

VSP CHOICE PLAN®
COMMERCIAL BUSINESS RATES
 Voluntary Participation 0-24% Employer Paid
 233 Enrolled Employees
 For Clients Headquartered in Illinois
 Valid Until January 1, 2019



Prepared for Village of Oak Park

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 10% commission and the agreement that VSP will receive these amounts over the full plan term
- Platform participation and associated fees are not included
- 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

4-Rate Basis	Employee Only	Employee + One	Employee + Children	Employee + Family
PLAN B Copay: \$10/\$25	\$6.57	\$10.51	\$10.73	\$17.29
Total:	\$6.57	\$10.51	\$10.73	\$17.29

4-Rate Basis	Employee Only	Employee + One	Employee + Children	Employee + Family
PLAN B Copay: \$10/\$25	\$6.66	\$10.66	\$10.88	\$17.55
<i>Premium Progressive Coverage</i>	\$1.68	\$2.68	\$2.74	\$4.42
<i>Scratch Resistant Coating</i>	\$0.14	\$0.22	\$0.22	\$0.36
<i>Tints/Photochromic Lenses</i>	\$0.95	\$1.51	\$1.55	\$2.49
<i>\$150.00 Elective Contact Lens Allowance</i>	\$0.58	\$0.94	\$0.96	\$1.54
<i>\$150.00 Retail Frame Allowance</i>	\$0.58	\$0.94	\$0.96	\$1.54
Total:	\$10.59	\$16.95	\$17.31	\$27.90

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