

## Vision Service Plan (VSP) 2012 Rates

### FOR HEALTHCARE EMPLOYERS IN WA, OR, ID, AK

#### Vision Plan Design

Benefits For VSP Provider	Plan 1	Plan 2	Plan 3
<b>Copay</b>			
Exam			\$25
Materials			\$25
Combined (Exam+Materials)	\$20	\$20	
<b>Frequency of Benefits</b>			
Exam	1x each 12 months	1x each 24 months	1x each 24 months
Lenses	1x each 12 months	1x each 24 months	1x each 24 months
Frames	1x each 24 months	1x each 24 months	1x each 24 months
<b>Rates**</b>			
Employee	\$10.39	\$8.17	\$5.28
Employee+Spouse	\$17.82	\$14.06	\$8.38
Employee+Child(ren)	\$13.68	\$10.56	\$8.53
Employee+Family	\$21.13	\$16.45	\$13.68

**Notes:**

\*\*Includes 4% broker commission and WHIT administrative fee

Employer contribution of at least 75% of the employee-only premium is required

For groups of 10 or more employees

Benefits For Non-VSP Provider	
Exam	100% up to \$50 after applicable copay (see above)
Lenses	
Single	100% up to \$50
Bifocal	100% up to \$75
Trifocal	100% up to \$100
Frames	100% up to \$70