



Enrollment Form with Dependent Data

Name of group (employer): _____

Employee last name, first name, middle initial: _____

Social Security Number: _____

Gender: male female

Date of birth (month/date/year): _____

Effective Date of Coverage: _____

Plan Options: Standard Premium Type of coverage selected: employee only
 employee and one dependent
 employee and children
 employee and family
 waive coverage

*** Dependent Relationship:** S=spouse, C=child, H=handicapped child, T=student

dependent last name	dependent first name	gender	* Dependent Relationship	date of birth mm/dd/yyyy
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
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			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /

Employee Signature: _____

Please return this form to your benefits administrator. Do not return to VSP.

Life is
better in
focus.™



Get access to the best in eye care and eyewear with WAXAHACHIE FAITH FAMILY ACADEMY and VSP® Vision Care.



Why enroll in VSP? As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at the lowest out-of-pocket costs.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP network doctor, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP network doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** Visit vsp.com or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

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

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more. Visit vsp.com to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.™ Prefer to shop online? Check out all of the brands at eyeconic.com®, VSP's preferred online eyewear store.

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

Your VSP Vision Benefits Summary

VSP Coverage Effective Date: 09/01/2018

WAXAHACHIE FAITH FAMILY ACADEMY and VSP provide you with a choice of affordable vision plans – choose the plan that's right for you.

Standard		VSP Provider Network: VSP Choice		Premium		VSP Provider Network: VSP Choice	
Benefit	Description	Copay		Benefit	Description	Copay	
Your Coverage with a VSP Provider							
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every 12 months 	\$10		WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every 12 months 	\$10	
Prescription Glasses		\$25		Prescription Glasses		\$25	
Frame	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance \$70 Costco® frame allowance Every 24 months 	Included in Prescription Glasses		Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Costco® frame allowance Every 12 months 	Included in Prescription Glasses	
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every 12 months 	Included in Prescription Glasses		Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every 12 months 	Included in Prescription Glasses	
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every 12 months 	\$0 \$95 - \$105 \$150 - \$175		Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every 12 months 	\$0 \$95 - \$105 \$150 - \$175	
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts, copay does not apply Contact lens exam (fitting and evaluation) Every 12 months 	Up to \$60		Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts, copay does not apply Contact lens exam (fitting and evaluation) Every 12 months 	Up to \$60	
Your Monthly Contribution	\$8.41 Member only \$13.45 Member + 1	\$13.73 Member + children \$22.14 Member + family		Your Monthly Contribution	\$11.43 Member only \$18.29 Member + 1	\$18.67 Member + children \$30.11 Member + family	
Glasses and Sunglasses							
<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 							
Extra Savings							
Retinal Screening							
<ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a 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 Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit vsp.com for plan details.

Exam	up to \$45	Lined Bifocal Lenses	up to \$50	Progressive Lenses	up to \$50
Frame	up to \$70	Lined Trifocal Lenses	up to \$65	Contacts	up to \$105
Single Vision Lenses	up to \$30				

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. 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. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc. is the legal name of the corporation through which VSP does business.

1. Brands/Promotion subject to change.

2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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See better
for life.

Welcome to VSP!

Life is better in focus,* and we make your overall eye health and wellness our top priorities. As a VSP member, you have access to the best care and cutting-edge technologies at the lowest out-of-pocket costs.



Get started at vsp.com:

-  **Check your VSP vision coverage** and find a VSP network doctor to get the most out of your vision benefit.
-  **Take advantage of Exclusive Member Extras** like an extra \$20 to spend on featured frame brands and savings of up to 40% on lens enhancements, to save even more on your eyewear. Visit a doctor who participates in the Premier Program for additional bonus offers.
-  **Print a Member Vision Card—if you'd like one.** There's no ID card necessary—just tell your provider you have VSP.

VISION
HEALTH

VSP

You deserve access to personalized and affordable vision care. That's why we're committed to ensuring that you experience a lifetime of good vision.

Questions? vsp.com | 800.877.7195

*See your plan's coverage to see which offer applies. Some offers are limited to certain providers. ©2014 Vision Care for Life. All rights reserved.
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