### VSP Choice Plan®

**VSP Rates Presented to:**

Saint Louis University

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#### VSP Promise

- Committed to Eye Health & Wellness
- 100% Satisfaction Guaranteed
- Hassle-free Experience
- Privacy & Security
- Industry Benchmark of Quality

#### Choice & Convenience

- Unrestricted Benefits
- Open Access to Any Eyecare Location
- Choice of Any Eyewear Brand
- Retail & Medical Office Locations

#### Service

- 50+ Years of Experience
- Dedicated Client Account Teams
- Operational Stability
- World Class Call Center
- IVR Available 24/7
- Online Client Resources & Tools
- Member Communications Support

#### VSP Preferred Providers

- 50,000 Access Points Nationwide
- One-Stop Shopping
- Evening & Weekend Hours
- Wholesale Frame Allowance Guarantee
- Average 21 Years in Practice

#### Enhanced Benefits

- Eye Health Management Program®
  - Covered in Full Lens Options with a Copay
- Discounts on Laser Vision Correction & Additional Glasses
- Contact Lens Special Offers
- Members who select a featured frame brand will receive an extra $20 toward their frame allowance beginning January 1, 2014

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<table>
<thead>
<tr>
<th>VSP Preferred Provider</th>
<th>Open Access Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>WellVision Exam®</td>
<td>Covered After Copay</td>
</tr>
<tr>
<td><strong>Lenses:</strong></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>Covered After Copay</td>
</tr>
<tr>
<td>Lined Bifocal</td>
<td>Covered After Copay</td>
</tr>
<tr>
<td>Lined Trifocal</td>
<td>Covered After Copay</td>
</tr>
<tr>
<td><strong>Frame</strong></td>
<td>$150.00</td>
</tr>
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</tr>
<tr>
<td><strong>Frame</strong></td>
<td>$70.00</td>
</tr>
</tbody>
</table>

**Elective Contacts**:

- Contact Lens Exam
  - Up to $60 Copay
- Contact Lenses
  - $150.00

**Elective Contacts**:

- Contact Lens Exam
  - $105.00

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<table>
<thead>
<tr>
<th>VSP Choice Plan</th>
<th>Exam</th>
<th>Lenses</th>
<th>Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan B</td>
<td>12 Months</td>
<td>12 Months</td>
<td>24 Months</td>
</tr>
</tbody>
</table>

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### FULLY-INSURED / RISK RATES

<table>
<thead>
<tr>
<th>Plan B</th>
<th>Employee Only</th>
<th>Employee + Spouse</th>
<th>Employee + Child(ren)</th>
<th>Employee + Family</th>
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</thead>
<tbody>
<tr>
<td>$10/10 Copay¹</td>
<td>$7.02</td>
<td>$12.76</td>
<td>$13.38</td>
<td>$20.66</td>
</tr>
</tbody>
</table>

¹ The first copay applies to the eye examination and the second copay applies to materials.

The above 100% Voluntary rates are based on 4,381 eligible employees and are valid until January 1, 2015.

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### Four-year Rate Guarantee

Contracts will be issued for four years unless other arrangements are made with VSP in advance. VSP will consider longer rate guarantees, but at higher rates. If it is necessary to raise our rates at the end of the contract period or any month thereafter, you will be notified at least 60 days in advance. All rates are subject to final contract terms. Rates include any applicable taxes and health assessment fees known as of the date of the proposal.

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VSP Proprietary & Confidential
8/27/2014