



**Signature Series Vision Plan Offered through VSP**

	<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>	<b>Exam Plus</b>
<b>Examination</b>	12 Months	12 Months	12 Months	12 Months
<b>Lenses</b>	24 Months	12 Months	12 Months	
<b>Frame</b>	24 Months	24 Months	12 Months	

	<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>	<b>Exam Plus</b>
	<b>\$20/\$20 Copay</b>	<b>\$20/\$20 Copay</b>	<b>\$20/\$20 Copay</b>	<b>\$20 Copay/Discount</b>
Employee	\$ 14.30	\$ 15.36	\$ 19.52	\$ 2.89
Employee + One	\$ 20.55	\$ 22.03	\$ 27.93	\$ 3.87
Family	\$ 37.31	\$ 40.01	\$ 50.69	\$ 5.10

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