



Plan Rates 2009

VSP WellVision Plan B <i>(available Statewide)</i>		Effective 1-1-2009 to 12-31-2010		Group: 12255523
		EE Only	EE + 1	Family
Total Billed		\$13.34	\$17.49	\$28.16
WellVision Exam	\$10.00 copay		Every 12 months	
Prescription Glasses			Every 12 months	
Contact Lens Care			Every 12 months	\$100 allowance
Frame			Every 24 months	\$100 allowance