

**VSP CHOICE PLAN <sup>SM</sup>  
POLITICAL SUBDIVISION RATES  
178 Enrolled Employees  
For Clients Headquartered in Ohio  
Valid Until January 1, 2011**

The base rates quoted reflect VSP's standard in-network retail allowances of \$130 for frames and \$130 for elective contact lenses.

PLAN C (12/12/12)	
Eye Exam	12 Months
Lenses	12 Months
Frames	12 Months

**MONTHLY RATES**

Composite	Composite
PLAN C Copay: \$25.00	\$ 13.24
<b>Total:</b>	<b>\$ 13.24</b>

Composite	Composite
PLAN C Copay: \$10.00/\$25.00 <sup>1</sup>	\$ 12.71
<b>Total:</b>	<b>\$ 12.71</b>

Composite	Composite
PLAN C Copay: \$20.00/\$20.00 <sup>1</sup>	\$ 12.02
<b>Total:</b>	<b>\$ 12.02</b>

<sup>1</sup> The first copay applies to the eye examination and the second copay applies to materials.

**Plan Guidelines**

- These rates assume 100% participation of all eligible employees and dependents. If employee contributions are involved, VSP requires 100% participation of those enrolled in the medical or dental plan.
- Two Year Rate Guarantee
- Contracts will be issued for two years unless other arrangements are made with VSP in advance
- Rates are based on the agreement that VSP will receive these amounts over the full plan term
- Other participation requirements must be discussed with your VSP Representative before quoting rates. Please contact your VSP Representative for voluntary rates or rates for clients that are commercial business groups (e.g., private schools, labor management trust funds, trade or professional associations, etc.).
- Individual Experience is not available for Pooled Groups.