

Vision Benefit Election Form

Name of Employee _____

Social Security Number _____

Employer Name ***Johnson Employer Support Services***

Please begin payroll deduction for the premium for the following coverage:
VSP Vision Care Plan B \$10/\$20 Co-Payments

Employee Only \$12.69 per Month

Family Coverage \$27.83 per Month

I hereby authorize you to retain from my salary and pay to the insurance company, the deduction amounts due, whether initial or renewal for the insurance for which I am applying. These authorized deductions may be made at intervals mutually agreed upon by my employer and the company and are to be paid when due. I understand that if coverage is elected and I continue employment with Johnson Employer Support Services I must continue coverage for 24 months. Subject to Section 125 plan rules and qualifying events.

Signed _____ Date _____

Monthly VSP Vision Benefits & Costs VSP Plan B

A. Employee Only	\$12.69
B. Employee & Family	\$27.83

Benefit	Frequency ¹	Co-Pay	VSP Doctor	Other Provider
Examination	12 Months	\$10.00	Covered	Up to \$36.00
Basic Lenses ² - Single Vision, Bifocal, Trifocal, Lenticular	12 Months	\$20.00	Covered ³	Up to \$28.- \$80 ⁴
Contacts- (In lieu of Lenses & Frames)	12 Months			
Medically Necessary ⁵		\$20.00	Covered	Up to \$210.00
Elective ⁶			Covered to \$105.00	Up to \$105.00
Frames ^{2,7}	24 Months	\$20.00	Covered ³	Up to \$45.00
Laser Vision Correction ⁸			Discounted	None

1. Based on your last date of service. 2. Plan provides a 20% discount on non-covered complete pairs of prescription glasses provided by VSP doctor. 3. Fully covered up to policy limit for frame or for type of lens. May not cover 100% of certain special lenses and frames. 4. Other Provider Lenses Limit: Single Vision \$28, Bifocal \$45, Trifocal \$56, Lenticular \$80. 5. Medically necessary contact lenses must be prescribed for certain conditions that prevent the wearing of glasses and must be pre-approved by VSP. 6. The plan includes a 15% discount off the cost of your contact lens exam (fitting & evaluation) when you receive contact lenses through from a VSP doctor. 7. If you elect contact lenses, you will be eligible for frames 24 months after the last date of obtaining contact lenses. 8. Laser vision correction (PRK & LASIK) is available through contracted laser centers. Program availability may vary based on location and regulatory approval.

Vision Plan Carrier: Vision Service Plan
Provided through Educational Benefits, Inc., a subsidiary of USABLE Life,
and is a member of Blue Cross & Blue Shield Enterprise.

For more information and a list of VSP participating Doctors visit www.vsp.com or our website at www.peoamerica.net or call VSP @ 800-877-7195.