



**Choice Series Without Lens Options  
Vision Plan Offered through VSP**

	<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>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>
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**

**Rates Guaranteed through March 31, 2020**