

Keep your eyes healthy with CAMCO BENEFIT SERVICES, INC. and VSP® Vision Care.

Why enroll in VSP? Your eyes deserve the best care to keep them healthy year after year. Plus with VSP, you'll get a great value on your eyecare and eyewear.

You'll like what you see with VSP.

- **Value and Savings.** You'll get great benefits on your exam and eyewear at an affordable price.
- **Personalized Care.** You'll get quality care that focuses on your eyes and overall wellness through a WellVision Exam® from a VSP doctor. When you see a VSP doctor, you'll get the most out of your benefit and have lower out-of-pocket costs. Plus, with a VSP doctor your satisfaction is guaranteed—if you're not 100% happy, we'll make it right.
- **Great Eyewear.** Choose the eyewear that's right for you and your budget.
- **Choice of Providers.** With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider.

Using your VSP benefit is easy.

- **Find an eyecare provider who's right for you.**
To find a VSP doctor, visit vsp.com or call 800.877.7195.
- **Review your benefit information.**
Visit vsp.com to review your plan coverage before your appointment.
- **At your appointment, tell them you have VSP.**
There's no ID card necessary.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP doctor.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, ck Calvin Klein, Flexon®, Lacoste, Michael Kors, Nike, Nine West, and more. Visit vsp.com to find a doctor who carries these brands.

Enroll in VSP today.
You'll be glad you did.

Contact us.
vsp.com
800.877.7195



Your VSP Vision Benefits Summary

Automatically get an extra \$20 to spend when you choose a featured frame brand like bebe®, ck Calvin Klein, Flexon®, Lacoste, Michael Kors, Nike, Nine West, and more. Visit vsp.com to find a doctor who carries these brands.

VSP Doctor Network: VSP Signature

Visit vsp.com for more details on your vision benefit and for exclusive savings and promotions for VSP members.

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Doctor			
WellVision Exam	• Focuses on your eyes and overall wellness	\$10	Every 12 months
Prescription Glasses		\$25	See frame and lenses
Frame	• \$130 allowance for a wide selection of frames • \$150 allowance for featured frame brands • 20% savings on the amount over your allowance	Included in Prescription Glasses	Every 24 months
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every 12 months
Lens Enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 35-40% on other lens enhancements	\$50 \$80 - \$90 \$120 - \$160	Every 12 months
Contacts (instead of glasses)	• \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
Extra Savings	Glasses and Sunglasses • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% from any VSP doctor within 12 months of your last WellVision Exam.		
	Retinal Screening • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor		

Your Coverage with Other Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.

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

VSP guarantees coverage from VSP doctors 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.

Enroll in VSP today.
You'll be glad you did.
Contact us. vsp.com
800.877.7195

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VSP APPLICATION

(Vision Service Plan)

Please select: Member Only \$15.25 per month Member & Family \$25.25 per month

NAME (PLEASE PRINT) _____

EMAIL _____ PHONE: () _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY # _____ BIRTH DATE _____

DEPENDENT INFORMATION:

Full Name	Social Security #	Date of Birth

SIGNATURE _____ DATE _____

APPLICATIONS RECEIVED BY THE 30TH OF THE MONTH WILL BE EFFECTIVE THE 1ST OF THE FOLLOWING MONTH UNLESS OTHERWISE REQUESTED. PLEASE COMPLETE AND SIGN BANK AUTHORIZATION ON THE REVERSE SIDE OF THIS FORM.

Camco Benefit Services

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

(Automated Clearing House Debits, ACH)

NAME (PLEASE PRINT) _____

PHONE () _____

EMAIL _____

UNION.LOCAL# _____

I (we) hereby authorize **Camco** to initiate debit entries to my (our) account indicated below and financial institution named below to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

CHECKING or SAVINGS (account type)

NOTE: All Vision plans are debited on the 10th of every month

BANK NAME _____

TRANSIT/ROUTING/ABA NUMBER _____

ACCOUNT NUMBER _____

*This authorization is to remain in full force and in effect until CAMCO has received WRITTEN notification of **TERMINATION** in such time and in such manner to afford CAMCO and DEPOSITORY a reasonable opportunity to act.*

SIGNED _____

DATE ____/____/____

This vision agreement is for a period of 12 months from your initial effective date. A \$100 Early Termination Fee will be assessed if policy is terminated before completion of 12-month period.

THERE WILL BE A **\$35.00** SERVICE FEE FOR ANY RETURNED ITEMS OR INSUFFICIENT FUNDS.

Mail To:

Camco Benefit Services ~PO BOX 5667~ Lacey, WA 98503

OR YOU CAN SIGN UP ONLINE AT: www.CAMCOBENEFITS.COM

CAMCO BENEFIT SERVICES

800-845-4669

FAX 360-438-6256