

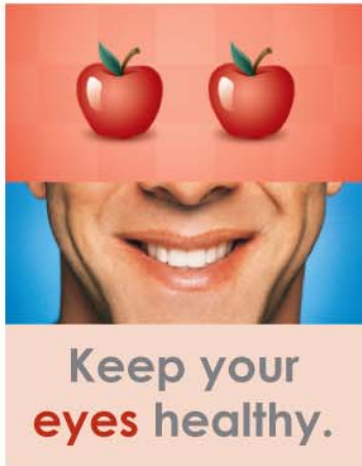
Eyecare *About You*



With VSP doctors, you'll enjoy quality, personalized care. Your VSP doctor will really get to know you *and* your eyes, helping you keep them healthy year after year.

**Everything
eyecare.
Visit vsp.com
today and see.**

Besides helping you see better, routine eye exams can detect symptoms of serious conditions such as glaucoma, cataracts and diabetes. Even tumors. And eye exams for children spot problems that can hinder learning and development.



**Keep your
eyes healthy.**

Close to you. Big selection.

VSP network doctors are in medical offices and shopping centers — close to your home and work. And, they have a large frame and contact lens selection, whether you prefer classic styles or the latest fashions. Plus, most offer evening and weekend hours and accept drop-ins. New patients are always welcome!

Effortless benefits.

1. Choose a VSP doctor at vsp.com or call 800-877-7195.
2. Make an appointment and tell the doctor you are a VSP member.
3. That's it! No ID cards or filling out claim forms.

Satisfaction. Guaranteed.

It's true: Your satisfaction *is* guaranteed. You'll *always* receive first-class customer service at VSP. And, if you're not completely satisfied with your service or eyewear, just let us know and we'll make it right.

"Highest in Member Satisfaction Among National Vision Plans, Three Years in a Row"



VSP received the highest numerical score in the 2004 National Vision Plan Member Satisfaction Study and J.D. Power and Associates 2005-2006 National Vision Plan Member Satisfaction StudiesSM. 2006 study based on 2,011 total responses measuring 8 companies and measures opinions of vision plan members. Study results are based on experiences and perceptions of consumers surveyed in August-September 2006. 2004 study conducted for VSP by J.D. Power and Associates. Your experiences may vary. Visit jdpower.com.

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

Your Coverage from a VSP Doctor

Exam covered in fullevery 12 months
Prescription Glasses
Lenses covered in fullevery 12 months

- Single vision, lined bifocal, and lined trifocal lenses.
- Photocromatic lenses and ultraviolet coating
- Polycarbonate lenses for dependent children.

Frameevery 24 months

- Frame of your choice covered up to \$ 120.00.
- Plus, 20% off any out-of-pocket costs.

-OR-

Contact Lens Careevery 12 months
 When you choose contacts instead of glasses, your \$130.00 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure 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 contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. Learn more from your doctor or vsp.com.

Advantages of Coverage

Without coverage, an exam and prescription glasses can cost \$300 or more. With VSP coverage, you'll save. Plus, with pre-tax payroll deductions, you'll be budgeting for your eyecare while reducing your taxable income.

Your Copays

Exam\$15
Prescription Glasses\$30
Contacts No copay applies

Extra Discounts and Savings

Laser Vision Correction Discounts

Prescription Glasses

- Up to 20% savings on lens extras such as scratch resistant and anti-reflective coatings and progressives
- 20% off additional prescription glasses and sunglasses*

Contacts*

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

* Available from the same VSP doctor who provided your eye exam within the last 12 months

Your Weekly Contribution

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

Dollar for dollar you get the best value from your VSP benefit when you visit a VSP network doctor. If you decide not to see a VSP doctor, copays still apply. You'll also receive a lesser benefit and typically pay more out-of-pocket. You are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement. If you decide to see a provider not in the VSP network, call us first at 800-877-7195.

Out-of-Network Reimbursement Amounts:

Exam Up to \$45
 Lenses:
 Single Vision Up to \$45
 Lined Bifocal Up to \$65
 Lined Trifocal Up to \$85
 Frame Up to \$47
 Contacts Up to \$105

VSP guarantees service from VSP network 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

Table with 3 columns: Employee Name, Employee ID #, Social Security #, Home Mailing Address, Home Telephone #, Sex, City, State, Zip, Date of Birth, Date of Hire, Marital Status.

Section 2 Coverage Information

Please indicate the level of coverage you wish to be enrolled:
Employee Only \$2.30, Employee + 1 Dep. \$3.39, Employee + Family \$6.09

Section 3 Dependent Information

Table with 5 columns: Name (last, first, MI), Social Security #, Relationship, Date of Birth, Full Time Student.

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