

**VSP CHOICE PLAN®**  
**COMMERCIAL BUSINESS RATES**  
 Voluntary Participation 0-24% Employer Paid  
 10-50 Enrolled Employees  
 For Clients Headquartered in Ohio  
 Valid Until December 1, 2017



**Prepared for Aspire Benefits, LLC**

**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
- 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 difference in the following plans is the intervals when services are available, as shown above. 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 C Copay: \$10/\$20</b>	<b>\$11.04</b>	<b>\$18.59</b>	<b>\$18.98</b>	<b>\$30.60</b>
<b>Total:</b>	<b>\$11.04</b>	<b>\$18.59</b>	<b>\$18.98</b>	<b>\$30.60</b>

4-Rate Basis	Employee Only	Employee + One	Employee + Children	Employee + Family
<b>PLAN C Copay: \$10/\$25</b>	<b>\$10.56</b>	<b>\$17.79</b>	<b>\$18.16</b>	<b>\$29.28</b>
<b>Total:</b>	<b>\$10.56</b>	<b>\$17.79</b>	<b>\$18.16</b>	<b>\$29.28</b>

4-Rate Basis	Employee Only	Employee + One	Employee + Children	Employee + Family
<b>PLAN C Copay: \$20/\$20</b>	<b>\$9.99</b>	<b>\$16.82</b>	<b>\$17.17</b>	<b>\$27.69</b>
<b>Total:</b>	<b>\$9.99</b>	<b>\$16.82</b>	<b>\$17.17</b>	<b>\$27.69</b>

4-Rate Basis	Employee Only	Employee + One	Employee + Children	Employee + Family
<b>PLAN B Copay: \$10/\$20</b>	<b>\$8.94</b>	<b>\$15.06</b>	<b>\$15.37</b>	<b>\$24.78</b>
<b>Total:</b>	<b>\$8.94</b>	<b>\$15.06</b>	<b>\$15.37</b>	<b>\$24.78</b>

4-Rate Basis	Employee Only	Employee + One	Employee + Children	Employee + Family
<b>PLAN B Copay: \$10/\$25</b>	<b>\$8.56</b>	<b>\$14.42</b>	<b>\$14.72</b>	<b>\$23.73</b>
<b>Total:</b>	<b>\$8.56</b>	<b>\$14.42</b>	<b>\$14.72</b>	<b>\$23.73</b>

4-Rate Basis	Employee Only	Employee + One	Employee + Children	Employee + Family
<b>PLAN B Copay: \$20/\$20</b>	<b>\$8.09</b>	<b>\$13.63</b>	<b>\$13.91</b>	<b>\$22.43</b>
<b>Total:</b>	<b>\$8.09</b>	<b>\$13.63</b>	<b>\$13.91</b>	<b>\$22.43</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*