



**Choice Series Without 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	\$ 9.14	\$ 9.71	\$ 12.03
Employee + One	\$ 12.85	\$ 13.66	\$ 16.95
Family	\$ 22.12	\$ 23.60	\$ 23.76

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