

# Sun Life Dental Care Individual Enrollment

Thank you for your interest in the Sun Life Dental Program. Sun Life Dental Care is a managed dental plan that arranges for comprehensive dental services through their contracted panel of dentists conveniently located throughout Colorado. The enclosed package should provide you with everything necessary to fully review the program and become a plan member.

## Sample Benefits of the Sun Life Dental Care Plan

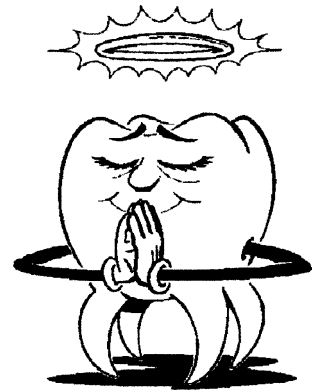
Routine Office Visit	Low Co-payment
Comprehensive Oral Evaluation	No Charge
X-Ray- Intraoral, Comp., Series, Incl. Bitewing	No Charge
Topical Application of Fluoride (Child)	No Charge
Fillings	Low Co-payment
Crowns and Bridges	Low Co-payment

Special features include No Deductibles, No Claim Forms, No Maximum Limits on Benefits, No Pre-Existing Dental Problems Excluded, No Referral required for specialists, Orthodontia Included, and a Worldwide Emergency Benefit.

**Vision Benefit  
Included**

## Low Monthly Cost

Member Only .....	\$14.15
Member + 1 .....	\$22.72
Member & Family .....	\$34.69



## How to Enroll

- Step 1:** You may enroll online or complete all sections of the enclosed enrollment form.
- Step 2:** You must select a dentist from the Sun Life website [http://sunlife.go2dental.com/member/dental\\_search/srchinp.cgi?plan\\_number=24](http://sunlife.go2dental.com/member/dental_search/srchinp.cgi?plan_number=24) (Select Colorado then enter your zip code) or call Sun Life at 1-800-443-2995 for a list of dentists in your area. Record the dentist's Facility ID number on the enrollment form in the space provided. Application cannot be processed if you do not select a dentist.
- Step 3:** After completing and signing the enrollment form, complete the payment authorization form and mail them to:

**National Benefits Consultants  
7395 E. Peakview Ave.  
Centennial, CO 80111**

Enrollment form with payment must be received by the 20<sup>th</sup> of the month in order to begin coverage on the 1<sup>st</sup> day of the following month. When your enrollment is processed, membership confirmation will be sent to your e-mail address. You may make an appointment with your selected dentist at anytime after your effective date of coverage.

**Questions:** Sun Life Dental Care: 1-800-443-2995  
National Benefits- billing administration: 1-720-488-9892

# Sun Life DHMO Dental & Vision Care Enrollment Form

Pinnacle Dental Plan			904672		Requested Effective Date			
First Name		MI	Last Name		<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Dentist ID #	
Address		City	State	Zip	Social Security Number			
Home Phone		Work Phone		Email Address				
Dependents to be Included in Coverage:								
First Name		MI	Last Name		Relationship	Sex	Date of Birth	Dentist ID #
						<input type="checkbox"/> M <input type="checkbox"/> F		
						<input type="checkbox"/> M <input type="checkbox"/> F		
						<input type="checkbox"/> M <input type="checkbox"/> F		
						<input type="checkbox"/> M <input type="checkbox"/> F		
						<input type="checkbox"/> M <input type="checkbox"/> F		
						<input type="checkbox"/> M <input type="checkbox"/> F		
<p>Check any boxes that apply and follow instructions:</p> <p><input type="checkbox"/> Are you covering more than 4 dependents? Please continue listing on additional Enrollment Form.</p> <p><input type="checkbox"/> Is the address of any dependent different than the primary insured? Show that dependent's name and address on the back of this form.</p> <p><input type="checkbox"/> Are you requesting coverage for a dependent other than spouse, son, or daughter? Forward legal custody paper.</p> <p><input type="checkbox"/> Are you requesting coverage for a dependent child over age 19 that is NOT a full-time student? Furnish proof of incapacity.</p>								
<p>The dental program is a managed care Plan, offering comprehensive benefits through a network of Plan dentists. Enrollment in this Plan includes a vision discount program through Vision Service Plan and its network of providers.</p>								
<p>To the best of my knowledge and belief, each of the statements and answers supplied in this form is complete and true, and they constitute the sole basis for, and are the inducement for, the issuance of any coverage. I hereby apply for membership in this Plan for myself and for any eligible dependents listed above. I agree, for myself and for any eligible dependents listed, to abide by the rules and regulations of the Plan and the terms and conditions of the Service Agreement. I authorize any licensed dentist, physician, hospital or other health care provider to furnish the Plan with any required dental or medical information, as permitted by law about myself and any eligible dependents listed. I represent the information provided is true and correct to the best of my knowledge. I further understand that my coverage and benefits may be affected by failure to provide complete and accurate information. I will promptly advise the Plan of any changes in this information.</p>								
Signature:				Date:				

Select a dentist from the Sun Life website: [http://sunlife.go2dental.com/member/dental\\_search/srchinp.cgi?plan\\_number=24](http://sunlife.go2dental.com/member/dental_search/srchinp.cgi?plan_number=24)

**Submit completed form to National Benefits with Payment Authorization Form**

# National Benefits Consultants

7395 E. Peakview Ave. Centennial, CO 80111

Fax: 720-488-9893

E-mail: Info@NatBenCo.com

## CREDIT CARD AUTHORIZATION

### Customer Information

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_

Please fill out, scan and send completed form via:

**Fax:**  
435-268-3603

**Mail:**  
7395 E. Peakview Ave.  
Centennial, CO 80111

**Email:**  
Info@NatBenCo.com

*Any information sent via E-Mail or Fax is not secure and is being transmitted at sender's own risk.*

### Credit Card Account

Account Type: \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD

Account Number:

Expiry Date:

Security Code:

Cardholder Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Frequency: Monthly \_\_\_\_\_ Annually \_\_\_\_\_

It is the Customer's responsibility to inform National Benefits of any changes to the billing address, expiration date and/or changes to the card holder's name of credit card account provided. Any information provided in this form will be used for the completion of this transaction only, and will be destroyed after completing the purchase.

### Authorization

I authorize National Benefits Consultants to debit the credit card account provided above for the purchase of product by the above Customer. I also understand that this authorization will remain valid for monthly pay members until I cancel such authorization in writing.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Copayment Schedule with Specialty Benefits

Benefits provided by:

United Dental Care of Colorado, Inc.  
 Executive Office:  
 One Sun Life Executive Park  
 Wellesley Hills, MA 02481  
 800.443.2995

## 1. PLAN DENTIST SERVICES (subject to Limitations and Exclusions listed in the Evidence of Coverage):

The dental services listed on the Copayment Schedule below are covered only when provided by Member's selected Plan Dentist. Dental services that do not appear on this list are not covered by Plan. Member will be responsible for paying the amount listed in "Member Copayment" column at the time the service is received, or in accordance with Plan Dentist's billing procedures.

**Except in the case of covered dental emergency services, payment for all services received from a non-Plan Dentist will be the responsibility of Member.**

ADA Code**	Service Description**	Member Copayment
<b>Appointments</b>		
None	Office visit - during regularly scheduled hours**	5.00
D0120	Periodic oral evaluation - established patient	No Charge
D0140	Limited oral evaluation - problem focused	20.00
D0150	Comprehensive oral evaluation - new or established patient	No Charge
D0180	Comprehensive periodontal evaluation - new or established patient	No Charge
None	Missed appointment without 24 hour notice**	20.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	25.00
D9440	Office visit - after regularly scheduled hours	40.00
<b>Diagnostic Dentistry</b>		
D0210	Intraoral-complete series of radiographic images	No Charge
D0220	Intraoral-periapical first radiographic image	No Charge
D0230	Intraoral-periapical each additional radiographic image	No Charge
D0240	Intraoral-occlusal radiographic image	No Charge
D0250	Extraoral-2D projection radiographic image created using a stationary radiation source, and detector	No Charge
D0260	Extraoral-each additional radiographic image	No Charge
D0270	Bitewing-single radiographic image	No Charge
D0272	Bitewing-two radiographic images	No Charge
D0274	Bitewing-four radiographic images	No Charge
D0330	Panoramic radiographic image	No Charge
D0415	Collection of microorganisms for culture and sensitivity	No Charge
D0425	Caries susceptibility tests	No Charge
D0460	Pulp vitality tests	No Charge
<b>Preventive Dentistry</b>		
D1110	Prophylaxis - adult (once every 6 calendar months)	No Charge
D1120	Prophylaxis - child (once every 6 calendar months)	No Charge
D1203	Topical application of fluoride - child	No Charge
D1310	Nutritional counseling for control of dental disease	No Charge
D1330	Oral hygiene instructions	No Charge

ADA Code**	Service Description**	Member Copayment
D1351	Sealant - per tooth.....	5.00
D1510	Space maintainer - fixed - unilateral'.....	60.00
D1515	Space maintainer - fixed - bilateral'.....	60.00
D1520	Space maintainer - removable - unilateral'.....	60.00
D1525	Space maintainer - removable - bilateral'.....	60.00
D1550	Re-cement or re-bond space maintainer.....	5.00
None	Additional prophylaxis (D1110 or D1120 service does not apply to patients with periodontal disease)***.....	20.00
<b>Restorative Dentistry</b>		
D2140	Amalgam - one surface, primary or permanent.....	10.00
D2150	Amalgam - two surfaces, primary or permanent.....	15.00
D2160	Amalgam - three surfaces, primary or permanent.....	20.00
D2161	Amalgam - four or more surfaces, primary or permanent.....	25.00
D2330	Resin-based composite - one surface, anterior.....	15.00
D2331	Resin-based composite - two surfaces, anterior.....	20.00
D2332	Resin-based composite - three surfaces, anterior.....	25.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior).....	40.00
D2391	Resin-based composite - one surface, posterior.....	25.00
D2392	Resin-based composite - two surfaces, posterior.....	35.00
D2393	Resin-based composite - three surfaces, posterior.....	45.00
D2394	Resin-based composite - four or more surfaces, posterior.....	45.00
D2510	Inlay - metallic - one surface'.....	115.00
D2520	Inlay - metallic - two surfaces'.....	140.00
D2530	Inlay - metallic - three or more surfaces'.....	210.00
D2543	Onlay - metallic - three surfaces'.....	175.00
D2544	Onlay - metallic - four or more surfaces'.....	185.00
D2610	Inlay - porcelain/ceramic one surface'.....	175.00
D2620	Inlay - porcelain/ceramic two surfaces'.....	185.00
D2630	Inlay - porcelain/ceramic three or more surfaces'.....	185.00
D2740	Crown - porcelain/ceramic'.....	225.00
D2750	Crown - porcelain fused to high noble metal'.....	225.00
D2751	Crown - porcelain fused to predominantly base metal'.....	225.00
D2752	Crown - porcelain fused to noble metal'.....	225.00
D2790	Crown - full cast high noble metal'.....	225.00
D2791	Crown - full cast predominantly base metal'.....	225.00
D2792	Crown - full cast noble metal'.....	225.00
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration.....	5.00
D2920	Re-cement or re-bond crown.....	5.00
D2930	Prefabricated stainless steel crown - primary tooth.....	55.00
D2940	Protective restoration.....	10.00
D2950	Core buildup, including any pins.....	20.00
D2951	Pin retention - per tooth, in addition to restoration.....	10.00
D2952	Post and core in addition to crown, indirectly fabricated'.....	80.00
D2954	Prefabricated post and core in addition to crown.....	50.00
D2960	Labial veneer (resin laminate) - chairside'.....	260.00
D2962	Labial veneer (porcelain laminate) - laboratory'.....	315.00
D2980	Crown repair necessitated by restorative material failure'.....	15.00
None	Temporary filling***.....	10.00
<b>Endodontics</b>		
D3110	Pulp cap - direct (excluding final restoration).....	12.00
D3120	Pulp cap - indirect (excluding final restoration).....	6.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.....	25.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	110.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	130.00
D3330	Endodontic therapy, molar (excluding final restoration).....	190.00

