



## Your VSP® Team

### **Michelle Grider**

Account Executive

13 Years of Service

[Michelle.Grider@vsp.com](mailto:Michelle.Grider@vsp.com)

800-852-7600 x4735

916-463-3926 fax

8:15AM – 4:45pm (PST)



## Key Topics

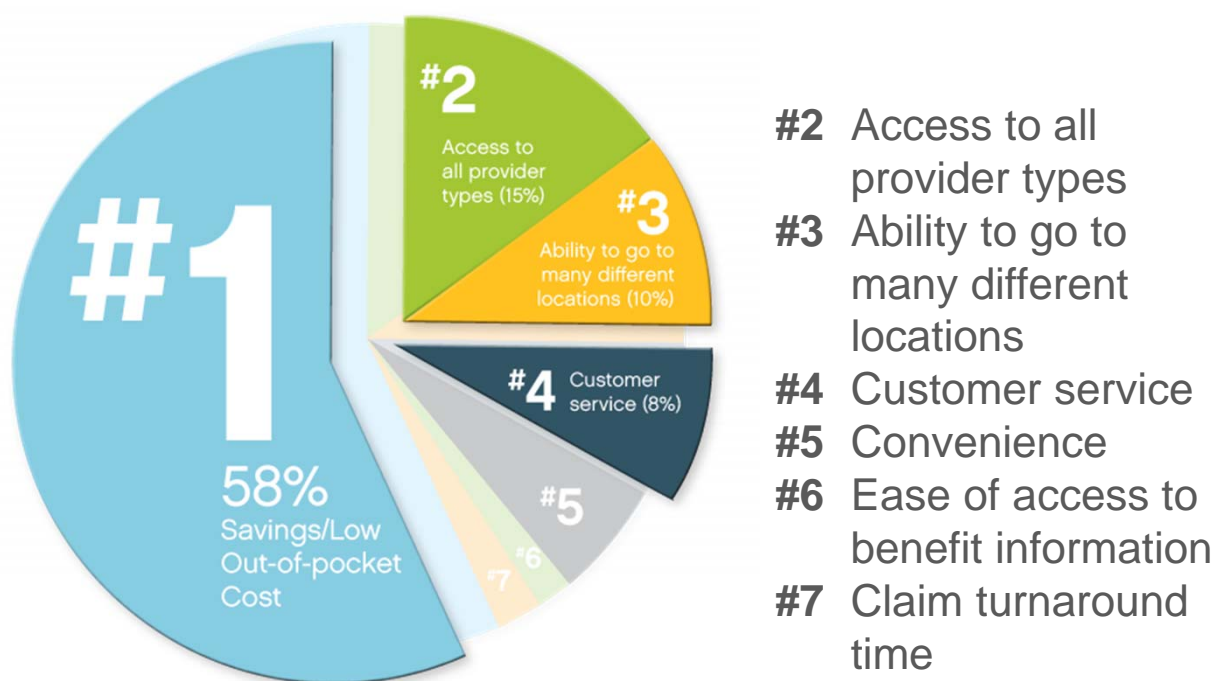
- How does vision care fit into your benefits strategy?
- Strength of the VSP Doctor Network
- VSP Products
- Underwriting Guidelines
- Installing a VSP Plan
- Questions?

How does vision care  
fit into your benefits  
strategy?

