

VSP SIGNATURE PLAN[®]
COMMERCIAL BUSINESS RATES
10-99 Enrolled Employees
For Clients Headquartered in Washington
Valid Until December 1, 2012

The difference in the following plans is the intervals when services are available, as shown below. The base rates quoted reflect VSP's standard in-network retail allowances of \$130 for frames and \$130 for elective contact lenses. The 12/12/12 option includes tinted or photochromic lenses at no extra cost.

	PLAN A (12/24/24)	PLAN B (12/12/24)	PLAN C (12/12/12)
Eye Exam	12 Months	12 Months	12 Months
Lenses	24 Months	12 Months	12 Months
Frames	24 Months	24 Months	12 Months

MONTHLY RATES

PLAN A		COPAYS							
4-Rate Basis		\$0.00	\$5.00	\$10.00	\$20.00	\$25.00	\$0/\$20 ¹	\$10/\$25 ¹	\$20/\$20 ¹
Employee Only		\$10.75	\$9.58	\$8.27	\$6.52	\$5.62	\$7.00	\$5.12	\$4.87
Employee + One		\$17.21	\$15.33	\$13.24	\$10.43	\$9.00	\$11.20	\$8.19	\$7.79
Employee + Children		\$17.57	\$15.65	\$13.51	\$10.65	\$9.19	\$11.43	\$8.36	\$7.95
Employee + Family		\$28.32	\$25.24	\$21.79	\$17.16	\$14.81	\$18.43	\$13.48	\$12.82
PLAN B		COPAYS							
4-Rate Basis		\$0.00	\$5.00	\$10.00	\$20.00	\$25.00	\$0/\$20 ¹	\$10/\$25 ¹	\$20/\$20 ¹
Employee Only		\$12.04	\$10.85	\$9.34	\$7.46	\$6.48	\$8.01	\$5.90	\$5.57
Employee + One		\$19.27	\$17.36	\$14.95	\$11.94	\$10.37	\$12.82	\$9.44	\$8.92
Employee + Children		\$19.67	\$17.72	\$15.26	\$12.19	\$10.58	\$13.09	\$9.63	\$9.10
Employee + Family		\$31.72	\$28.57	\$24.61	\$19.65	\$17.06	\$21.10	\$15.53	\$14.68
PLAN C		COPAYS							
4-Rate Basis		\$0.00	\$5.00	\$10.00	\$20.00	\$25.00	\$0/\$20 ¹	\$10/\$25 ¹	\$20/\$20 ¹
Employee Only		\$14.76	\$13.39	\$11.53	\$9.24	\$8.05	\$9.92	\$7.32	\$6.90
Employee + One		\$23.61	\$21.43	\$18.45	\$14.78	\$12.88	\$15.87	\$11.72	\$11.04
Employee + Children		\$24.10	\$21.87	\$18.84	\$15.09	\$13.14	\$16.21	\$11.96	\$11.27
Employee + Family		\$38.86	\$35.27	\$30.37	\$24.33	\$21.19	\$26.13	\$19.28	\$18.17

¹ 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 political subdivisions (e.g., cities, counties, special districts, etc.), labor management trust funds, trade or professional associations and for information regarding coverage for hospitals and school districts.
- Individual Experience is not available for Pooled Groups.