



INDIVIDUAL VISION COVERAGE

**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
	Annual Premium	Annual Premium	Annual Premium
	Plan A	Plan B	Plan C
	\$20/\$20 Copay	\$20/\$20 Copay	\$20/\$20 Copay
Individual	\$ 152.80	\$ 160.96	\$ 194.08
Individual + One	\$ 202.12	\$ 213.76	\$ 260.68
Family	\$ 334.60	\$ 355.72	\$ 363.16

\$40 Administration Fee is Included in the Annual Premium

Rates Guaranteed through March 31, 2014