The Real Cost of  
Vision

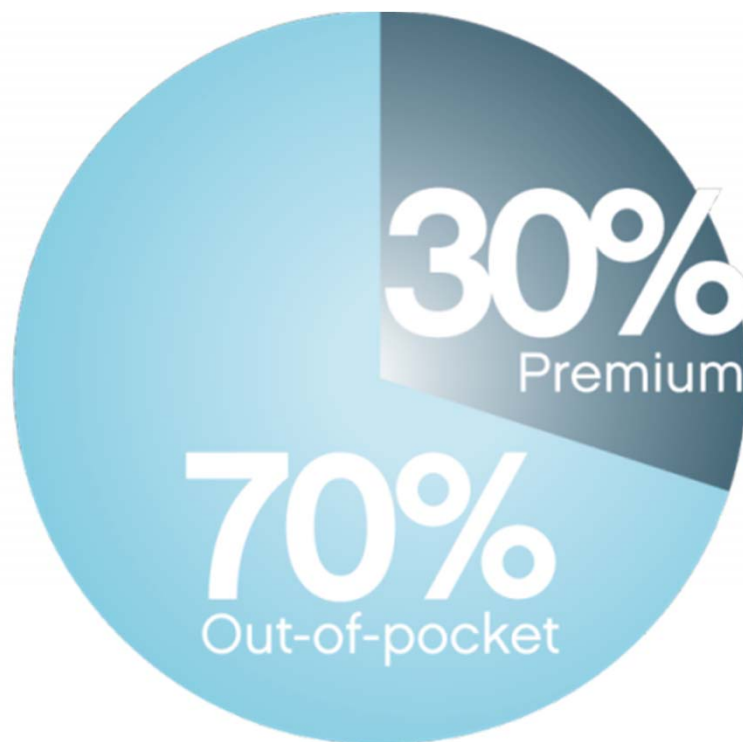


## What's Important to Consumers

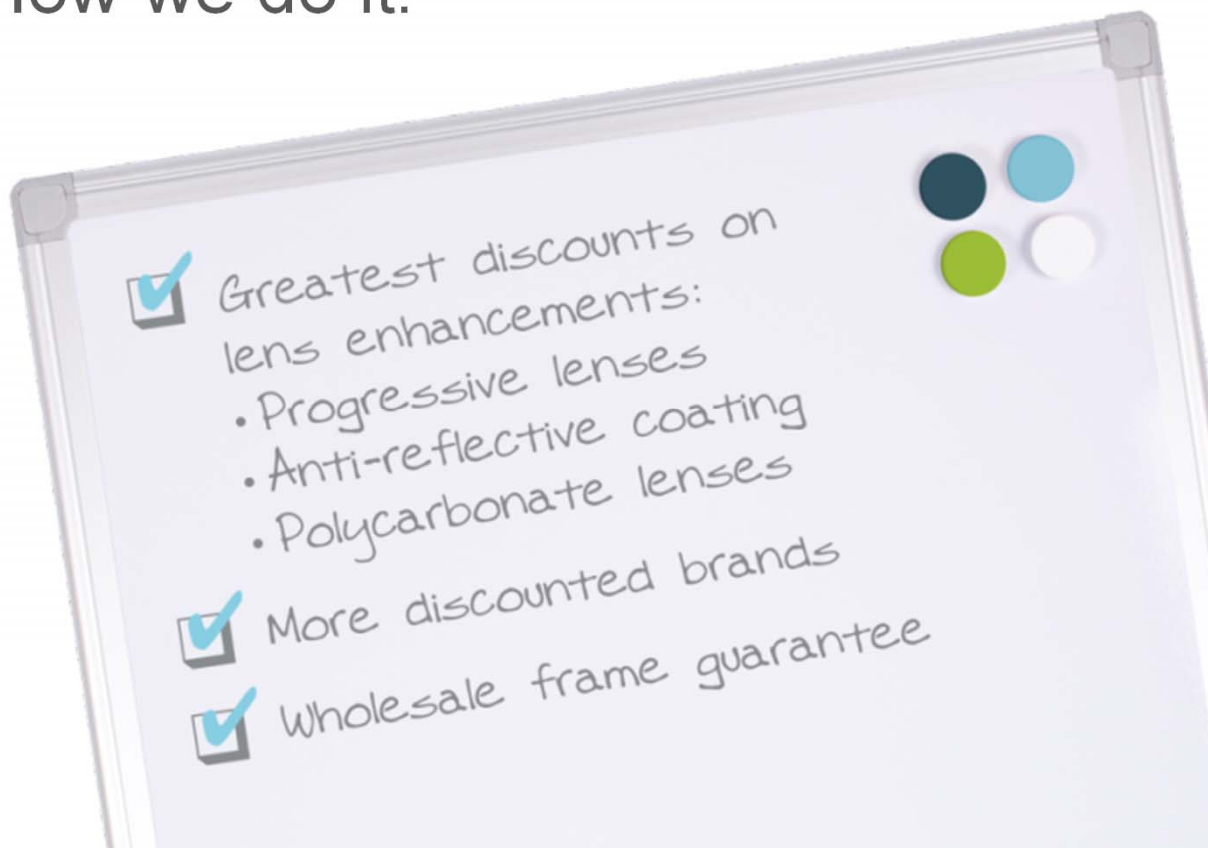


Source: Jobson Consumer Perceptions of Managed Vision Care Survey, 2012

Vision cost is more than premium



## How we do it:



How do you determine  
the best network for  
your employees?

A Network  
Employees Want





## Better Network Choices



Give your employees the freedom to choose the provider and eyewear that's right for them.

**VSP Doctors**



**Retail Chains**



**Out-of-network**



## VSP Doctor Experience



**Exclusive discounts  
and special offers**



**Extended hours**



**Providers where  
you live and work**



## Direct Pay Convenience



### More Out-of-Network Options

Your employees also have the freedom to choose any other provider and enjoy a generous reimbursement schedule.

