



INDIVIDUAL VISION COVERAGE

Choice Series Plans Vision Plan Offered through VSP

	Plan A	Plan B	Plan C	Elite
Examination	12 Months	12 Months	12 Months	12 Months
Lenses	24 Months	12 Months	12 Months	12 Months
Frame	24 Months	24 Months	12 Months	12 Months
	Annual Premium	Annual Premium	Annual Premium	Annual Premium
	Plan A	Plan B	Plan C	Elite
	\$20/\$20 Copay	\$20/\$20 Copay	\$20/\$20 Copay	\$10/10 Copay
Individual	\$ 160.64	\$ 170.96	\$ 212.12	\$ 230.96
Individual + One	\$ 222.20	\$ 236.84	\$ 295.28	\$ 322.28
Family	\$ 387.56	\$ 413.84	\$ 423.08	\$ 462.56

\$20 Administration Fee is Included in the Annual Premium

Rates Guaranteed through March 31, 2026