

## NORTH RANCH BENEFITS TRUST

### VOLUNTARY VSP SIGNATURE PLANS ENROLLMENT INSTRUCTIONS

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- One or more employees are required to be enrolled at all times.
- Complete the Employer Application form and select ONE plan design for the entire employer group; or If offering multiple plans, each employee must select a plan design on their application form.
- **Print an employee application (Page 4) for each employee to enroll.**
- If the enrolling employee does not elect to cover their dependents, then dependents may not enroll later unless there is a qualifying event. Dependent children may remain on this plan to age 26.
- All employer groups will be made effective on the first of any given month.
- This plan has a Focal Renewal March 1 of every year.

- The first month's premium is required via check or bank draft (ACH)
  - If paying by check, make Check payable to HealthSmart Benefit Solutions, Inc.
  - Future payments by Check should be directed to the Lockbox:

HealthSmart Benefit Solutions, Inc.  
Lock Box 6054  
P.O. Box 17768  
Denver, CO 80217-0768  
Phone: (800)786-6525

- If paying by Bank Draft (ACH), complete attached form  
If changing bank accounts, we require a 30 day notification.
- Submit all completed New Business forms to Warner Pacific for processing:

Warner Pacific Insurance Services, Inc. – New Business  
32110 Agoura Road  
Westlake Village, CA 91361-4026  
Phone: (800) 801-2300  
Fax: (800) 609-0111  
Email: [CAnewbusiness@warnerpacific.com](mailto:CAnewbusiness@warnerpacific.com)

- Once the group is approved all future new hire forms/qualifying event applications should be sent to HealthSmart directly for processing:

HealthSmart Benefit Solutions, Inc.  
10303 E. Dry Creek Road, Suite 200  
Englewood, CO 80112  
Phone: (800) 786-6525  
Fax: (303) 804-9490  
Email: [pbdenver@healthsmart.com](mailto:pbdenver@healthsmart.com)

# NORTH RANCH BENEFITS TRUST

## VOLUNTARY VSP SIGNATURE PLANS EMPLOYER APPLICATION

<b>Employer Group Information</b>		Effective Date :	
Group Name :		Company Tax ID:	
Address :			
City :		State :	Zip Code :
Contact Person :			
Phone :		Fax :	
Email :			
What is your group's waiting period for new hires? First of the month following: ____ Date of Hire ____ 1 month ____ 2 months			
Is your group subject to Federal or State COBRA? ____ Federal ____ State ____ Neither			

Monthly Rates Effective through 2/28/2015							
Choose one or more plans your company will offer.	<input type="checkbox"/> Signature Plan Exam Plus 12/0/0 \$15 Exam	<input type="checkbox"/> Signature Plan A \$15/\$30 12/24/24 \$15 Exam \$30 Materials	<input type="checkbox"/> Signature Plan A \$15/\$30 CVC 12/24/24 \$15 Exam \$30 Materials \$10 CVC	<input type="checkbox"/> Signature Plan B \$15/\$30 12/12/24 \$15 Exam \$30 Materials	<input type="checkbox"/> Signature Plan B \$15/\$30 CVC 12/12/24 \$15 Exam \$30 Materials \$10 CVC	<input type="checkbox"/> Signature Plan B \$15 12/12/24 \$15 Exam/Materials	<input type="checkbox"/> Signature Plan B \$15 CVC 12/12/24 \$15 Exam/Materials \$10 CVC
<b>Employee Only</b>	\$ 3.07 x ____ = \$ ____	\$ 8.96 x ____ = \$ ____	\$ 13.06 x ____ = \$ ____	\$ 11.93 x ____ = \$ ____	\$ 16.03 x ____ = \$ ____	\$ 16.70 x ____ = \$ ____	\$ 20.80 x ____ = \$ ____
<b>EE + Spouse</b>	\$ 6.14 x ____ = \$ ____	\$ 13.73 x ____ = \$ ____	\$ 17.83 x ____ = \$ ____	\$ 18.46 x ____ = \$ ____	\$ 22.56 x ____ = \$ ____	\$ 26.10 x ____ = \$ ____	\$ 30.20 x ____ = \$ ____
<b>EE + Child(ren)</b>	\$ 6.14 x ____ = \$ ____	\$ 14.00 x ____ = \$ ____	\$ 18.09 x ____ = \$ ____	\$ 18.83 x ____ = \$ ____	\$ 22.93 x ____ = \$ ____	\$ 26.62 x ____ = \$ ____	\$ 30.72 x ____ = \$ ____
<b>EE + Family</b>	\$ 6.14 x ____ = \$ ____	\$ 21.93 x ____ = \$ ____	\$ 26.03 x ____ = \$ ____	\$ 29.73 x ____ = \$ ____	\$ 33.82 x ____ = \$ ____	\$ 42.30 x ____ = \$ ____	\$ 46.40 x ____ = \$ ____
<b>Subtotal</b>	\$						
<b>Monthly Admin Fee</b>	\$ 15.00						
<b>Total</b>	\$						