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1

Employee says,  
"I have VSP" and  
pays any co-pays\*

2

Walmart submits  
claim to VSP

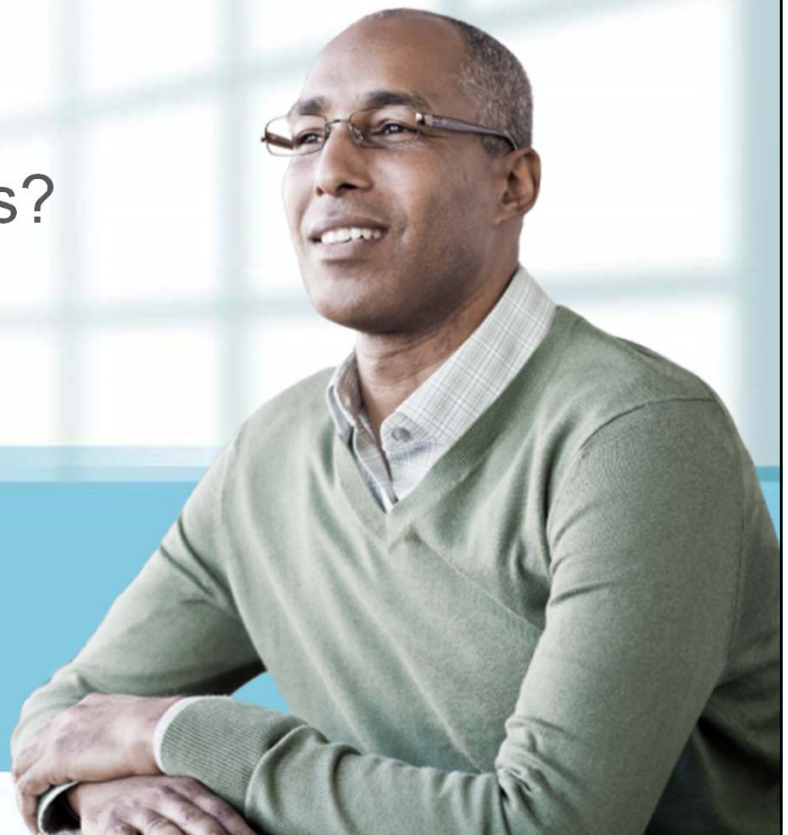
3

VSP pays claim

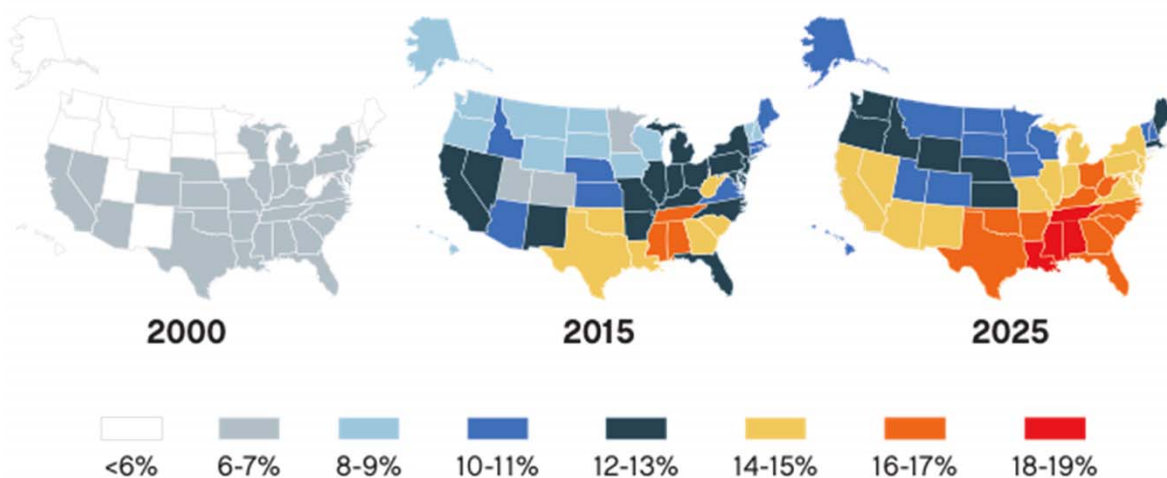
\*In addition to any overage exceeding their out-of-network allowance.

How can VSP  
help reduce  
healthcare costs?

Reducing  
Healthcare Costs



## Diabetes Reaching Epidemic Proportions



**By 2015, for every 1,000 employees, 170 will have diabetes at an annual cost of \$474,000.**

Sources: CDC Behavioral Risk Factor Surveillance System; Narayan, Impact of Recent Increase in Incidence on Future Diabetes Burden, Diabetes Care 2006; 29:2114-2116, Boyle, Projection of the year 2050 burden of diabetes in the US adult population, <http://www.pophealthmetrics.com/content/8/1/29>; Institute for Alternative Futures projections

## Increase employee access to preventive care.



Only **1 out of 5** Americans get annual physical exams.



**3 out of 5** members get annual eye exams.

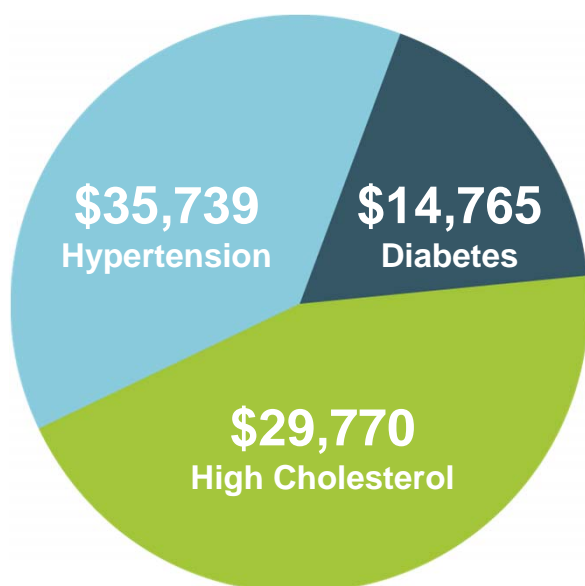
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But, only **50%** of those get preventive screenings.

This increases the opportunity for earlier detection by **6X**.

Sources: Archives for Internal medicine, "Preventive Health Examinations and Preventive Gynecological Examinations in the United States." 2007 VSP Utilization Data.  
<http://www.upi.com>

## Total Cost Avoidance



For every 1,000 employees, you can avoid \$80,274 in lost productivity and healthcare costs over two years with VSP.

Human Capital Management Services study on behalf of VSP, 2010; based on VSP book-of-business utilization rates

## Everyone Wins with Smarter Vision Care™



### **Employer**

- Reduced healthcare costs
- Higher utilization
- Increased retention

### **Employee**

- Lowest out-of-pocket costs
- Convenient network
- Higher satisfaction



# VSP Products



VSP Proprietary & Confidential

## VSP Signature Plan® Proposal

Prepared for



Our Member Promise guarantees that employees are completely satisfied with their eyecare and eyewear from VSP providers or we'll make it right. This includes satisfaction with out-of-pocket costs, consumer's #1 priority in a vision plan.

