

Keep your eyes healthy with Benton School District and VSP[®] Vision Care.

Why enroll in VSP? Your eyes deserve the best care to keep them healthy year after year. Plus with VSP, you'll get a great value on your eyecare and eyewear.

You'll like what you see with VSP.

- **Value and Savings.** You'll get great benefits on your exam and eyewear at an affordable price.
- **Personalized Care.** You'll get quality care that focuses on your eyes and overall wellness through a WellVision Exam[®] from a VSP doctor. When you see a VSP doctor, you'll get the most out of your benefit and have lower out-of-pocket costs. Plus, with a VSP doctor your satisfaction is guaranteed—if you're not 100% happy, we'll make it right.
- **Great Eyewear.** Choose the eyewear that's right for you and your budget.
- **Choice of Providers.** With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider.

Using your VSP benefit is easy.

- **Find an eyecare provider who's right for you.**
To find a VSP doctor, visit vsp.com or call 800.877.7195.
- **Review your benefit information.**
Visit vsp.com to review your plan coverage before your appointment.
- **At your appointment, tell them you have VSP.**
There's no ID card necessary.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP doctor.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options for you and your family. Choose from great brands, like bebe[®], Calvin Klein, Disney, FENDI, Nike, and Tommy Bahama[®].

Enroll in VSP today.
You'll be glad you did.

Contact us.
vsp.com
800.877.7195



Your VSP Vision Benefits Summary

Benton School District and VSP provide you with an affordable eyecare plan.

VSP Doctor Network: VSP Signature

Visit vsp.com for more details on your vision benefit and for exclusive savings and promotions for VSP members.

Benefit	Description	Copay	Frequency	
Your Coverage with a VSP Doctor				
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every service year	
Prescription Glasses				
		\$20	See frame and lenses	
Frame	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames 20% off amount over your allowance 	Included in Prescription Glasses	Every other service year	
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every service year	
Lens Options	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 35-40% off other lens options 	\$50 \$80 - \$90 \$120 - \$160	Every service year	
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every service year	
Extra Savings and Discounts				
Glasses and Sunglasses <ul style="list-style-type: none"> 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam. 				
Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 				
Your Monthly Contribution				
	\$9.84 Employee only	\$15.74 Employee + spouse	\$16.07 Employee + child(ren)	\$25.91 Employee + family

Your Coverage with Other Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.

Exam.....up to \$50	Single Vision Lenses.....up to \$50	Lined Trifocal Lenses.....up to \$100	Contacts.....up to \$105
Frame.....up to \$70	Lined Bifocal Lenses.....up to \$75	Progressive Lenses.....up to \$75	

VSP guarantees coverage from VSP doctors only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

Enroll in VSP today.
 You'll be glad you did.
 Contact us. vsp.com
 800.877.7195

©2010 Vision Service Plan. All rights reserved. VSP and WellVision Exam are registered trademarks of Vision Service Plan. All other company names and brands are trademarks or registered trademarks of their respective owners.



Enrollment Form

Return this form to your benefits administrator.

Name of Group (Employer) BENTON SCHOOL DISTRICT

Employee Name: _____ Employee Gender: ____
Last Name, First Name, Middle Initial

Employee Social Security Number: _____ Employee Date of Birth _____

Effective Date of Coverage: _____

Type of coverage selected:

- Employee only
- Employee plus one dependent (spouse or child)
- Employee plus two or more children
- Employee plus family
- Waive Coverage

Employee Signature

Date

Clients: This form provided for your internal use only. Please do not return to VSP. Thank you.