

Protect your vision with VSP.

When you enroll with Presbyterian Health Plan you get the best in eye care and eyewear through our partnership with VSP



Presbyterian Health Plan, Inc. partners with VSP to provide you with Standard vision coverage and Pediatric vision coverage at no additional cost. For a low monthly premium, Adults can upgrade to the Premium vision plan.

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. Plus when you see a VSP provider, your satisfaction is guaranteed.
- **Choice of Providers.** The decision is yours to make – choose a VSP provider 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

- **Register 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! VSP will 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 Anne Klein, bebe[®], Calvin Klein, Flexon[®], Lacoste, Nike, Nine West, and more! Visit vsp.com to find a VSP provider who carries these brands.

Vision Benefits Summary



Presbyterian Health Plan, Inc. partners with VSP to provide you with Standard vision coverage and Pediatric vision coverage at *no* additional cost. For a low monthly premium, Adults can upgrade to the Premium vision plan.

Plans and Benefits	Pediatric Plan Included Child Coverage up to age 19 years	Standard Plan Included Adult Coverage	Premium Plan Add-On Option Adult Coverage \$7.13 per month for each <i>adult</i> enrolled
WellVision Exam	Every 12 months. Focuses on your eyes and overall wellness.		
Copays	\$0 Copay	\$0	Exam - \$0 Copay Materials - \$25 Copay applies to glasses or replacement lenses when frames are not purchased.
Frames	<ul style="list-style-type: none"> • Every 12 Months • Fully covered when you choose from our exclusive Otis & Piper Eyewear collection • 20% savings on other frame brands 	20% savings on complete pairs of glasses	<ul style="list-style-type: none"> • Every 12 Months • \$150 allowance for a wide selection of frames • 20% savings on the amount over your allowance Additional Glasses and Sunglasses <ul style="list-style-type: none"> • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your WellVision Exam
Lenses	Included with Prescription Glasses <ul style="list-style-type: none"> • Every 12 Months • Single vision, lined bifocal, lined trifocal lenses • Polycarbonate, scratch-resistance coating and UV protection • Average savings of 20-25% on other lens enhancements 	20% savings on lens enhancements	<ul style="list-style-type: none"> • Every 12 Months • Single vision, lined bifocal, lined trifocal lenses • Average savings of 20-25% on other lens enhancements
Elective Contact Lens	<ul style="list-style-type: none"> • Every 12 Months • Instead of Glasses • Fully covered contact lens exam and minimum three-month supply of contacts 	15% savings on a contact lens exam (fitting and evaluation)	<ul style="list-style-type: none"> • Every 12 Months • Instead of Glasses • \$150 allowance for contacts • 15% savings on a contact lens exam (fitting and evaluation)
Extra Savings	Laser Vision Correction Average 15% off the regular price or 5% off the promotional price, discounts only available from contracted facilities.		
VSP Provider Network	Choice Network		
Reimbursement Amounts with Out-of-Network Providers	Visit vsp.com for details, if you plan to see a provider outside of the VSP network, your reimbursement is as follows:		
	50% Coinsurance	\$45 Exam	<ul style="list-style-type: none"> • \$45 Exam • \$30 Single Vision Lenses • \$50 Lined Bifocal • \$50 Progressive Lenses • \$65 Trifocal Lenses • \$70 Frame • \$105 Contacts

Once enrolled, simply tell your eye care provider that you have VSP and give them your member ID number. For questions contact VSP directly online at vsp.com or by phone at (800) 877-7195

VSP Premium Plan Payment Authorization Form



Each adult (Age 19+) on your **Presbyterian Individual and Family Plan** will be enrolled on the **VSP Premium Plan**

SUBMIT THIS FORM: with your Presbyterian application	SUBMIT THIS FORM BY FAX : 505-923-8252	SUBMIT THIS FORM BY MAIL: Presbyterian Health Plan P.O. Box 27489 Albuquerque, NM 87125-7489
Applicant Name		
First Name:	Last Name:	Date of Birth:
PHP Member ID Number:		
Address (City, State and Zip):		Phone Number:
Authorizations and Agreements		
<p>I hereby authorize and request Presbyterian Health Plan, Inc. (PHP) to initiate withdrawal entries from the account(s) and the financial institution(s) on file with PHP. These withdrawals are for premium payments for the enrolled individuals listed on my PHP Individual and Family Plan. This authorization is to remain in effect until PHP and/or the financial institution(s) named above are notified in writing. If you did not select a payment option with PHP, you will get a bill each month.</p> <p>I understand that coverage information is subject to change in the event of a conflict between this information and the PHP contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.</p> <p>ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FORM FOR PAYMENT OF A LOSS OF BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES. PRESBYTERIAN HEALTH PLAN, INC. MAY TERMINATE A MEMBER FOR ANY TYPE OF FRAUDULENT ACTIVITY.</p> <p>I understand that I am entitled to a copy of this signed form upon request.</p> <p>I acknowledge that I have read and understand this form in its entirety.</p>		
Signature of PHP Applicant/Subscriber: X		Today's Date: