

**Proposed For:** Aztec Secrets  
**Effective Date:** 9/1/2025  
**Eligibility:** Full-time active employees working a minimum of 30 hours per week  
**Dependent Eligibility:** Spouse and unmarried children up to age 26 – could vary depending on state requirements



VSP In-Network Benefits	
Eye Examination	Covered in full after \$10 copayment, every 12 months.
Materials	\$10 copayment (applicable to spectacle lenses, frames or contact lenses)
Spectacle lenses	Standard single-vision, lined bifocal, lined trifocal, and lenticular lenses every 12 months.
Frames	\$130 retail allowance toward any frame every 24 months.
Elective contact lenses (in lieu of eyeglasses)	\$130 allowance for contact lenses, fitting and evaluation, every 12 months.
Necessary contact lenses (in lieu of eyeglasses)	Covered in full after \$10 copayment every 12 months.
Out-Of-Network Reimbursement Schedule – Visit <a href="http://www.vsp.com">www.vsp.com</a> for details, if you plan to see a provider other than a VSP network provider.	
Eye examination up to \$45; frames up to \$70; spectacle lenses (per pair) up to: single vision \$30, lined bifocal \$50, lined trifocal \$65, lenticular \$100. Elective contacts up to \$105, necessary contacts up to \$210.	

#### Monthly Rates

Employee Only:	\$ 7.93
Employee + Spouse:	\$ 15.86
Employee + Child/ren:	\$ 16.97
Family:	\$ 27.11

- Rates are guaranteed for 24 months following the effective date.
- Proposal assumes coverage is 61-85% employee participation and requires a minimum of 2 employees to enroll.
- Flat 10% Commission is included.
- VSP providers may be found at: [www.vsp.com](http://www.vsp.com)
- Groups must be in business a minimum of one year.
- If fewer than 10 employees enroll, a \$15 per month billing fee is applicable. Billing fee may be waived if a group enrolls for paperless billing AND pays by EFT OR enrolls for two or more products.
- One-time true open enrollment at the policy's inception.

*This is a brief description only and is not a contract. The Group Master Policy will determine all rights and benefits. For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force or discontinued, see your agent or write to the Company. The policy is cancellable or renewable at the option of the Company. The Company has the right to increase the premium rates. Coverage is not available in all states. Policy and certificate referenced: PJ147/CJ147. This proposal is complete and valid only when attached to form 12270.*

VSP is a registered trademark of Vision Service Plan.