



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	\$ 180.64	\$ 190.96	\$ 232.12
Individual + One	\$ 242.20	\$ 256.84	\$ 315.28
Family	\$ 407.56	\$ 433.84	\$ 443.08

\$40 Administration Fee is Included in the Annual Premium

Rates Guaranteed through March 31, 2020