Benefit	VSP Preferred Providers subject to applicable copays <sup>1</sup>	Other Providers subject to applicable copays <sup>1</sup>
WellVision Exam	Covered-in-full <sup>1</sup> Routine retinal screening guaranteed pricing, not to exceed \$39 off contact lens exam services; copay will never exceed \$60	Reimbursed up to \$50
Contact Lens Exam - Fitting and Evaluation (when choosing contacts)	Standard and premium fit: covered in full after copay - 15% off contact lens exam services; copay will never exceed \$60	See elective contact lenses
Single Vision Lenses	Covered-in-full <sup>1</sup>	Reimbursed up to \$50
Lined Bifocal Lenses	Covered-in-full <sup>1</sup>	Reimbursed up to \$75
Lined Trifocal Lenses	Covered-in-full <sup>1</sup>	Reimbursed up to \$100
Lenticular Lenses	Covered-in-full <sup>1</sup>	Reimbursed up to \$125
Frame	Covered-in-full <sup>1</sup> up to \$130 allowance (\$50 wholesale) 20% discount on any amount exceeding retail allowance Members who select a featured frame brand including bebe®, ck Calvin Klein, Flexon, Lacoste, Michael Kors, Nike, Nine West, and more will receive an extra \$20 toward their frame allowance, beginning January 1, 2014. <sup>2</sup>	Reimbursed up to \$70
Elective Contact Lenses	Covered up to \$130 (instead of lenses and frames) Mail-in rebate savings <sup>3</sup> up to \$60 on eligible Bausch & Lomb contacts and up to \$125 on eligible ACUVUE Brand Contacts	Reimbursed up to \$105 <sup>4</sup> (includes contact lens exam and materials)
Necessary Contact Lenses <sup>4</sup>	Covered-in-full <sup>1</sup> (instead of lenses and frames)	Reimbursed up to \$210
Benefit	Benefit Highlights	
	Covered-in-full with a copay, saving our members an average of 35-40%. Maximum copay on some of our popular lens options:	
Lens Options	Standard Progressives Plastic	\$50 copay
	Premium Progressives Plastic	\$80-90 copay
	Custom Progressives Plastic	\$120-160 copay
	Solid Tints & Dyes (Pink I&II)	Covered-in-full
	Solid Plastic Dye (except Pink I & II)	\$13 copay
	Plastic Gradient Dye	\$15 copay
	UV Protection	\$14 copay
	Factory Applied Scratch-resistant Coating	\$15 copay
	Polycarbonate Lenses	Covered in full for dependent children
	Standard Anti-reflective Coating	\$23 single vision or \$28 multi-focal copay
Primary EyeCare Plan <sup>5M</sup>	Photochromic Lenses Plastic	\$37 copay
		\$62 single vision or \$76 multi-focal copay
	Supplemental coverage for non-surgical medical eye conditions, such as pink eye and other urgent eyecare - \$20 copay per visit	
Low Vision	Supplemental testing covered every two years	
	75% of the cost for approved low vision aids, \$1,000 maximum (less any amount paid for testing)	
Additional Glasses	30% discount on additional complete pairs of prescription and non-prescription glasses (includes sunglasses) <sup>6</sup>	
Laser VisionCare Program <sup>4</sup>	15% average discount or 5% off promotional price for PRK, LASIK, and Custom LASIK <sup>7</sup>	
	Members who've had LVC surgery can use their frame benefit for non-prescription sunglasses	
Exclusions and Limitations <sup>8</sup>	There may be some materials and services with either limited or no coverage under this plan Please contact your VSP representative for more information	

<sup>1</sup> When covered-in-full services are obtained from a VSP Preferred Provider, the patient will have no out-of-pocket expense other than any applicable copays. Services and eyewear obtained through other providers are subject to the same copay and limitations. Please refer to rate page.  
<sup>2</sup> Featured frame brands are subject to change.

Our proposal is based on the scope of the obligations that VSP agrees to undertake. VSP will comply with state and/or federal rules and regulations as they pertain to pre-paid vision plans with a defined benefit

Created: 11/18/2013

VSP Vision Care Proprietary &amp; Confidential

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<sup>2</sup> Rebates subject to change.  
<sup>3</sup> Necessary contact lenses and fitting and evaluation are covered in-full for members who have specific conditions for which contact lenses provide better visual correction.  
<sup>4</sup> 30% discount applies to glasses purchased the same day as the member's eye exam from the same VSP Preferred Provider who provided the exam. Members will also receive 20% off unlimited additional pairs of glasses valid through any VSP Preferred Provider within 12 months of the last covered eye exam.  
<sup>5</sup> Laser/Vision Care discounts are only available from VSP-contracted facilities.  
<sup>6</sup> Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member.  
<sup>7</sup> If \$100 allowance is purchased, Other Providers will reimburse up to \$85.  
<sup>8</sup> Coverage shall be governed solely by the terms of your VSP contract.

