



Service Station Dealers &
Automotive Services of Greater NY

2024 - 2025 VSP Vision Election Form



Full Name

Station Name

Effective Date

Home Address

City

State

Zip

Email Address

Home Phone Number

Fax Number

Plan Features

In-Network

Non-Network Reimbursement

General Plan Information

Dependent Age Limit

26

Vision Exam – Once per Plan Year (February 1, 2024 – January 31, 2025) - every 12 months

WellVision Eye Exam

\$20 Copay

\$20 Copay, Up to \$50

Frames – Once per Plan Year (February 1, 2024 – January 31, 2025) – every 12 months

\$20 Copay (includes lenses), \$150 allowance
\$150 allowance for Featured Frame Brands
20% savings on the amount over allowance

\$20 Copay (includes lenses), Up to \$70

Basic Lenses – Once per Plan Year (February 1, 2024 – January 31, 2025) – every 12 months

Single Vision, Lined Bifocal, Lined Trifocal, Lenticular

Included in Frame Copay

Up to \$50, \$75, \$100, \$125

Contact Lenses (in lieu of frames & lenses) – Once per Plan Year (February 1, 2024 - January 31, 2025) - every 12 months

Conventional

\$130 allowance

Up to \$105

Medically Necessary

Covered in Full

Up to \$210

Evaluation and fitting

Up to \$60 copay

Included with Contact Lenses
Reimbursement

Other Discounts

Laser Correction Surgery – