



**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

	Plan A	Plan B	Plan C
	\$20/\$20 Copay	\$20/\$20 Copay	\$20/\$20 Copay
Employee	\$ 10.96	\$ 11.76	\$ 14.97
Employee + One	\$ 15.75	\$ 16.89	\$ 21.44
Family	\$ 28.63	\$ 30.68	\$ 31.40

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