



**Plan Rates 2011 / 2012**

<b>VSP Value Plan B</b> <i>(available Statewide)</i>	<b>Effective 1-1-2011 to 12-31-2012</b>		<b>Group: 12255523</b>
	<b>EE Only</b>	<b>EE + 1</b>	<b>Family</b>
<b>Total Billed</b>	<b>\$15.41</b>	<b>\$20.03</b>	<b>\$31.91</b>
WellVision Exam	\$10.00 copay	*Every plan year	
Prescription Glasses	every year	*Every plan year	
Contact Lens Care		*Every plan year	\$100 allowance
Frame		*Every other year	\$100 allowance
* plan year begins January			