



Life is  
better in  
focus.™

## Get access to the best in eye care and eyewear with HENDRIX COLLEGE and VSP® Vision Care.



Why enroll in VSP? As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at the lowest out-of-pocket costs.

### 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 network doctor, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP network doctor, your satisfaction is guaranteed.
- **Choice of Providers.** The decision is yours to make—choose a VSP network doctor 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.

- **Create an account at [vsp.com](http://vsp.com).** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** Visit [vsp.com](http://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](http://vsp.com).

**That's it! We'll 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 bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.<sup>1</sup> Visit [vsp.com](http://vsp.com) to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.<sup>2</sup> Prefer to shop online? Check out all of the brands at [eyeconic.com](http://eyeconic.com)®, VSP's preferred online eyewear store.

Enroll in VSP today.  
You'll be glad you did.  
Contact us. **800.877.7195**  
[vsp.com](http://vsp.com)

# Your VSP Vision Benefits Summary



HENDRIX COLLEGE and VSP provide you with an affordable eye care plan.

**VSP Coverage Effective Date: 01/01/2020**

**VSP Provider Network: VSP Signature**

Benefit	Description	Copay	Frequency
<b>Your Coverage with a VSP Provider</b>			
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every 12 months
<b>Prescription Glasses</b>		\$25	See frame and lenses
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$130 allowance for a wide selection of frames</li> <li>\$150 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> </ul>	Included in Prescription Glasses	Every 24 months
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every 12 months
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 35-40% on other lens enhancements</li> </ul>	\$0 \$80 - \$90 \$120 - \$160	Every 12 months
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months
<b>Extra Savings</b>	<b>Glasses and Sunglasses</b>		
	<ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Retinal Screening</b>		
	<ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b>		
	<ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>		

### Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit [vsp.com](http://vsp.com) for plan details.

Exam .....	up to \$50	Lined Bifocal Lenses .....	up to \$75	Progressive Lenses .....	up to \$75
Frame .....	up to \$70	Lined Trifocal Lenses .....	up to \$100	Contacts .....	up to \$105
Single Vision Lenses .....	up to \$50				

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

	2026 Monthly Premiums	2026 Bi-Weekly Premiums
Employee Only	\$9.64	\$4.82
Employee & Spouse	\$15.42	\$7.71
Employee & Children	\$15.74	\$7.87
Family	\$25.38	\$12.69

Contact us. [800.877.7195](tel:8008777195) | [vsp.com](http://vsp.com)

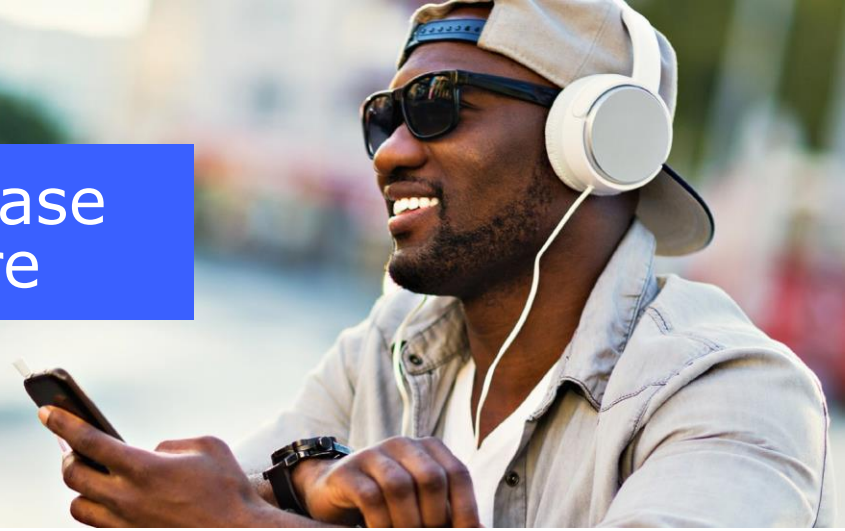
1. Brands/Promotion subject to change.

2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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# Put your eyes at ease with VSP LightCare



## Why UV and Blue Light Coverage?

Even if you don't wear prescription glasses, an annual eye exam is an easy and cost-effective way to take care of your eyes and overall health.

With VSP LightCare™, you can use your frame and lens benefit to get non-prescription eyewear from your VSP® network doctor.

### DEFEND YOUR EYES INDOORS AND OUT:

**Wear blue light filtering glasses indoors** to defend against digital eye strain. Digital screens and fluorescent lighting emit blue light that can contribute to headaches, blurred vision, and sore eyes—all possible symptoms of digital eye strain.

**Always wear sunglasses outdoors.** Shield your eyes from the sun's ultraviolet rays that can damage your corneas and cause eye-related diseases like cataracts. 100% UVA and UVB protection is the best choice for your sunglasses.<sup>1</sup>

### PROVIDER CHOICES YOU WANT

The **Premier Program** is part of our incredible network of thousands of private practice doctors and more than 700 Visionworks® locations nationwide.

	Preferred private practice and retail in-network choices
	private practice doctors
	Visionworks

**Like shopping online?** Go to [eyeconic.com](https://eyeconic.com)®, the preferred VSP online retailer where you can shop in-network with your VSP benefits.<sup>2</sup> Select from a wide selection of ready-made sunglasses and blue light filtering glasses for everyone.

**vsp**  
vision care

## Your VSP LightCare Coverage Includes:\*

### Eye Exam

A fully covered WellVision Exam®.<sup>3</sup>

### Eyewear

Use your frame and lens allowance toward ready-made:

- non-prescription sunglasses or
- non-prescription blue light filtering glasses

\*Register and log in to [vsp.com](https://vsp.com) to review your benefit information. Based on applicable laws; benefits may vary by location.

Questions? Visit [vsp.com](https://vsp.com) | 800.877.7195

1. Tips for Choosing the Best Sunglasses. American Academy of Ophthalmology, June 2021. 2. To find out whether your employer participates in Eyeconic®, log in to [vsp.com](https://vsp.com) to check your vision benefits. 3. Less any applicable copay.

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**VISION SERVICE PLAN  
MEMBERSHIP ENROLLMENT FORM**



Name of Group Hendrix College

Department \_\_\_\_\_

Effective Date \_\_\_\_\_

<b>1</b>	Social Security No.	Last Name / First Name / MI	Date of Birth
	Do you have dependent children - Y <input type="checkbox"/> N <input type="checkbox"/> Are you enrolling your dependents in the VSP Plan? Y <input type="checkbox"/> N <input type="checkbox"/>		<b>3</b> Does your spouse have coverage with VSP? <input type="checkbox"/> If Yes, who is covered?

**4 Coverage Level and Rates**

(√)		2025 Plan Rates	
		Monthly	Bi-Weekly
<input type="checkbox"/>	Employee Only	\$9.64	\$4.82
<input type="checkbox"/>	Employee + Spouse	\$15.42	\$7.71
<input type="checkbox"/>	Employee + Child(en)	\$15.74	\$7.87
<input type="checkbox"/>	Employee + Family	\$25.38	\$12.69

**PLEASE LIST ALL OF YOUR DEPENDENTS THAT WILL BE ENROLLED IN THE PROGRAM**

<b>5</b>	Last Name / First Name / MI	Social Security No.	Date of Birth

**Please Return To Your Human Resources Department. Do Not Return To VSP.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

- I have been offered the opportunity to enroll in the vision program through VSP; however, I waive coverage at this time.
- I authorize payroll deductions.