



Enrollment Form with Dependent Data

Name of group (employer):

Moss Point School District

Employee last name, first name, middle initial:

Social Security Number:

Gender: ☐ male ☐ female

Date of birth (month/date/year):

Employee Type: ☐ 10 Month ☐ 12 Month

Effective Date of Coverage:

Type of coverage selected:

Premium Cost: 10 month 12 month
Employee Only
Employee plus 1
Employee plus Family

- ☐ employee only
- ☐ employee and one dependent
- ☐ 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	/ /
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Employee Signature:

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



Protect
your vision
with VSP.

Get the best in eye care and eyewear with MOSS POINT SCHOOL DISTRICT and VSP® Vision Care.



Why enroll in VSP? We invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.

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 provider, 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 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 care provider who's right for you.** To find a VSP provider, 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 who carries these brands.

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

Your VSP Vision Benefits Summary



MOSS POINT SCHOOL DISTRICT and VSP provide you with an affordable eye care plan.

VSP Coverage Effective Date: 11/01/2016

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every 12 months
Prescription Glasses		\$20	See frame and lenses
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 	Included in Prescription Glasses	Every 12 months
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 12 months
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 	\$55 \$95 - \$105 \$150 - \$175	Every 12 months
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 12 months
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 Monthly (12 Pay Periods) Contribution	\$8.55 Member only \$15.35 Member + 1 \$25.93 Member + family		

Your Coverage with Out-of-Network Providers

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

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.

Contact us. 800.877.7195 | vsp.com

¹Brands/Promotion subject to change.

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Frequently Asked Questions



VSP® Member Services

At VSP Vision Care, we're dedicated to offering a benefit that's simple to use and worry free. Here are answers to questions we're asked most about our services for members.



Questions

What's the best way to communicate and promote the VSP benefit to members?

Do members need an ID Card?

How do members obtain a list of VSP Providers?

If members have questions about plan coverage, eligibility, or eye care wellness information, where should I direct them?

Can we link our intranet or website to the VSP website?

Answers

We have a variety of member communication tools designed to increase awareness and understanding of the VSP benefit. They're easy to read and provide all the benefit information members need. Please review the enclosed Member Communications Overview, and then contact the Client Support Team at **800.216.6248** for more information or to order the tools you need.

An ID Card, or Member Vision Card, isn't required for members to receive services or care. Members simply call a VSP provider to schedule an appointment, and tell them that they're a VSP member. The provider and VSP handle the rest. If a member wishes to have an ID Card, they can register and log on to **vsp.com** to print one.

They simply go to **vsp.com** or contact VSP at **800.877.7195**. Clients registered for the Manage Your Plan section at **vsp.com** can download customized VSP provider lists as PDF or Excel files.

Members and dependents have instant access through **vsp.com** to check coverage and eligibility, find a VSP provider, and learn more about eye care wellness.

Members can also call VSP Member Services any time at **800.877.7195** or access our automated benefits information system to check eligibility or find a provider. VSP Member Services is available Monday – Friday, from 5:00 a.m. to 8:00 p.m.; Saturday, 7:00 a.m. to 8:00 p.m.; and Sunday, 7:00 a.m. to 7:00 p.m. (Pacific Time).

Yes. To make it easy for members to find **vsp.com**, add the following code to your website: `VSP`.

Questions

What is my client ID number to register for the Manage Your Plan section?

What if a member is dissatisfied with a VSP provider, or the materials received through the VSP benefit?

Can members choose any eye care provider?

How do members collect reimbursement after visiting an out-of-network provider?

Answers

You'll receive your client ID number with your welcome call or e-mail. Each month's bill contains your client ID number, along with the active division and class number(s). Or, contact the Client Support Team at **800.216.6248** for your client ID number.

Our Member Promise Program guarantees complete member satisfaction with services received at a VSP provider. If a member isn't happy with the services or products from a VSP provider when using their VSP benefit, please have them contact Member Services at **800.877.7195**.

Yes. If VSP out-of-network coverage is included in your plan, members can obtain services from any provider they choose, including national or retail chains. Reimbursement for out-of-network services is according to a schedule with the same copays and limitations as services through VSP Providers. However, VSP can't guarantee satisfaction or extend discounts when using an out-of-network provider.

When services and/or materials are obtained from an out-of-network provider, members have two reimbursement choices:

1. Most out-of-network providers will submit a request for reimbursement on behalf of VSP members. This means members won't need to pay their entire bill up front and will only be responsible for paying applicable copays and any balance above their out-of-network schedule.
2. Members can pay the provider directly and submit a claim to VSP for reimbursement, using the following procedure:
 - A. Visit the **Benefits & Claims** section of vsp.com to begin your claim.
 - B. Complete the claim form. Make sure you have a copy of your itemized receipt or statement that includes:
 - Doctor name or office name
 - Name of Patient
 - Date of Service
 - Each service received and the amount paid
 - C. After completing the claim form, you may attach your receipt(s) or print and mail copies of your claim form and receipt(s) to:

VSP

P.O. Box 385018

Birmingham, AL 35238-5018

Please note that claims for reimbursement must be filed within 12 months of the date of service. Members will be reimbursed according to the out-of-network reimbursement schedule.

