



Plan Rates 2012 / 2013

VSP Choice Plan B (available Statewide)		Effective 1-1-2012 to 12-31-2013 Group: 12326874		
	EE Only	EE + 1	EE + Child(ren)	Family
Total Billed	\$11.87	\$16.77	\$17.02	\$24.38
WellVision Exam		\$10 copay	Every 12 months	
Prescription Glasses		\$25 copay	Every 12 months	
Contact Lens Care			Every 12 months	\$130 allowance
Frame			Every 24 months	\$130 allowance