

VSP VISION CARE

4-Rate Basis	Employee Only	Employee +One	Employee +Children	Employee +Family
Plan C Copay: \$10/\$25	\$7.40	\$11.84	\$12.09	\$19.49
<i>Anti-Reflective Coating</i>	\$1.34	\$2.14	\$2.18	\$3.52
<i>\$180.00 Retail Frame Allowance</i>	\$0.94	\$1.51	\$1.54	\$2.48
Total	\$9.68	\$15.49	\$15.81	\$25.49