*Our proposal is based on the scope of the obligations that VSP agrees to undertake. VSP will comply with state and/or federal rules and regulations as they pertain to pre-paid vision plans with a defined benefit*

Created: 11/18/2013

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**VSP SIGNATURE PLAN®**  
**COMMERCIAL BUSINESS RATES**  
 5-50 Enrolled Employees  
 For Clients Headquartered in Washington  
 Valid Until December 1, 2014



**Prepared for Connexion**

**Plan Guidelines**

- » Individual Experience is not available for Pooled Groups
- » 24 month rate guarantee and contract term
- » These rates are based on either a minimum employer contribution of 75% for all eligible employees and dependents, or a minimum participation of 75% of all eligible employees and dependents
- » Rates are based on our sliding 10% commission scale and the agreement that VSP will receive these amounts over the full plan term
- » The first copy applies to the eye examination and the second copy applies to materials
- » Rates include all applicable taxes and health assessment fees known as of the date of the proposal

**Plan Frequencies**

PLAN B	
Eye Exam	12 Months
Lens	12 Months
Frame	24 Months

The base rates quoted reflect VSP's standard in-network retail allowances of \$130 for frames and \$130 for elective contact lenses.

**MONTHLY RATES**

4-Rate Basis	Employee Only	Employee + One	Employee + Children	Employee + Family
<b>PLAN B Copay: \$10/20</b>	<b>\$6.16</b>	<b>\$9.85</b>	<b>\$10.06</b>	<b>\$10.21</b>
\$150.00 Elective Contact Lens Allowance	\$0.24	\$0.39	\$0.40	\$0.64
\$150.00 Retail Frame Allowance	\$0.24	\$0.39	\$0.39	\$0.64
<b>Total:</b>	<b>\$6.64</b>	<b>\$10.63</b>	<b>\$10.85</b>	<b>\$17.49</b>

4-Rate Basis	Employee Only	Employee + One	Employee + Children	Employee + Family
<b>PLAN B Copay: \$10/25</b>	<b>\$5.90</b>	<b>\$9.44</b>	<b>\$9.63</b>	<b>\$10.53</b>
\$150.00 Elective Contact Lens Allowance	\$0.23	\$0.37	\$0.38	\$0.61
\$150.00 Retail Frame Allowance	\$0.23	\$0.37	\$0.38	\$0.61
<b>Total:</b>	<b>\$6.36</b>	<b>\$10.18</b>	<b>\$10.39</b>	<b>\$16.75</b>

*Our proposal is based on the scope of the obligations that VSP agrees to undertake. VSP will comply with state and/or federal rules and regulations as they pertain to pre-paid vision plans with a defined benefit*

Created: 1/30/2014

VSP Vision Care Proprietary & Confidential

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**VSP SIGNATURE PLAN®**  
**COMMERCIAL BUSINESS RATES**  
 Voluntary Participation 0-24% Employer Paid  
 5-50 Enrolled Employees  
 For Clients Headquartered in Washington  
 Valid Until December 1, 2014



Prepared for Connexion

**Plan Guidelines**

- » Individual Experience is not available for Pooled Groups
- » 24 month rate guarantee and contract term
- » These voluntary pooled rates are based on enrollment of 5-50 employees
- » Rates are based on our sliding 10% commission scale and the agreement that VSP will receive these amounts over the full plan term
- » The first copy applies to the eye examination and the second copy applies to materials
- » Rates include all applicable taxes and health assessment fees known as of the date of the proposal

**Plan Frequencies**

PLAN B	
Eye Exam	12 Months
Lens	12 Months
Frame	24 Months

The base rates quoted reflect VSP's standard in-network retail allowances of \$130 for frames and \$130 for elective contact lenses.

**MONTHLY RATES**

4-Rate Basis	Employee Only	Employee + One	Employee + Children	Employee + Family
<b>PLAN B Copay: \$10/20</b>	<b>\$9.19</b>	<b>\$14.70</b>	<b>\$15.01</b>	<b>\$24.20</b>
\$150.00 Elective Contact Lens Allowance	\$0.37	\$0.59	\$0.60	\$0.97
\$150.00 Retail Frame Allowance	\$0.37	\$0.59	\$0.60	\$0.97
<b>Total:</b>	<b>\$9.93</b>	<b>\$15.88</b>	<b>\$16.21</b>	<b>\$26.14</b>

4-Rate Basis	Employee Only	Employee + One	Employee + Children	Employee + Family
<b>PLAN B Copay: \$10/25</b>	<b>\$8.83</b>	<b>\$14.12</b>	<b>\$14.41</b>	<b>\$23.24</b>
\$150.00 Elective Contact Lens Allowance	\$0.35	\$0.57	\$0.58	\$0.93
\$150.00 Retail Frame Allowance	\$0.35	\$0.56	\$0.58	\$0.93
<b>Total:</b>	<b>\$9.53</b>	<b>\$15.25</b>	<b>\$15.57</b>	<b>\$25.10</b>

*Our proposal is based on the scope of the obligations that VSP agrees to undertake. VSP will comply with state and/or federal rules and regulations as they pertain to pre-paid vision plans with a defined benefit*

Created: 1/30/2014

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## Underwriting Guidelines & Commissions



### **Core rates**

75%-100% employer paid or bundled with another benefit on a joint enrollment basis- all employees and dependents on the group medical plan or the group dental plan enroll on VSP

### **Voluntary rates**

Minimum of 5 employees enrolling. Changes to enrollment status can be made during the client's annual open enrollment only.

