

The Cost of Your Benefits

VSP Vision - 20 Pay Rates

Frequency 12/12/12

Exam/Lens/Frame Copay	\$15 Exam/\$15 Materials
Retail Frame Allowance	\$180
Featured Frame Allowance	\$200
Elective Contact Allowance	\$180
Contact (fit & eval) Copay	\$60
Covered Lens Options	Standard Progressive, Scratch Coating & Tints
Employee Only	\$3.30
Employee + One	\$6.60
Employee + Family	\$10.63

Clear 10 Vision - Solstice - 20 Pay Rates

Coverage Tier	Employee	Employee + One	Employee + Two
	\$1.98	\$3.58	\$6.17

Dental - Solstice - 20 Pay Rates

Plan Name	Employee	Employee + One	Employee + Two
High PPO Plan 11429	\$21.21	\$37.86	\$62.46
Standard PPO Plan 11430	\$16.70	\$29.81	\$49.19
High DHMO Plan S200B Access+	\$7.25	\$13.15	\$18.71
Standard DHMO Plan S700B Access+	\$5.13	\$8.95	\$13.30