ADA Code**	Service Description**	Member Copayment
D3346	Retreatment of previous root canal therapy - anterior.....	210.00
D3347	Retreatment of previous root canal therapy - premolar.....	300.00
D3348	Retreatment of previous root canal therapy - molar.....	350.00
D3410	Apicoectomy-Anterior.....	100.00
D3421	Apicoectomy-Premolar (first root).....	100.00
D3425	Apicoectomy-Molar (first root).....	100.00
D3426	Apicoectomy-Each additional root.....	75.00
D3430	Retrograde filling - per root.....	30.00
D3450	Root amputation - per root.....	50.00
D3920	Hemisection (including any root removal), not including root canal therapy.....	40.00
<b>Periodontics</b>		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.....	150.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.....	90.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.....	275.00
D4261	Osseous surgery (including elevation of full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.....	165.00
D4320	Provisional splinting - intracoronaral.....	60.00
D4321	Provisional splinting - extracoronaral.....	40.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant.....	40.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant.....	25.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit.....	30.00
D4910	Periodontal maintenance.....	25.00
None	Periodontal hygiene instructions***.....	No Charge
None	Periodontal charting for planning (specialty)***.....	8.00
<b>Removable Prosthodontics (Removable Dentures)</b>		
D5110	Complete denture - maxillary'.....	300.00
D5120	Complete denture - mandibular'.....	300.00
D5130	Immediate denture - maxillary'.....	300.00
D5140	Immediate denture - mandibular'.....	300.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)'.....	310.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)'.....	310.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)'.....	310.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)'.....	320.00
D5410	Adjust complete denture - maxillary.....	10.00
D5411	Adjust complete denture - mandibular.....	10.00
D5421	Adjust partial denture - maxillary.....	10.00
D5422	Adjust partial denture - mandibular.....	10.00
D5510	Repair broken complete denture base'.....	30.00
D5610	Repair resin denture base'.....	25.00
D5620	Repair cast framework'.....	30.00
D5630	Repair or replace broken clasp - per tooth'.....	40.00
D5640	Replace broken teeth - per tooth'.....	35.00
D5650	Add tooth to existing partial denture'.....	40.00
D5730	Reline complete maxillary denture (chairside).....	50.00
D5731	Reline complete mandibular denture (chairside).....	50.00
D5740	Reline maxillary partial denture (chairside).....	50.00
D5741	Reline mandibular partial denture (chairside).....	50.00
D5750	Reline complete maxillary denture (laboratory)'.....	75.00
D5751	Reline complete mandibular denture (laboratory)'.....	75.00
D5760	Reline maxillary partial denture (laboratory)'.....	75.00