***Annual Premium Paid by  
the Client Commission******Paid to Broker***

First \$5,000	10.00%
Next \$5,000	5.00%
Next \$10,000	3.56%
Next \$10,000	3.00%
Next \$20,000	2.31%
Next \$200,000	1.44%
Next \$250,000	0.73%
Exceeding \$500,000	0.35%



## Implementation with VSP



## New Group Set Up

Refer to the three easy steps in the New Group Submission Checklist and Procedures

1. Complete Master Application
2. Complete Dependent Tracking Membership Template
3. Submit to [Michelle.Grider@vsp.com](mailto:Michelle.Grider@vsp.com) 10 days prior to effective date to ensure group will be active on the first of the month.

APPLICATION FOR VISION CARE PLAN <sup>(sm)</sup>

Attn: Sales  
3333 Quality Drive  
Rancho Cordova, CA 95670  
(800) 216-6248



**Connexion Insurance Solutions**  
1-800-228-5798  
Fax 425-918-6178  
7001 220<sup>th</sup> St. SW, MS 320  
Mountlake Terrace, WA 98043  
[PBCWASmallGroup@ConnexionInsurance.com](mailto:PBCWASmallGroup@ConnexionInsurance.com)

Complete all applicable questions accurately and in detail. When finished, submit to Connexion at the address shown above.

## CLIENT INFORMATION

1 Full legal name of client as it appears on the policy: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Principal Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Client is headquartered in state of \_\_\_\_\_ (if different state from section 1, provide physical address for client in this state)

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

2 Who should we contact with payment questions? \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

3a Who should we contact with eligibility questions? \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

3b Does your broker need access to view/manage/update your eligibility? yes ☐ no ☐

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

4 Who is the Benefit Administrator responsible for the overall administration of the plan (if not principal contact)? \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

*If multiple benefits administrators are at other locations, attach names, addresses, emails, phone, and fax numbers.*

5 What is the nature of your business? \_\_\_\_\_ What is the DUNS number? \_\_\_\_\_

6 Membership information will be sent to VSP via: ☐ Electronic Transfers ☐ Online Eligibility Management

If electronic transfer reporting OR if a third party will handle your eligibility, please provide Third Party Administrator Information.

Firm: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

In conjunction with health plan industry practices when providing electronic eligibility, VSP requests clients to send dependent eligibility information to VSP. This would include providing the covered dependent's full name, date of birth, and relationship to the employee/member. Dependents will be reported as a dependent under the employee's ID number.

Will dependent information be sent to VSP for eligibility purposes? ☐ yes ☐ no

If no, please explain:  
Employers without Internet access for making membership updates will be contacted by VSP to review other options.

7 Names of separate divisions that will be covered by this plan (indicate if COBRA division is required): \_\_\_\_\_

Address of additional divisions if applicable. **IMPORTANT:** Separate divisions will be billed on separate invoices  
(If multiple divisions are needed, attach list of division names, contact names, address, email, phone, and fax numbers): \_\_\_\_\_

Billing address (if different than Client address): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

If Self-Funded Program, do claims billings and administrative fee billings go to the same person? ☐ yes ☐ no

If no, please supply contact, title, address, phone, and fax number for each type of billing. \_\_\_\_\_

8 Number of employees eligible for benefits: \_\_\_\_\_

Does this represent the total number of employees in the company? ☐ yes ☐ no ☐ total number: \_\_\_\_\_

Do you have an employee population outside of the US? ☐ yes ☐ no If yes, what country : \_\_\_\_\_

Do you provide benefits to your retiree population? ☐ yes ☐ no

Dependents: Eligible dependents are the covered employee's spouse and unmarried dependent children until the end of the month that they reach their [ ] birthday (includes an unmarried child if incapable of self-support because of physical or mental incapacity that commenced prior to reaching the above age), or the end of the month that they reach their [ ] birthday, if attending school full time.

9 Dependents other than employee's spouse & children:

☐ parents ☐ domestic partners (all)

☐ domestic partners (same sex only) ☐ domestic partner's children

### POLICY DETAILS

The rates listed must support the plan design and benefit selected and must meet all eligibility requirements. Please refer to your VSP-provided rate sheet for details or contact your VSP Account Executive. Any discrepancies may preclude acceptance by VSP.

10 Benefit Year (select one):  
☐ Service Year (from last date of service)  
☐ Calendar Year (**IMPORTANT:** Policy effective date and renewal date MUST be January 1)

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11 Plan Type (select one):  
☐ Signature Plan  
☐ Choice Plan  
☐ Exam Plus  
☐ Exam Plus w/ Allowances

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12 Is vision benefit: ☐ Core ☐ Voluntary ☐ Packaged with medical and/or dental

If **Voluntary** (vision is included as a stand-alone menu item in a list of benefits to choose from.):  
Employer contribution percentage: for employee: % for dependent: %  
Voluntary Participation Structure: \*A minimum number of enrolled employees may apply.  
☐ Exam w/Voluntary Materials\* ☐ Voluntary Pool 0-24% employer contribution\*  
☐ Voluntary Pool 25% or more employer contribution\* ☐ Core Employee/Voluntary Dependent Coverage\*

If **Core Plus Options** (group provides a basic level of vision coverage to all employees with an option for the employee to buy up or enhance the benefit):  
Employer contribution percentage: for employee: % for dependent: %

If **Packaged** (vision is tied to which of the following benefits: ☐ Medical ☐ Dental)

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13 Frequency of Service (select one):  
☐ A (12/24/24) (**IMPORTANT:** 12/24/24 is not available on voluntary plans) ☐ B (12/12/24) ☐ C (12/12/12)  
☐ Other:  
Total co-payment: \$ (applies to exam and eyewear)  
OR Split co-payment: \$ exam / \$ eyewear

