



Signature Series Vision Plan Offered through VSP

	Plan A	Plan B	Plan C	Exam Plus
Examination	12 Months	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	Exam Plus
	\$20/\$20 Copay	\$20/\$20 Copay	\$20/\$20 Copay	\$20 Copay/Discount
Employee	\$ 13.37	\$ 14.36	\$ 18.25	\$ 2.71
Employee + One	\$ 19.21	\$ 20.59	\$ 26.11	\$ 3.62
Family	\$ 34.87	\$ 37.40	\$ 47.38	\$ 4.77

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