator to determine which participating providers have agreed to the discounted rate.
iscounts on vision materials may not be applicable to certain manufacturers' products
yeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the list oduct level. All providers are not required to carry all brands at all levels.
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City of Joplin

Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Option Full Plan

Exam & Materials

Insight Network

Fully Insured

Employee Paid

Funded Benefits

Vision Care Services	In-Network Member Cost	Out of Network Member Reimbursement
Exam Services		
Exam	$10 copay	Up to $40
Frame		
Any available frame at provider location	$0 copay; 20% off balance over $130 allowance	Up to $91
Contact Lenses		
(Contact Lens allowance includes materials only)		
Contacts - Conventional	$0 copay; 15% off balance over $110 allowance	Up to $110
Contacts - Disposable	$0 copay; 100% of balance over $110 allowance	Up to $110
Contacts - Medically Necessary	$0 copay; Paid-In-Full	Up to $210
Standard Plastic Lenses		
Single Vision	$15 copay	Up to $30
Bifocal	$15 copay	Up to $50
Trifocal	$15 copay	Up to $70
Lenticular	$15 copay	Up to $70
Progressive - Standard	$80 copay	Up to $50
Progressive - Premium Tier 1	$100 copay	Up to $50
Progressive - Premium Tier 2	$110 copay	Up to $50
Progressive - Premium Tier 3	$125 copay	Up to $50
Progressive - Premium Tier 4	$80 copay, 80% of charge less $120 allowance	Up to $50

Frequency

Examination
Once every 12 months

Lenses (in lieu of contacts)
Once every 12 months

Contacts (in lieu of lenses)
Once every 12 months

Frame
Once every 24 months

Terms

Contract Term
48 months

Rate Guarantee
48 months

Monthly Rates

Subscriber	$5.33
Subscriber + Spouse	$10.12
Subscriber + Child(ren)	$10.65
Subscriber + Family	$15.65

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Anti Reflective Coating - Standard	$45
Anti Reflective Coating - Premium Tier 1	$57
Anti Reflective Coating - Premium Tier 2	$68
Anti Reflective Coating - Premium Tier 3	20% off retail price
Photochromic - Non-Glass	$75
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