

**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>
<i>Anti-Reflective Coating</i>	\$1.99	\$3.36	\$3.43	\$5.53
<i>Progressive Lenses</i>	\$2.78	\$4.68	\$4.78	\$7.70
<i>\$150.00 Elective Contact Lens Allowance</i>	\$0.97	\$1.63	\$1.65	\$2.68
<i>\$150.00 Retail Frame Allowance</i>	\$0.97	\$1.63	\$1.67	\$2.69
<b>Total:</b>	<b>\$17.75</b>	<b>\$29.89</b>	<b>\$30.51</b>	<b>\$49.20</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>
<i>Anti-Reflective Coating</i>	\$1.91	\$3.21	\$3.28	\$5.29
<i>Progressive Lenses</i>	\$2.66	\$4.48	\$4.57	\$7.37
<i>\$150.00 Elective Contact Lens Allowance</i>	\$0.92	\$1.56	\$1.60	\$2.57
<i>\$150.00 Retail Frame Allowance</i>	\$0.93	\$1.56	\$1.59	\$2.57
<b>Total:</b>	<b>\$16.98</b>	<b>\$28.60</b>	<b>\$29.20</b>	<b>\$47.08</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>
<i>Anti-Reflective Coating</i>	\$1.80	\$3.04	\$3.10	\$5.00
<i>Progressive Lenses</i>	\$2.51	\$4.24	\$4.32	\$6.97
<i>\$150.00 Elective Contact Lens Allowance</i>	\$0.88	\$1.47	\$1.52	\$2.43
<i>\$150.00 Retail Frame Allowance</i>	\$0.88	\$1.48	\$1.51	\$2.43
<b>Total:</b>	<b>\$16.06</b>	<b>\$27.05</b>	<b>\$27.62</b>	<b>\$44.52</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*

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**MONTHLY RATES**

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>
<i>Anti-Reflective Coating</i>	\$1.62	\$2.72	\$2.78	\$4.48
<i>Progressive Lenses</i>	\$2.25	\$3.79	\$3.87	\$6.24
<i>\$150.00 Elective Contact Lens Allowance</i>	\$0.79	\$1.32	\$1.34	\$2.17
<i>\$150.00 Retail Frame Allowance</i>	\$0.78	\$1.32	\$1.35	\$2.18
<b>Total:</b>	<b>\$14.38</b>	<b>\$24.21</b>	<b>\$24.71</b>	<b>\$39.85</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>
<i>Anti-Reflective Coating</i>	\$1.55	\$2.61	\$2.66	\$4.29
<i>Progressive Lenses</i>	\$2.16	\$3.63	\$3.71	\$5.98
<i>\$150.00 Elective Contact Lens Allowance</i>	\$0.75	\$1.26	\$1.29	\$2.08
<i>\$150.00 Retail Frame Allowance</i>	\$0.75	\$1.27	\$1.29	\$2.08
<b>Total:</b>	<b>\$13.77</b>	<b>\$23.19</b>	<b>\$23.67</b>	<b>\$38.16</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>
<i>Anti-Reflective Coating</i>	\$1.46	\$2.46	\$2.51	\$4.05
<i>Progressive Lenses</i>	\$2.04	\$3.43	\$3.50	\$5.65
<i>\$150.00 Elective Contact Lens Allowance</i>	\$0.71	\$1.20	\$1.23	\$1.97
<i>\$150.00 Retail Frame Allowance</i>	\$0.71	\$1.20	\$1.22	\$1.97
<b>Total:</b>	<b>\$13.01</b>	<b>\$21.92</b>	<b>\$22.37</b>	<b>\$36.07</b>

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