



**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 | \$ 11.72 | \$ 12.58 | \$ 16.01 |
| Employee + One | \$ 16.85 | \$ 18.07 | \$ 22.94 |
| Family | \$ 30.63 | \$ 32.82 | \$ 33.59 |

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