

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

Satisfaction?
You bet. You'll
be 100% happy
or we'll make
it right.

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.



Hy-Vee and VSP provide you with an affordable eyecare plan. Sign up for VSP today.

Your Coverage from a VSP Doctor

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

- \$15 copay every 12 months

Prescription Glasses

- \$30 copay

Lenses..... every 12 months

- Single vision, lined bifocal, and lined trifocal lenses.
- Photocromatic lenses, ultraviolet coating, and polycarbonate lenses.

Frame..... every 24 months

- \$130.00 allowance for frame of your choice
- 20% off the amount over your allowance.

~OR~

Contact Lens Care

- No copay every 12 months

\$130.00 allowance for contacts and the contact lens exam (fitting and evaluation). This additional exam ensures proper fit of your contacts.

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

Your Weekly Contribution

Employee Only	\$2.30
Employee + One Dependent	\$3.39
Employee + Family	\$6.09

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 have 6 months to 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	Up to \$45
Single vision lenses	Up to \$45
Lined bifocal lenses	Up to \$65
Lined trifocal lenses	Up to \$85
Frame.....	Up to \$47
Contacts.....	Up to \$105

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.



Employer: Hy-Vee

Please mail or truck mail to:
Hy-Vee Elective Benefits
P.O. Box 737
Chariton, Iowa 50049

Store Location:

Store Location #:

VSP ENROLLMENT FORM

New Enrollment

Change of Family Status

Section 1 Employee Information

Employee Name	Employee ID #	Social Security #
Home Mailing Address	Home Telephone #	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
City	State	Zip
Date of Birth	Date of Hire	Marital Status <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D

Section 2 Coverage Information

Please indicate the level of coverage you wish to be enrolled:

Employee Only Employee + 1 Dep. Employee + Family

Weekly Rates: **\$2.30** **\$3.39** **\$6.09**

Section 3 Dependent Information

Name (last, first, MI)	Social Security #	Relationship	Date of Birth	Full Time Student
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4 Employee Authorization and Signature

Pre or Post Tax Election:

You have the option to pre-tax your premium, but you must complete a pre-tax election form to do so. If you do not complete a pre-tax election form and submit it with this application, your premium will be taken on a post-tax basis.

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information may be guilty of insurance fraud.

"The VSP plan requires those employees who elect to enroll in the plan will be required to remain on the plan for a 24 month period. These provisions are based on how the plan design services are accessed and rated to ensure the most cost effective premiums for Hy-Vee employees. However, this provision does not apply to employees who terminate employment with Hy-Vee. I certify that I have been made aware of the enrollment provision." _____ (initial)

Employee Signature _____

Date _____



VSP - Healthcare for your eyes