



VISION SERVICE PLAN
ENROLLMENT FORM

Name of Group (Employer): Peoples Place II, Inc.

Employee Name: _____
last name, first name, middle initial

Employee Social Security Number: _____

Birthdate: _____

Gender: _____

Type of coverage selected:

Employee only

Employee plus one dependent

Employee plus children

Employee plus family

Waive Coverage

Employee Signature

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

Your vision.
Our passion.



Where will your eyes take you today?

Whether it's a day in the life or a day to remember, you'll get the personalized eyecare you deserve with VSP. We help millions of people see well, stay healthy and fulfill their potential.

Value, choice, doctors.

Enrolling in VSP is an easy way to make your life a little better. Here's a snapshot of what you'll enjoy:

- affordable benefits with great savings
- a WellVision ExamSM focused on your health
- plenty of eyewear choices you'll love
- VSP doctors nearby with flexible schedules that work for you

Still not decided?

Find doctors in your neighborhood at vsp.com or call us at 800-877-7195. We'd love to talk with you. Once you're signed up, your great benefits are a snap to use.

Enroll today. You'll be glad you did.



PEOPLES PLACE and VSP provide you an affordable eyecare plan. Sign up today.

Your Coverage from a VSP Doctor

WellVision Exam[®] focuses on your eye health and overall wellness

- \$10.00 copay.....every 12 months

Prescription Glasses

- \$25.00 copay
- Lenses.....every 12 months**
- Single vision, lined bifocal and lined trifocal lenses.
- Polycarbonate lenses for dependent children.
- Frame..... every 24 months**
- \$120 allowance for frame of your choice.
- 20% off amount over your allowance

~OR~

Contact Lens Care

- No copay applies..... every 12 months

\$120.00 allowance for contacts and the contact lens exam (fitting and evaluation). This additional exam ensures proper fit of contacts. If you choose contact lenses you will be eligible for a frame 12 months from the date the contact lenses were obtained.

Current soft contact lens wearers may qualify for a special program that includes a contact lens evaluation and initial supply of replacement lenses.

Extra Discounts and Savings

Glasses and Sunglasses

- Average 30% savings on lens options like progressives and scratch-resistant and anti-reflective coatings
- 20% off additional glasses and sunglasses, including lens options

Contacts*

- 15% off cost of contact lens exam (fitting and evaluation)

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price from contracted facilities
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

*Available from any VSP doctor within 12 months of your last eye exam

You get the best value from your benefit when you see a VSP doctor. If you see a non-VSP provider, you'll typically pay more out of pocket. You'll pay the provider in full and must submit a claim to VSP for partial reimbursement less copays. Before seeing a non-VSP provider, call us at 800.877.7195.

Out-of-Network Reimbursement Amounts:

Exam.....	\$35.00
Single Vision Lenses.....	\$25.00
Lined Bifocal Lenses.....	\$40.00
Lined Trifocal Lenses.....	\$55.00
Frame.....	\$45.00
Contacts.....	\$105.00

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.