ADA Code**	Service Description**	Member Copayment
D5761	Reline mandibular partial denture (laboratory).....	75.00
D5850	Tissue conditioning, maxillary.....	15.00
D5851	Tissue conditioning, mandibular.....	10.00
D5862	Precision attachment, by report'.....	80.00
<b>Fixed Prosthodontics</b>		
D6210	Pontic - cast high noble metal'.....	225.00
D6211	Pontic - cast predominantly base metal'.....	225.00
D6212	Pontic - cast noble metal'.....	225.00
D6240	Pontic - porcelain fused to high noble metal'.....	225.00
D6241	Pontic - porcelain fused to predominantly base metal'.....	225.00
D6242	Pontic - porcelain fused to noble metal'.....	225.00
D6251	Pontic - resin with predominantly base metal'.....	225.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis'.....	120.00
D6721	Retainer crown - resin with predominantly base metal'.....	225.00
D6750	Retainer crown - porcelain fused to high noble metal'.....	225.00
D6751	Retainer crown - porcelain fused to predominantly base metal'.....	225.00
D6752	Retainer crown - porcelain fused to noble metal'.....	225.00
D6780	Retainer crown - 3/4 cast high noble metal'.....	225.00
D6790	Retainer crown - full cast high noble metal'.....	225.00
D6791	Retainer crown - full cast predominantly base metal'.....	225.00
D6792	Retainer crown - full cast noble metal'.....	225.00
D6930	Re-cement or re-bond fixed partial denture.....	10.00
D6940	Stress breaker.....	60.00
D6950	Precision attachment.....	130.00
D6980	Fixed partial denture repair, by report'.....	35.00
None	Resin bonded bridge pontic, per unit'.....	160.00
<b>Oral Surgery</b>		
D7111	Extraction, coronal remnants - primary tooth.....	10.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	10.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.....	30.00
D7220	Removal of impacted tooth - soft tissue.....	50.00
D7230	Removal of impacted tooth - partially bony.....	70.00
D7240	Removal of impacted tooth - completely bony.....	90.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications.....	75.00
D7250	Removal of residual tooth roots (cutting procedure).....	35.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.....	60.00
D7280	Exposure of an erupted tooth.....	55.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	50.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	70.00
D7471	Removal of lateral exostosis (maxilla or mandible).....	85.00
D7510	Incision and drainage of abscess - intraoral soft tissue.....	30.00
D7910	Suture of recent small wounds up to 5 cm.....	50.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure.....	70.00
<b>Anesthesia, Analgesia, and Sedation</b>		
D9220	Deep sedation/general anesthesia - first 30 minutes.....	180.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	6.00
D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes.....	180.00
D9940	Occlusal guard, by report'.....	115.00
D9951	Occlusal adjustment - limited.....	25.00
D9952	Occlusal adjustment - complete.....	75.00
<b>Bleaching</b>		
D9972	External bleaching-per arch-performed in office.....	150.00
None	External bleaching, both arches"".....	300.00

2. **SPECIALIST SERVICES (subject to Limitations and Exclusions listed in the Evidence of Coverage):**

Should Member require dental services that his selected Plan Dentist is unable to provide, he may obtain those services from a Plan Specialist. No referral is needed from the selected Plan Dentist in order for Member to obtain services from a Plan Specialist. Member responsibilities for obtaining services from a Plan Specialist are outlined below.

1. **On Copayment Schedule (subject to Limitations and Exclusions listed in the Evidence of Coverage):**

The following Copayment Schedule applies to covered services when they are provided by a Plan Specialist. If Member receives a service listed on the schedule, he will be responsible for paying the amount in "Member Copayment" column at the time the service is received, or in accordance with Plan Specialist's billing procedures.

ADA Code**	Service Description**	Member Copayment
<b>Appointments</b>		
D0140	Limited oral evaluation - problem focused.....	25.00
D0150	Comprehensive oral evaluation - new or established patient.....	25.00
<b>Endodontics</b>		
D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	235.00
D3330	Endodontic therapy, molar (excluding final restoration).....	320.00
D3346	Retreatment of previous root canal therapy - anterior.....	335.00
D3347	Retreatment of previous root canal therapy - premolar.....	430.00
D3348	Retreatment of previous root canal therapy - molar.....	475.00
D3410	Apicoectomy-Anterior.....	200.00
D3421	Apicoectomy-Premolar (first root).....	230.00
D3425	Apicoectomy-Molar (first root).....	265.00
D3430	Retrograde filling - per root.....	65.00
<b>Periodontics</b>		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.....	225.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.....	135.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.....	390.00
D4261	Osseous surgery (including elevation of full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.....	234.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant.....	80.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant.....	48.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit.....	55.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth.....	60.00
<b>Oral Surgery</b>		
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.....	60.00
D7220	Removal of impacted tooth - soft tissue.....	80.00
D7230	Removal of impacted tooth - partially bony.....	105.00
D7240	Removal of impacted tooth - completely bony.....	150.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications.....	160.00
D7250	Removal of residual tooth roots (cutting procedure).....	60.00
D7280	Exposure of an erupted tooth.....	150.00



