VSP SIGNATURE PLAN®
COMMERCIAL BUSINESS RATES

5-50 Enrolled Employees
For Clients Headquartered in Washington
Valid Until December 1, 2015

Prepared for Connexion

Plan Guidelines

- Individual Experience is not available for Pooled Groups
- 24 month rate guarantee and contract term
- These rates are based on either a minimum employer contribution of 75% for all eligible employees and dependents, or a minimum participation of 75% of all eligible employees and dependents.
- Rates are based on our sliding 10% commission scale 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 B
Eye Exam	12 Months
Lens	12 Months
Frame	**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: $10/20	**$6.16**	**$9.85**	**$10.06**	**$16.21**
$150.00 Elective Contact Lens Allowance	$0.24	$0.39	$0.40	$0.64
$150.00 Retail Frame Allowance	$0.24	$0.39	$0.39	$0.64
Total:	**$6.64**	**$10.63**	**$10.85**	**$17.49**

4-Rate Basis	Employee Only	Employee + One	Employee + Children	Employee + Family
PLAN B Copay: $10/25	**$5.90**	**$9.44**	**$9.63**	**$15.53**
$150.00 Elective Contact Lens Allowance	$0.23	$0.37	$0.38	$0.61
$150.00 Retail Frame Allowance	$0.23	$0.37	$0.38	$0.61
Total:	**$6.36**	**$10.18**	**$10.39**	**$16.75**

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

VSP SIGNATURE PLAN®
COMMERCIAL BUSINESS RATES

Voluntary Participation 0-24% Employer Paid
5-50 Enrolled Employees
For Clients Headquartered in Washington
Valid Until December 1, 2015

Prepared for Connexion

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 10-50 employees
- Rates are based on our sliding 10% commission scale 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 B
Eye Exam	12 Months
Lens	12 Months
Frame	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: $10/20	**$9.19**	**$14.70**	**$15.01**	**$24.20**
$150.00 Elective Contact Lens Allowance	$0.37	$0.59	$0.60	$0.97
$150.00 Retail Frame Allowance	$0.37	$0.59	$0.60	$0.97
Total:	**$9.93**	**$15.88**	**$16.21**	**$26.14**

4-Rate Basis	Employee Only	Employee + One	Employee + Children	Employee + Family
PLAN B Copay: $10/25	**$8.83**	**$14.12**	**$14.41**	**$23.24**
$150.00 Elective Contact Lens Allowance	$0.35	$0.57	$0.58	$0.93
$150.00 Retail Frame Allowance	$0.35	$0.56	$0.58	$0.93
Total:	**$9.53**	**$15.25**	**$15.57**	**$25.10**