Choose your billing option: ☐ Auto Draft (ACH) ☐ Monthly Paper Bill

<b>Broker Information</b>		North Ranch Benefit Trust ID # (WPIS):	
Agent Name :		License #:	
Agency Name :		License #:	
Address:			
City :		State :	Zip Code :
Phone :		Fax :	
Email :			
Upon first submission, the agent or agency must provide copy of current license and a completed W-9.			
General Agent:			

## AUTHORIZATION FOR DIRECT PAYMENT

I am returning this authorization to **HealthSmart Benefit Solutions, Inc.**, authorizing HealthSmart and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution (7) days before my account is charged. Any questions, contact HealthSmart at (800) 786-6525.

### Client Information

Client Name	Client (Division) #	Contact Phone Number
Client Address	City	State Zip

### Financial Institution Information (Please enter name/address of bank and account you wish payments to be withdrawn from.)

Name of Bank	Branch
Address of Bank	City State Zip

Signature (This is your authorization for HBS to withdraw funds from your account)	Date
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Please check one: ☐ Checking ☐ Savings

Please check: ☐ Initial Payment Only and/or ☐ Ongoing Monthly Premium Payments

**Note:** Withdrawals from your bank account will occur on the 1<sup>st</sup> working day of each month for which the premium is due.

Bank Routing # \_\_\_\_\_ Account # \_\_\_\_\_

**Please return the completed form  
and a copy of the voided check to:**

**HEALTHSMART BENEFIT SOLUTIONS, INC.  
10303 E DRY CREEK RD STE 200  
ENGLEWOOD CO 80112-1583  
or fax to (303) 804-9490.**

**STAPLE VOIDED CHECK HERE**

(Cut here and retain for your records)

On (date) \_\_\_\_\_, I authorized HealthSmart Benefit Solutions, Inc. at 10303 East Dry Creek Road, Suite 200, Englewood, CO 80112 to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to HealthSmart at the address above. *If the payment amount changes, we will notify you at least 5 days before the regularly scheduled payment date.*

NRBT-HBS - Rev. 09.01.2014

# VOLUNTARY VSP SIGNATURE PLANS EMPLOYEE APPLICATION

**Group Name:**

Choose One Plan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Signature Plan Exam Plus</b>	<b>Signature Plan A \$15/\$30</b>	<b>Signature Plan A \$15/\$30 CVC</b>	<b>Signature Plan B \$15/\$30</b>	<b>Signature Plan B \$15/\$30 CVC</b>	<b>Signature Plan B \$15</b>	<b>Signature Plan B \$15 CVC</b>
	12/0/0 \$15 Exam	12/24/24 \$15 Exam \$30 Materials	12/24/24 \$15 Exam \$30 Materials \$10 CVC	12/12/24 \$15 Exam \$30 Materials	12/12/24 \$15 Exam \$30 Materials \$10 CVC	12/12/24 \$15 Exam/Materials	12/12/24 \$15 Exam/Materials \$10 CVC

**Select Coverage :** \_\_\_\_\_ Member Only \_\_\_\_\_ Member + Spouse \_\_\_\_\_ Member + Child(ren) \_\_\_\_\_ Family

**Employee Information**

SS # :		Date of Birth :		Gender : Male Female	
Last Name :			First Name :		M. I. :
Address :					
City :			State :	Zip Code :	
Marital Status : _____ Single _____ Married _____ Divorced					
_____ Spouse		Last Name :		First Name :	
_____ Domestic Partner		Gender : Male Female		Date of Birth :	
Child # 1		Last Name :		First Name :	
		Gender: Male Female		Date of Birth :	
Child # 2		Last Name :		First Name :	
		Gender : Male Female		Date of Birth :	
Child # 3		Last Name :		First Name :	
		Gender : Male Female		Date of Birth :	
Child # 4		Last Name :		First Name :	
		Gender : Male Female		Date of Birth :	

Check here ☐ if additional family members sheet is attached with this application

**X**

**Applicant Signature**

**Date**

**For Future New Hires:**  
**Please send completed form to HealthSmart Benefit Solutions, Inc. within 30 days of Qualifying Event.**

Changes or additions will be effective 1<sup>st</sup> of the month following receipt and/or after groups waiting period.

