



**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	\$ 11.71	\$ 12.45	\$ 15.42
Employee + One	\$ 16.48	\$ 17.52	\$ 21.75
Family	\$ 28.37	\$ 30.28	\$ 30.49

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

**NOT FOR NEW BUSINESS
Rates Guaranteed through March 31, 2024**