



## INDIVIDUAL VISION COVERAGE

<b>Choice Series With Lens Options Vision Plan Offered through VSP</b>
--

	<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>
<b>Examination</b>	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>Annual Premium</b>	<b>Annual Premium</b>	<b>Annual Premium</b>
	<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>
	<b>\$20/\$20 Copay</b>	<b>\$20/\$20 Copay</b>	<b>\$20/\$20 Copay</b>
Individual	\$ 171.52	\$ 181.12	\$ 219.64
Individual + One	\$ 229.00	\$ 242.68	\$ 297.28
Family	\$ 383.56	\$ 408.16	\$ 416.80

**\$40 Administration Fee is Included in the Annual Premium**

**Rates Guaranteed through March 31, 2018**