NRBT Administered By :  
HealthSmart Benefit Solutions, Inc.  
10303 E. Dry Creek Road, Suite 200  
Englewood, CO 80112  
Phone: 800.786.6525  
Fax: 303.804.9490  
[pbdenver@healthsmart.com](mailto:pbdenver@healthsmart.com)

## Keep your eyes healthy with NORTH RANCH BENEFITS TRUST and VSP<sup>®</sup> 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<sup>®</sup> 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](http://vsp.com) or call 800.877.7195.
- **Review your benefit information.**  
Visit [vsp.com](http://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. Choose from featured frame brands like bebe<sup>®</sup>, ck Calvin Klein, Flexon<sup>®</sup>, Lacoste, Michael Kors, Nike, Nine West, and more. Visit [vsp.com](http://vsp.com) to find a doctor who carries these brands.

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800.877.7195



# Your VSP Vision Benefits Summary

NORTH RANCH BENEFITS TRUST and VSP provide you with an affordable eyecare plan.

**VSP Coverage Effective Date:** 03/01/2014

**VSP Doctor Network:** VSP Signature

Visit [vsp.com](http://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	• Focuses on your eyes and overall wellness	\$15	Every 12 months
Primary Eyecare	• Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma and diabetic retinopathy. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed
Extra Savings	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>• 20% savings on complete pair of prescription glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months from your last WellVision Exam.</li></ul>		
	<b>Contacts</b> <ul style="list-style-type: none"><li>• 15% savings on a contact lens exam (fitting and evaluation)</li></ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li></ul>		

## Your Coverage with Other Providers

Visit [vsp.com](http://vsp.com) for details, if you plan to see a provider other than a VSP doctor.

Exam.....up to \$50

VSP guarantees coverage from VSP doctors only. Based on applicable laws, benefits may vary by location.

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- **Personalized Care.** You'll get quality care that focuses on your eyes and overall wellness through a WellVision Exam<sup>®</sup> 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.
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Benefit	Description	Copay	Frequency
Your Coverage with a VSP Doctor			
WellVision Exam	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li></ul>	\$15 for exam and glasses	Every 12 months
Prescription Glasses			
Frame	<ul style="list-style-type: none"><li>\$150 allowance for a wide selection of frames</li><li>\$170 allowance for featured frame brands</li><li>20% savings on the amount over your allowance</li></ul>	Combined with exam	Every 24 months
Lenses	<ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Polycarbonate lenses for dependent children</li></ul>	Combined with exam	Every 24 months
Lens Enhancements	<ul style="list-style-type: none"><li>Standard progressive lenses</li><li>Premium progressive lenses</li><li>Custom progressive lenses</li><li>Average savings of 35-40% on other lens enhancements</li></ul>	\$50 \$80 - \$90 \$120 - \$160	Every 24 months
Contacts (instead of glasses)	<ul style="list-style-type: none"><li>\$150 allowance for contacts; copay does not apply</li><li>Contact lens exam (fitting and evaluation)</li></ul>	Up to \$60	Every 24 months
Primary Eyecare	<ul style="list-style-type: none"><li>Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma and diabetic retinopathy. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</li></ul>	\$20	As needed
Extra Savings	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li><li>30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% from any VSP doctor within 12 months of your last WellVision Exam.</li></ul>		
	<b>Retinal Screening</b> <ul style="list-style-type: none"><li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li></ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li><li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li></ul>		

## Your Coverage with Other Providers

Visit [vsp.com](http://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	

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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<sup>®</sup> 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](http://vsp.com) or call 800.877.7195.
- **Review your benefit information.**  
Visit [vsp.com](http://vsp.com) to review your plan coverage before your appointment.
- **At your appointment, tell them you have VSP.**  
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### Choice in Eyewear

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VSP Coverage Effective Date: 03/01/2014

VSP Doctor Network: VSP Signature

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Benefit	Description	Copay	Frequency
Your Coverage with a VSP Doctor			
WellVision Exam	• Focuses on your eyes and overall wellness	\$15	Every 12 months
Prescription Glasses		\$30	See frame and lenses
Frame	• \$150 allowance for a wide selection of frames • \$170 allowance for featured frame brands • 20% savings on the amount over your allowance	Included in Prescription Glasses	Every 24 months
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every 24 months
Lens Enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 35-40% on other lens enhancements	\$50 \$80 - \$90 \$120 - \$160	Every 24 months
Contacts (instead of glasses)	• \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to \$60	Every 24 months
Primary Eyecare	• Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma and diabetic retinopathy. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed
Extra Savings	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>• Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li><li>• 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% from any VSP doctor within 12 months of your last WellVision Exam.</li></ul>		
	<b>Retinal Screening</b> <ul style="list-style-type: none"><li>• No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li></ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li><li>• After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li></ul>		

## Your Coverage with Other Providers

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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	

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VSP Doctor Network: VSP Signature

