



**Choice Series With Lens Options
Vision Plan Offered through VSP**

	Plan A	Plan B	Plan C
Examination	12 Months	12 Months	12 Months
Lenses	24 Months	12 Months	12 Months
Frame	24 Months	24 Months	12 Months

	Plan A	Plan B	Plan C
	\$20/\$20 Copay	\$20/\$20 Copay	\$20/\$20 Copay
Employee	\$ 9.40	\$ 10.08	\$ 12.84
Employee + One	\$ 13.51	\$ 14.48	\$ 18.39
Family	\$ 24.55	\$ 26.31	\$ 26.93

**Plans can be Billed on a Monthly, Quarterly, Semi-Annually or Annually Basis
EFT Payment Options are also Available**