



Enrollment form Vision Insurance



Please refer to the "Your Vision Benefit Summary" for policy details.

Monthly premium				
<input type="checkbox"/> Employee only	Exam only <input type="checkbox"/> \$2.00 monthly	Basic (Buy-up) <input type="checkbox"/> \$16.00 monthly	Premier <input type="checkbox"/> \$21.00 monthly	Bill as <input type="checkbox"/> Group
<input type="checkbox"/> Two or more	<input type="checkbox"/> \$4.00 monthly	<input type="checkbox"/> \$35.00 monthly	<input type="checkbox"/> \$46.00 monthly	<input type="checkbox"/> Individual
Subscriber information				
Name of employer				
Subscriber's Social Security Number		Date of birth (month / day / year)		
Subscriber last, first name, middle initial				
Spouse last, first name, middle initial		Date of birth (month / day / year)		
Dependent last, first name, middle initial		Date of birth (month / day / year)		
Dependent last, first name, middle initial		Date of birth (month / day / year)		
Dependent last, first name, middle initial		Date of birth (month / day / year)		
Home address (please include city, state and ZIP)				
Billing address (if different than home, please include city, state and ZIP)				
By signing below, I am agreeing to be enrolled for the entire 2-year enrollment period				
Signed _____ Date _____				

**Please return this enrollment form to the address or FAX below.
Forms received by the 15th of the month will receive the first of the following month's effective date. Billed on a quarterly basis.**

MDA Insurance • 3657 Okemos Road, Suite 100 • Okemos, MI 48864
877.906.9924 • mdaprograms.com • FAX 517.484.5460

Your Vision Benefits Summary



Get the best in eye care and eyewear with MICHIGAN DENTAL ASSOCIATION and VSP® Vision Care.

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye care provider who's right for you.** The decision is yours to make—choose a VSP provider or any out-of-network provider. To find a VSP provider, visit vsp.com or call **877.906.9924**.
- **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.

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

Best Eye Care

You'll get the highest level of care, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

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 more¹. Visit vsp.com to find a Premier Program location that carries these brands. Prefer to shop online? Check out all of the brands at Eyeconic.com, VSP's online eyewear store.

Plan Information

VSP Coverage Effective Date: 01/01/2017
VSP Provider Network: VSP Choice

MICHIGAN DENTAL ASSOCIATION and VSP provide you with an affordable eyecare plan.

Visit vsp.com or call **877.906.9924** for more details on your vision coverage and exclusive savings and promotions for VSP members.

Benefit	Description	Copay
Your Coverage with a VSP Provider		
WellVision Exam	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every calendar year 	\$10
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> • 20% savings on complete pair of prescription glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months from your last WellVision Exam. 	
	Contacts <ul style="list-style-type: none"> • 15% savings on a contact lens exam (fitting and evaluation) 	
	Laser Vision Correction <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 	
Your Coverage with Out-of-Network Providers		
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.		
Exam up to \$45		
<small>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.</small>		

¹Brands/Promotion subject to change.

Your VSP Vision Benefits Summary



MICHIGAN DENTAL ASSOCIATION and VSP provide you with an affordable eye care plan. Buy-Up Plan

VSP Coverage Effective Date: 01/01/2017

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every calendar year
Prescription Glasses		\$25	See frame and lenses
Frame	<ul style="list-style-type: none"> \$140 allowance for a wide selection of frames \$160 allowance for featured frame brands 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every other calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$55 \$95 - \$105 \$150 - \$175	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$140 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		
Your Monthly Contribution	\$16.00 Member only	\$35.00 Member + family	

Your Coverage with Out-of-Network Providers

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

Exam	up to \$45	Lined Bifocal Lenses	up to \$50	Progressive Lenses	up to \$50
Frame	up to \$70	Lined Trifocal Lenses	up to \$65	Contacts	up to \$105
Single Vision Lenses	up to \$30				

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Contact us. [877.906.9924](tel:877.906.9924) | vsp.com

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Your VSP Vision Benefits Summary

VSP Coverage Effective Date: 01/01/2017

MICHIGAN DENTAL ASSOCIATION and VSP provide you with a choice of affordable vision plans – choose the plan that's right for you.

Buy-Up		VSP Provider Network: VSP Choice		Premier		VSP Provider Network: VSP Choice	
Benefit	Description	Copay		Benefit	Description	Copay	
Your Coverage with a VSP Provider							
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10		WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10	
Prescription Glasses				\$25			
Frame	<ul style="list-style-type: none"> \$140 allowance for a wide selection of frames \$160 allowance for featured frame brands 20% savings on the amount over your allowance Every other calendar year 	Included in Prescription Glasses		Frame	<ul style="list-style-type: none"> \$200 allowance for a wide selection of frames \$220 allowance for featured frame brands 20% savings on the amount over your allowance Every calendar year 	Included in Prescription Glasses	
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses		Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses	
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every calendar year 	\$55 \$95 - \$105 \$150 - \$175		Lens Enhancements	<ul style="list-style-type: none"> Progressive lenses Anti-reflective coating Average savings of 20-25% on other lens enhancements Every calendar year 	\$40 \$25	
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$140 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60		Contacts (instead of glasses)	<ul style="list-style-type: none"> \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60	
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20		Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20	
Your Monthly Contribution	\$16.00 Member only	\$35.00 Member + family		Your Monthly Contribution	\$21.00 Member only	\$46.00 Member + family	
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 						
Your Coverage with Out-of-Network Providers							
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.							
Exam	up to \$45	Lined Bifocal Lenses	up to \$50	Progressive Lenses	up to \$50	Contacts	up to \$105
Frame	up to \$70	Lined Trifocal Lenses	up to \$65				
Single Vision Lenses	up to \$30						

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