

**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
- 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
<b>Eye Exam</b>	12 Months	12 Months
<b>Lens</b>	12 Months	12 Months
<b>Frame</b>	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
<b>PLAN B Copay: \$10/\$25</b>	<b>\$6.57</b>	<b>\$10.51</b>	<b>\$10.73</b>	<b>\$17.29</b>
<b>Total:</b>	<b>\$6.57</b>	<b>\$10.51</b>	<b>\$10.73</b>	<b>\$17.29</b>

4-Rate Basis	Employee Only	Employee + One	Employee + Children	Employee + Family
<b>PLAN B Copay: \$10/\$25</b>	<b>\$6.66</b>	<b>\$10.66</b>	<b>\$10.88</b>	<b>\$17.55</b>
<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
<b>Total:</b>	<b>\$10.59</b>	<b>\$16.95</b>	<b>\$17.31</b>	<b>\$27.90</b>

*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*