

Nelsonville-York City Schools Vision Service Plan Enrollment Form



Insurance Carrier: **Vision Service Plan (VSP)**
 Customer Service Number: 800-877-7195
 Website with information on providers and how the plan works: www.vsp.com

If after contacting VSP, you require further assistance you may call: Snider, Fuller & Stroh: 740-594-8385 or 800-451-6125

Vision Benefits: The plan is a PPO plan, with higher benefits if a VSP panel provider is used. If you go to a panel provider, simply let them know when you make your appointment that you are covered under a VSP plan.

An exam, frames and pair of lenses are covered once per 12 months.

There is a \$10 annual copayment for a WellVision exam and a \$10 annual copayment for prescription lenses and/or frames. Covered expenses in excess of the copayment are paid in full by the plan if you use a VSP provider. If you use a non-panel provider, benefits will be paid based on a schedule.

Dependent children are covered to the end of the calendar year they turn age 23 if they are allowed as federal tax exemption (exceptions for handicapped children).

Please complete the enrollment information below.

Employee Name (first, middle initial, last) _____

Employee Address: _____

Social Security Number: _____

Gender: Male Female

Date of Birth (month/date/year): _____

Effective Date of Coverage: _____

Type of Coverage: Employee Only
 Employee and Family
 Waive Coverage

Employee Signature: _____

Treasurer's Office Use Only	
Date Received:	
Date Transmitted to VSP:	
Date Entered into Payroll:	