



**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	\$ 10.95	\$ 11.64	\$ 14.42
Employee + One	\$ 15.41	\$ 16.38	\$ 20.33
Family	\$ 26.52	\$ 28.30	\$ 28.49

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