

**VSP CHOICE PLAN®**  
**COMMERCIAL BUSINESS RATES**  
 Voluntary Participation 0-24% Employer Paid  
 10-50 Enrolled Employees  
 For Clients Headquartered in California  
 Valid Until December 1, 2020



**Plan Guidelines**

- Individual Experience is not available for Pooled Groups
- 24 month rate guarantee and contract term
- These voluntary pooled rates are based on enrollment of 10-50 employees
- Rates are based on our sliding 10% commission scale and the agreement that VSP will receive these amounts over the full plan term
- Platform participation and associated fees are not included
- The first copay applies to the eye examination and the second copay applies to materials
- Rates include all applicable taxes and health assessment fees known as of the date of the proposal

**Plan Frequencies**

	PLAN C	PLAN B
<b>Eye Exam</b>	12 Months	12 Months
<b>Lens</b>	12 Months	12 Months
<b>Frame</b>	12 Months	24 Months

The difference in the following plans is the intervals when services are available, as shown above. The base rates quoted reflect VSP's standard in-network retail allowances of \$130 for frames and \$130 for elective contact lenses.

**MONTHLY RATES**

3-Rate Basis PLAN C (12/12/12)	Employee Only	Employee + One	Employee + Family
<b>Copay: \$0</b>	\$24.88	\$38.66	\$61.32
<b>Copay: \$5</b>	\$22.20	\$34.50	\$54.72
<b>Copay: \$10</b>	\$19.28	\$29.96	\$47.52
<b>Copay: \$20</b>	\$15.14	\$23.52	\$37.30
<b>Copay: \$25</b>	\$13.93	\$21.64	\$34.32
<b>Copay: \$0/\$20</b>	\$16.28	\$25.29	\$40.12
<b>Copay: \$10/\$10</b>	\$14.37	\$22.32	\$35.40
<b>Copay: \$10/\$20</b>	\$13.25	\$20.58	\$32.65
<b>Copay: \$10/\$25</b>	\$12.64	\$19.64	\$31.16
<b>Copay: \$10/\$30</b>	\$12.01	\$18.66	\$29.60
<b>Copay: \$20/\$20</b>	\$11.30	\$17.56	\$27.85

3-Rate Basis PLAN B (12/12/24)	Employee Only	Employee + One	Employee + Family
<b>Copay: \$0</b>	\$21.49	\$33.38	\$52.95
<b>Copay: \$5</b>	\$18.98	\$29.49	\$46.77
<b>Copay: \$10</b>	\$16.50	\$25.63	\$40.65
<b>Copay: \$20</b>	\$12.94	\$20.11	\$31.89
<b>Copay: \$25</b>	\$11.29	\$17.54	\$27.82
<b>Copay: \$0/\$20</b>	\$13.95	\$21.68	\$34.38
<b>Copay: \$10/\$10</b>	\$11.67	\$18.13	\$28.76
<b>Copay: \$10/\$20</b>	\$10.76	\$16.72	\$26.52
<b>Copay: \$10/\$25</b>	\$10.29	\$15.99	\$25.37
<b>Copay: \$10/\$30</b>	\$9.78	\$15.19	\$24.10
<b>Copay: \$20/\$20</b>	\$9.67	\$15.02	\$23.82

*Our proposal is based on the scope of the obligations that VSP agrees to undertake. VSP will comply with state and/or federal rules and regulations as they pertain to pre-paid vision plans with a defined benefit*