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Benefit	Description	Copay	Frequency
Your Coverage with a VSP Doctor			
WellVision Exam	• Focuses on your eyes and overall wellness	\$15 for exam and glasses	Every 12 months
Prescription Glasses			
Frame	• \$150 allowance for a wide selection of frames • \$170 allowance for featured frame brands • 20% savings on the amount over your allowance	Combined with exam	Every 24 months
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Combined with exam	Every 12 months
Lens Enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 35-40% on other lens enhancements	\$50 \$80 - \$90 \$120 - \$160	Every 12 months
Contacts (instead of glasses)	• \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
Primary Eyecare	• Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma and diabetic retinopathy. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed
Extra Savings	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>• Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li><li>• 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% from any VSP doctor within 12 months of your last WellVision Exam.</li></ul> <b>Retinal Screening</b> <ul style="list-style-type: none"><li>• No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li></ul> <b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li><li>• After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li></ul>		

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VSP Doctor Network: VSP Signature

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Benefit	Description	Copay	Frequency
Your Coverage with a VSP Doctor			
WellVision Exam	• Focuses on your eyes and overall wellness	\$15	Every 12 months
Prescription Glasses		\$30	See frame and lenses
Frame	• \$150 allowance for a wide selection of frames • \$170 allowance for featured frame brands • 20% savings on the amount over your allowance	Included in Prescription Glasses	Every 24 months
Lenses	• Single vision, lined bifocal, and lined trifocal lenses	Included in Prescription Glasses	Every 12 months
Lens Enhancements	• Polycarbonate lenses • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 35-40% on other lens enhancements	\$0 \$50 \$80 - \$90 \$120 - \$160	Every 12 months
Contacts (instead of glasses)	• \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
Primary Eyecare	• Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma and diabetic retinopathy. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed
Extra Savings	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>• Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li><li>• 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% from any VSP doctor within 12 months of your last WellVision Exam.</li></ul>		
	<b>Retinal Screening</b> <ul style="list-style-type: none"><li>• No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li></ul>		
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Benefit	Description	Copay	Frequency
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WellVision Exam	• Focuses on your eyes and overall wellness	\$15	Every 12 months
<b>Prescription Glasses</b>			
		\$30	See frame and lenses
Frame	• \$150 allowance for a wide selection of frames • \$170 allowance for featured frame brands • 20% savings on the amount over your allowance	Included in Prescription Glasses	Every 24 months
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every 24 months
Lens Enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 35-40% on other lens enhancements	\$50 \$80 - \$90 \$120 - \$160	Every 24 months
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Primary Eyecare	• Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma and diabetic retinopathy. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed
<b>Computer Vision Care</b>			
Frame	• \$90 allowance for a wide selection of frames • \$110 allowance for featured frame brands • 20% savings on the amount over your allowance	\$10 for frame and lenses	Every 12 months
Lenses	• Single vision, lined bifocal, lined trifocal, and occupational lenses	Combined with Frame	Every 12 months
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<b>Your Coverage with a VSP Doctor</b>			
<b>WellVision Exam</b>	• Focuses on your eyes and overall wellness	\$15	Every 12 months
<b>Prescription Glasses</b>			
		\$30	See frame and lenses
<b>Frame</b>	<ul style="list-style-type: none"> <li>• \$150 allowance for a wide selection of frames</li> <li>• \$170 allowance for featured frame brands</li> <li>• 20% savings on the amount over your allowance</li> </ul>	Included in Prescription Glasses	Every 24 months
<b>Lenses</b>	• Single vision, lined bifocal, and lined trifocal lenses	Included in Prescription Glasses	Every 12 months
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>• Polycarbonate lenses</li> <li>• Standard progressive lenses</li> <li>• Premium progressive lenses</li> <li>• Custom progressive lenses</li> <li>• Average savings of 35-40% on other lens enhancements</li> </ul>	\$0 \$50 \$80 - \$90 \$120 - \$160	Every 12 months
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>• \$150 allowance for contacts; copay does not apply</li> <li>• Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months
<b>Primary Eyecare</b>	• Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma and diabetic retinopathy. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed
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<b>Frame</b>	<ul style="list-style-type: none"> <li>• \$90 allowance for a wide selection of frames</li> <li>• \$110 allowance for featured frame brands</li> <li>• 20% savings on the amount over your allowance</li> </ul>	\$10 for frame and lenses	Every 12 months
<b>Lenses</b>	• Single vision, lined bifocal, lined trifocal, and occupational lenses	Combined with Frame	Every 12 months
<b>Extra Savings</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>• Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>• 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% from any VSP doctor within 12 months of your last WellVision Exam.</li> </ul> <p><b>Retinal Screening</b></p> <ul style="list-style-type: none"> <li>• No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> <li>• After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>		

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