

VISION INSURANCE

VSP CHOICE PLAN®
COMMERCIAL BUSINESS RATES
 Voluntary Participation 0-24% Employer Paid
 51+ Enrolled Employees
 For Clients Headquartered in Texas
 Valid Until September 1, 2016



Prepared for De Kalb ISD

Plan Guidelines

- Individual Experience is not available for Pooled Groups
- 24 month rate guarantee and contract term
- These voluntary pooled rates are based on enrollment of 51+ employees
- Rates are based on 12% commission and the agreement that VSP will receive these amounts over the full plan term
- The first copay applies to the eye examination and the second copay applies to materials
- Rates include all applicable taxes and health assessment fees known as of the date of the proposal

Plan Frequencies

	PLAN C	PLAN B
Eye Exam	12 Months	12 Months
Lens	12 Months	12 Months
Frame	12 Months	24 Months

The base rates quoted reflect VSP's standard in-network retail allowances of \$130 for frames and \$130 for elective contact lenses.

MONTHLY RATES

Vision Insurance – VSP

\$10 Office Copay - Exam every 12 months, \$25 Materials Copay. Lenses every 12 months. Frames every 24 months.

<u>Tier Option</u>	<u>Monthly Rate</u>
Employee Only	\$9.00
Employee + One	\$14.40
Employee + Children	\$14.69
Employee + Family	\$23.69

Our proposal is based on the scope of the obligations that VSP agrees to undertake. VSP will comply with state and/or federal rules and regulations as they pertain to pre-paid vision plans with a defined benefit