



VSP SIGNATURE PLAN SM
COMMERCIAL BUSINESS RATES
Voluntary Participation-Less than 25% Employer Paid
10-49 Enrolled Employees
For Clients Headquartered in Alabama
Valid Until December 1, 2009

The difference in the following plans is the intervals when services are available, as shown below. The 12/12/12 option includes tinted or photochromic lenses at no extra cost.

	PLAN B (12/12/24)	PLAN C (12/12/12)
Eye Exam	12 Months	12 Months
Lenses	12 Months	12 Months
Frames	24 Months	12 Months

MONTHLY RATES

PLAN B	COPAYS			
3-Rate Basis	\$10.00	\$20.00	\$10/\$25 ¹	\$20/\$20 ¹
Employee Only	\$15.30	\$12.75	\$10.09	\$9.52
Employee + One	\$22.19	\$18.49	\$14.63	\$13.81
Employee + Family	\$39.78	\$33.15	\$26.24	\$24.76

PLAN C	COPAYS			
3-Rate Basis	\$10.00	\$20.00	\$10/\$25 ¹	\$20/\$20 ¹
Employee Only	\$19.49	\$16.46	\$13.18	\$12.30
Employee + One	\$28.25	\$23.87	\$19.12	\$17.83
Employee + Family	\$50.66	\$42.79	\$34.28	\$31.97

¹ The first copay applies to the eye examination and the second copay applies to materials.

Plan Guidelines

- These voluntary pooled rates are based on enrollment of 10-49 employees.
- Two Year Rate Guarantee
- Contracts will be issued for two years unless other arrangements are made with VSP in advance
- Rates are based on the agreement that VSP will receive these amounts over the full plan term
- Other participation requirements must be discussed with your VSP Representative before quoting rates. Please contact your VSP Representative for rates for clients that are political subdivisions (e.g., cities, counties, public school districts, etc.).
- Individual Experience is not available for Pooled Groups.