

# An Eyecare Plan With You in Mind

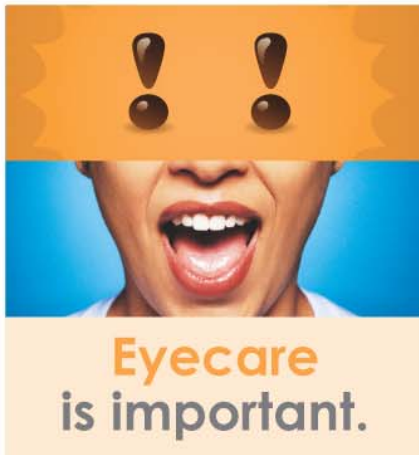


Are you really seeing your best? Or are you simply used to the view? With good vision, your experiences are clearer. Sharper. Brighter.

**85% of all  
you experience  
is through  
your eyes**

Besides helping you see better, routine eye exams can detect a number of serious health conditions such as glaucoma, cataracts and diabetes. Even cancer. Plus, eye exams for kids can spot problems that can impact learning and development.

## New patients always welcome.



VSP network doctors are located right where you need them — close to work, home and shopping centers. They provide exceptional care and offer a wide selection of frames and contact lenses to choose from — all at one convenient location. Their commitment to care and service grows with you and your family for a lifetime of care.

**Eyecare  
is important.**

## No ID cards. No claim forms. Easy as 1, 2, 3.

1. Find a VSP network doctor at [vsp.com](http://vsp.com) or call 800-877-7195.
2. Make an appointment and tell the doctor you are a VSP member.
3. Your doctor and VSP will handle the rest.

## Visit [vsp.com](http://vsp.com) today.

What's important to you? Do you need an evening appointment? Interested in a doctor who focuses on sports eyewear or children? Want an online savings statement after you visit a VSP doctor? Searching for information on conditions of the eye? Visit [vsp.com](http://vsp.com). You'll like what you see.

**"Highest in Overall  
Member Satisfaction  
Among National Vision Plans,  
Two Years in a Row"**



2004 National Vision Plan Member Satisfaction Study and J.D. Power and Associates 2005 National Vision Plan Member Satisfaction Study™. 2005 study based on 1,130 responses from members of large national vision care plans who were surveyed in July 2005. 2004 conducted for VSP by J.D. Power and Associates. [www.jdpower.com](http://www.jdpower.com).

Goshen College and VSP provide you with an affordable eyecare plan. Sign up for VSP today.

### Important Dates

VSP Coverage Effective .....7-1-06

### Your Coverage from a VSP Doctor

Exam covered in full .....every 12 months

#### Prescription Glasses

Lenses covered in full .....every 12 months

- Single vision, lined bifocal, and lined trifocal lenses.
- Polycarbonate lenses for dependent children.

Frame .....every 24 months

- Frame of your choice covered up to \$ 120.00.
- Plus, 20% off any out-of-pocket costs.

~OR~

Contact Lens Care .....every 12 months

*When you choose contacts instead of glasses, your \$120.00 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts.*

*Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. Learn more from your doctor or [vsp.com](http://vsp.com).*

### Advantages of Coverage

Without coverage, an exam and prescription glasses can cost \$300 or more. With VSP coverage, you'll save. Plus, with pre-tax payroll deductions, you'll be budgeting for your eyecare while reducing your taxable income.

### Your Copays

Exam .....\$10.00  
 Prescription Glasses .....\$25.00  
 Contacts ..... No copay applies

### Extra Discounts and Savings

#### Laser Vision Correction Discounts

#### Prescription Glasses

- Up to 20% savings on lens extras such as scratch resistant and anti-reflective coatings and progressives
- 20% off additional prescription glasses and sunglasses\*

#### Contacts\*

- 15% off cost of contact lens exam (fitting and evaluation)

\* Available from the same VSP doctor who provided your eye exam within the last 12 months

### Your Contribution

Employee Only .....\$8.54  
 Employee + One Dependent .....\$14.38  
 Employee + Children .....\$14.68  
 Employee + Family .....\$23.66

Dollar for dollar you get the best value from your VSP benefit when you visit a VSP network doctor. If you decide not to see a VSP doctor, copays still apply. You'll also receive a lesser benefit and typically pay more out-of-pocket. You are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement. If you decide to see a provider not in the VSP network, call us first at 800-877-7195.

#### Out-of-Network Reimbursement Amounts:

Exam ..... Up to \$35.00  
 Lenses:  
 Single Vision ..... Up to \$25.00  
 Lined Bifocal ..... Up to \$40.00  
 Lined Trifocal ..... Up to \$55.00  
 Frame ..... Up to \$45.00  
 Contacts ..... Up to \$105.00

VSP guarantees service from VSP network 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.*