ADA Code**	Service Description**	Member Copayment
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	100.00
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	85.00
D7471	Removal of lateral exostosis (maxilla or mandible).....	220.00
D7510	Incision and drainage of abscess - intraoral soft tissue.....	70.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure.....	145.00
<b>Anesthesia, Analgesia, and Sedation</b>		
D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes.....	130.00

**2. Not on Copayment Schedule (subject to Limitations and Exclusions listed in the Evidence of Coverage):**

Dental services obtained from a Plan Specialist, but not listed on the schedule above, will be provided to Member at a discount. A 15% discount, off that Plan Specialist's normal retail charges, will be applied to services obtained from a Plan Specialist who is an Endodontist. A 25% discount, off that Plan Specialist's normal retail charges, will be applied to all other services (including orthodontic services) received from a Plan Specialist. Member will be responsible for paying the discounted charge at the time the service is received, or in accordance with Plan Specialist's billing procedures.

\*Member will be responsible for cost of additional lab fees for these services.

\*\**Current Dental Terminology* © 2017 American Dental Association. All rights reserved.

\*\*\*Service does not have an American Dental Association current dental terminology code or descriptor.

## VISION DISCOUNT SERVICES



## ACCESS PLAN

Your dental plan includes a vision discount plan through Vision Service Plan (VSP). The vision plan includes discounts on exams (including contact lens exams) and the purchase of eyeglasses, sunglasses and other prescription eyewear when provided by VSP doctors. VSP is available for you and everyone covered on your dental plan!

### Services Available from a VSP Doctor

- **Eye Exams** – 20% discount applied to VSP doctor's usual and customary fees for eye exams<sup>1</sup>
- **Glasses** – 20% discount applied to VSP doctor's usual and customary fees for complete pairs of prescription glasses and spectacle lens options<sup>2</sup>
- **Contact Lenses** – 15% discount on VSP network doctor's contact lens exam fee.
- **Laser VisionCare<sup>SM</sup>** – VSP has contracted with many of the nation's laser surgery facilities and doctors, offering you a discount off PRK and LASIK surgeries, available through contracted laser centers

### Other Valuable Features for You

- Immediate savings when using a VSP doctor
- You may use the discounts as often as you wish
- No waiting periods
- No deductibles
- No claim forms to fill out

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### How to Use VSP

Locate a VSP doctor near you. You may either use our Web-based doctor locator at [www.vsp.com](http://www.vsp.com), or call VSP at **800.877.7195** to request a doctor listing.

Identify yourself as a VSP member and be prepared to provide the *enrolled member's* social security number when you make your appointment. (The VSP doctor will verify your eligibility and vision plan coverage, and will obtain authorization for services and materials. If you are not currently eligible for services, the VSP doctor is responsible for communicating this to you.)

Your fees are automatically reduced at the time of service – with no claim forms to fill out!

THIS VISION DISCOUNT PLAN IS NOT INSURANCE.

<sup>1</sup>Note: Does not apply to contact lens services. See contact lens section for applicable discount.

<sup>2</sup>Discounts only offered through the VSP doctor who provided an eye exam within the last 12 months.

VSP Member Services Support: 800.877.7195

Visit our Web site at [www.vsp.com](http://www.vsp.com)