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14 Client has purchased Enhancements: ☐ yes ☐ no (if no enhancements, skip to #15)

☐ Scratch Coating ☐ Anti-Reflective Coating ☐ Progressive Lenses ☐ Photochromic / tint  
Elective Contact Lens (Allowance): ☐ \$120 ☐ \$140 ☐ \$150 ☐ Other: \$  
Frame (Retail Frame Allowance): ☐ \$120 ☐ \$140 ☐ \$150 ☐ Other: \$  
Client has purchased Specialty Care: yes ☐ no ☐

☐ Covered Contact Lenses ☐ ProTec Safety  
☐ Second Pair of Glasses ☐ Computer Vision Care  
☐ Vision Therapy ☐ Preferred Laser VisionCare (available on a self-funded basis only to clients with 200+ enrolled employees)

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15 Requested effective date (The effective date should not precede the date VSP receives this application.)  
This policy will become effective on the first day of [ ] (month) [ ] (year), provided that all of the following has been completed prior to this effective date:  
A. VSP has received and accepted this Application.  
B. VSP has received and accepted Membership, including the required information of all employees that will be covered under this policy showing name, member ID, and number of dependents, if applicable.

16 Schedule A Information: Fiscal Year [ ] through [ ].  
Schedule A will be sent to the person named as the principal contact. A copy of the report may also be sent to your broker and/or your third party administrator.  
Please send an additional copy to:

17 Do you currently have coverage: ☐ yes ☐ no If yes, current vision plan carrier:  
If current carrier is VSP, please provide Client Name:

18 For fully-insured programs (VSP will bill you for your first month's premium)

	Rates
Employee-only or composite rate basis	\$
Two-rate basis	\$
Three-rate basis	\$
Four-rate basis	\$

IMPORTANT: Solid rates are required.

19 For self-insured programs, Administrative Fee:

Fixed fee:	or Percent of claims:	%	or Dollars per claims: \$
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### AGREEMENT

The undersigned client hereby applies for vision care coverage through VSP. It is understood that:

- A. All future employees will be covered when they become eligible, or offered VSP coverage if voluntary.
- B. Coverage will terminate for an employee on the last day of the month in which employment terminates.
- C. Member past service for clients previously covered by VSP will carry over and remain in force.
- D. Any non-VSP-created information outlining coverage or plan details must be reviewed by VSP prior to distribution to members.
- E. This agreement will continue in force 24 months from the effective date. Rates are based on the assumption that VSP will receive these amounts over the full plan term.

This application signed this [ ] (day) of [ ] (month) of [ ] (year).

Firm/Organization:

Name:

Title:

Signature:

*Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.*

**BROKER / CONSULTANT**

☐ The broker/consultant indicated below is hereby designated Broker of Record by the above signed employer.

Legal Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Licensed Producer's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Broker Assistant Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Taxpayer ID: \_\_\_\_\_ Corporation ☐ Independent ☐

Commission Checks Payable to:

☐ Firm Name

☐ Contact Name

☐ Not Paid

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

This application signed this [ ] (day) of [ ] (month) of [ ] (year).

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of state-licensed agent: \_\_\_\_\_

*Please send a copy of agent/broker license, if not currently on file with VSP.*

**GENERAL AGENT**

*Please send a copy of agent/broker license, if not currently on file with VSP.*

Legal Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Licensed Producer's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Broker Assistant Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Taxpayer ID: \_\_\_\_\_ Corporation ☐ Independent ☐

Commission Checks Payable to:

☐ Firm Name

☐ Contact Name

☐ Not Paid

Name: \_\_\_\_\_

Address: \_\_\_\_\_

version 7/18/2013

client application -- (general agent, sm)

page 5 of 6

City:	County:	State:	ZIP:
This application signed this [     ] (day) of [     ] (month) of [     ] (year).			
Print Name:		Title:	
Signature of state-licensed agent:			

***Please send a copy of agent/broker license, if not currently on file with VSP.***



### Membership With Dependents Template for VSP

[illegible]

3/27/06

## What's Next?

Once installed the client and brokers will have two contacts to assist with account management and renewal processes

### **Western Support Team**

800-216-6248

[vspwestern@vsp.com](mailto:vspwestern@vsp.com)

Assists with:

- Billing
- Membership
- Supplies
- General Questions

### **VSP Client Manager**

(assigned at time of implementation)

Assists with:

- Renewals
- Benefit plan changes

**Customer Service** is available for the members.

800-877-7195 or [vsp.com](http://vsp.com)

## Your Benefit is Easy to Use

- No claim forms or paperwork for our members. Members can easily find a provider or find out more about their benefits by:
  - Visiting our Web site at [vsp.com](http://vsp.com)
  - Calling our toll-free number at 800.877.7195

