



## Plan Rates 2010

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In order to provide cost savings within your Vision Plan offering we have elected to switch to the VSP Choice Plan. This operates under the Choice Network of Doctors and in all cases our existing clients have participating Doctors.

<b>VSP Choice Plan B</b> <i>(available Statewide)</i>		<b>Effective 1-1-2010 to 12-31-2010</b>			<b>Group: 12326874</b>
<b>Total Billed</b>	<b>EE Only</b>	<b>EE + 1</b>	<b>EE + Child(ren)</b>	<b>Family</b>	
	<b>\$13.33</b>	<b>\$20.00</b>	<b>\$20.33</b>	<b>\$30.33</b>	
WellVision Exam		\$10 copay	Every 12 months		
Prescription Glasses		\$25 copay	Every 12 months		
Contact Lens Care			Every 12 months	\$130 allowance	
Frame			Every 24 months	\$130 allowance	