



Signature Series Vision Plan Offered through VSP

	Plan A	Plan B	Plan C	Exam Plus
Examination	12 Months	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	Exam Plus
	\$20/\$20 Copay	\$20/\$20 Copay	\$20/\$20 Copay	\$20/\$20 Copay/Discount
Employee	\$ 11.46	\$ 12.32	\$ 15.65	\$ 2.26
Employee + One	\$ 16.47	\$ 17.65	\$ 22.39	\$ 3.02
Family	\$ 29.91	\$ 32.07	\$ 40.64	\$ 3.98

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