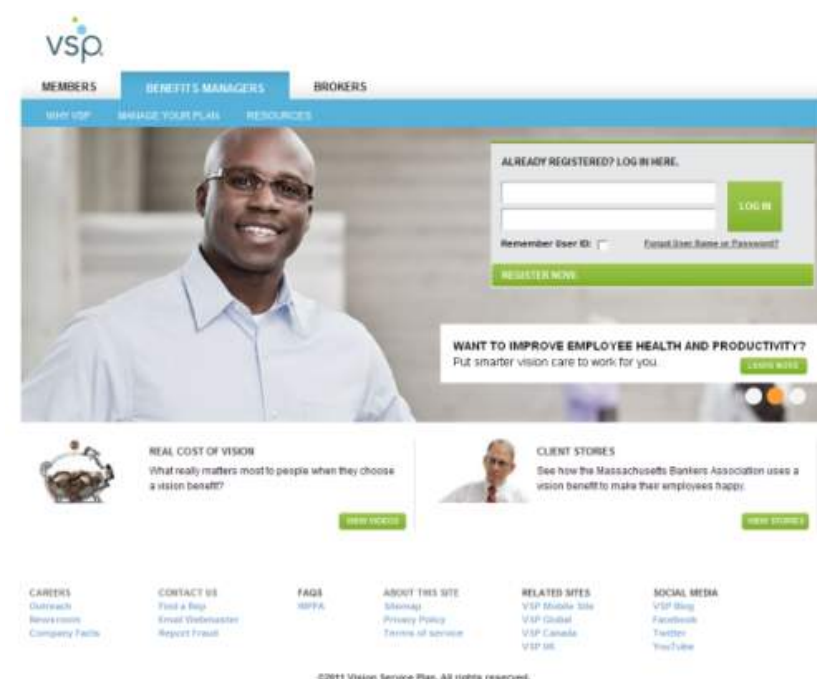


# vsp.com

The screenshot displays the vsp.com website. At the top, the vsp logo is on the left, and a 'Log In' button is on the right. Below the logo, there are tabs for 'MEMBERS', 'BENEFITS MANAGERS', and 'BROKERS'. A navigation bar contains links: 'MY BENEFITS', 'FIND A VSP DOCTOR', 'EYE CARE INFORMATION', 'GLASSES, CONTACTS & LENS', 'SPECIAL OFFERS', and 'BECOME A MEMBER'. The main content area features a large image of a smiling couple. Overlaid on this image is a login box titled 'ALREADY REGISTERED? LOG IN HERE:' with fields for 'User Name' and 'Password', a 'Remember User Name' checkbox, a 'Forgot your user name or password?' link, and a 'LOG IN' button. Below the login box is a 'REGISTER NOW' button. To the right of the couple image is a 'BECOME A VSP MEMBER' section with bullet points: 'Choose VSP through your employer' and 'Buy individual or family coverage', followed by a 'LEARN MORE' button. Below the couple image is a 'FIND A VSP DOCTOR' section with a search bar and a 'SEARCH' button. Below the search bar is a 'REBATES & SPECIAL OFFERS' section with a 'VIEW OFFERS' button. To the right of the offers section is an 'EYE CARE INFORMATION' section with a 'LEARN MORE' button. At the bottom, there are six columns of links: 'ABOUT VSP' (Careers, Outreach, Newsroom, Company Facts), 'FAQs' (Log In / Registration, Claims / Reimbursement, Benefits & Eligibility, VSP Network Doctors), 'CONTACT US' (Call Member Services, Email Member Services, Member Grievance Form, Report Fraud), 'ABOUT THIS SITE' (Sitemap, Privacy Policy, Terms of service, Patient Rights), 'RELATED SITES' (VSP Mobile Site, VSP Global, VSP Canada, VSP UK), and 'SOCIAL MEDIA' (VSP Blog, Facebook, Twitter, YouTube). At the very bottom, it says '©2012 Vision Service Plan. All rights reserved.'

Visit [vsp.com](http://vsp.com) or call us at 800.877.7195 anytime.

# Benefits Managers Homepage



The screenshot shows the VSP Benefits Managers Homepage. At the top, there is a navigation bar with the VSP logo and three tabs: MEMBERS, BENEFITS MANAGERS (which is highlighted), and BROKERS. Below the tabs, there are links for WHAT VSP, MANAGE YOUR PLAN, and RESOURCES. The main content area features a large image of a smiling man in a light blue shirt. To the right of the image is a login section titled 'ALREADY REGISTERED? LOG IN HERE.' with a text input field, a 'LOG IN' button, and checkboxes for 'Remember User ID?' and 'Forgot User Name or Password?'. Below the login section is a 'REGISTER NOW' button. Further down, there is a section titled 'WANT TO IMPROVE EMPLOYEE HEALTH AND PRODUCTIVITY?' with the text 'Put smarter vision care to work for you.' and a 'LEARN MORE' button. Below this, there are two columns of content. The left column is titled 'REAL COST OF VISION' with the text 'What really matters most to people when they choose a vision benefit?' and a 'VIEW VIDEO' button. The right column is titled 'CLIENT STORIES' with the text 'See how the Massachusetts Bankers Association uses a vision benefit to make their employees happy.' and a 'VIEW STORIES' button. At the bottom, there is a footer with six columns of links: CAREERS (Outreach, Newsroom, Company Facts), CONTACT US (Find a Rep, Email Webmaster, Report Fraud), FAQS (HIPAA), ABOUT THIS SITE (Homepage, Privacy Policy, Terms of service), RELATED SITES (VSP Mobile Site, VSP Global, VSP Canada, VSP UK), and SOCIAL MEDIA (VSP Blog, Facebook, Twitter, YouTube). The footer also includes the text '©2011 Vision Service Plan. All rights reserved.'

# Eligibility Management



NICOLE'S ACCOUNT

MEMBERS

BENEFITS MANAGERS

BROKERS

WHY VSP

MANAGE YOUR PLAN

RESOURCES

SECURE MAIL

MANAGE ELIGIBILITY

BILLING

REPORTING



## Manage your plan.

# Discussion

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