

Choice Plan Offered by VSP

Plan Details

Participant **\$14.51**/mo

Plus One **\$24.60**/mo

Family **\$37.74**/mo

Benefits

	Copay	Frequency
Eye Exam	\$15.00	every 12 months
Rx Glasses	\$25.00	Lenses: every 12 months (in lieu of contacts) Frames: every 24 months
Contacts	No Copay	every 12 months (in lieu of lenses)

Your Coverage from a VSP Doctor

WellVision Exam® \$15.00 Copay, available every 12 months

Prescription Glasses \$25.00 Copay

- **Lenses** available every 12 months
 - Single vision, lined bifocal, and lined trifocal lenses
 - Polycarbonate lenses for dependent children
- **Frames** available every 24 months
 - \$130 allowance for frame of your choice
 - Plus 20% off any out-of-pocket costs

~OR~

Contact Lens Care No Copay, available every 12 months

- \$130 allowance for contacts and the contact lens exam.

Extra Discounts and Savings

Glasses and Sunglasses

- 20%-25% savings on non-covered lens options
- 20% off additional prescription and non-prescription glasses and sunglasses, including lens options from any VSP doctor within 12 months of your last covered eye exam

Contacts*

- 15% off cost of contact lens exam

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.

Out of Network Benefits

If you see a non-VSP provider you will receive a lesser benefit. Before seeing a non-VSP provider, call us at 800.877.7195 for more details.

Out-of-Network Reimbursement Amounts:

Exam	Up to \$34
Single vision lenses	Up to \$17
Lined bifocal lenses	Up to \$30
Lined trifocal lenses	Up to \$43
Frame	Up to \$38.25

VSP guarantees service from VSP 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.

Plan Cost

	Monthly	Quarterly	Semi-Annual	Annually
Participant	\$14.51	\$43.53	\$87.06	\$174.12
Plus One	\$24.60	\$73.80	\$147.60	\$295.20
Family	\$37.74	\$113.22	\$226.44	\$452.88

One time Non Refundable Processing fee: \$35.00

The stated rates include a two dollar (\$2) per month billing fee and one dollar (\$1) per month fee for membership in the Benefits Association. Rates are guaranteed for a 12 month period, at which time rates may be subject to change. After your first renewal, the rates will be guaranteed for 12 months each year thereafter.

Methods of Payment

- Visa
- Mastercard
- American Express
- Discover
- Bankdraft

Plan Highlights

- Annual Examination: \$15.00 Copay
- Materials: \$25 Copay
- No deductibles
- No waiting periods
- No Copay for Contacts
- Your choice of network providers
- One pair of standard frames each 24 months
- One pair of single vision or standard lined multi-focal lenses (or) Contact lenses each 12 months
- Benefits provided In and Out of Network
- Discounts on Laser Vision Correction

Plan Disclosures

By enrolling in the vision benefit, you agree that all information is true and understand that you are enrolling for a 24month term. Failure to submit premium payment by the required due date will result in the termination of your VSP plan benefit and you will not be able to enroll again for 12 months. Morgan White will cancel coverage under this plan if you commit fraud or deception in the use of the plan benefits or knowingly permit such fraud or deception by any other person or persons. Morgan White will not cancel coverage under this plan because of a covered person's health status or requirements for vision care services.

Frequently Asked Questions

How do I know if my eye doctor is a VSP Provider?

Easy, simply call your eye doctor to see if they are in fact a VSP Provider, call VSP's customer service line at 1-800-877-7195, or visit our providers section and check it out for yourself.

What are the advantages of visiting a VSP Provider?

By visiting a VSP Provider you will be able to take full advantage of the benefits provided by this plan. Such as, the low co-payments for examinations and materials.

Does this plan have out of network benefits?

Yes, but you get the best value from your benefit when you see a VSP doctor. If you see a non-VSP provider, you'll typically pay more out-of-pocket. You'll pay the provider in full and have 6 months to submit a claim to VSP for partial reimbursement less co-pays. Before seeing a non-VSP provider, call us at 1-800-877-7195. You can see the out of network reimbursement amounts in the Plan Benefits section of the site.

When will my first payment be taken?

The \$35 non-refundable enrollment fee plus your first month's premium is due at time of enrollment. Banking/Saving account – Please allow up to 3 business days. Credit/Debit Card - Will be taken immediately. Subsequent drafts will occur on the 18th of each month.

What should I expect to see on my Bank/Credit Card Statement for my premium payments?

Insurance 8888593795 will appear on your statement as the charge for your premiums.

When does my coverage begin?

Applications submitted by the 20th of the month can become effective on the 1st of the following month. Any applications received after the 20th can become effective on the 1st of the second month.

Who do I call for billing questions?

Morgan White at 1-877-759-5758

Will I receive a renewal notice?

No. Once enrolled, the plan will continue unless you send a cancellation notice. **All cancellations require a 30 day notice** via email to individualchanges@morganwhite.com or by fax to (601) 956-3795.

Who do I call for claims questions?

VSP at 1-800-877-7195. You can also check the status of claims and review your benefits at [VSP](#), by logging into the members section of the site.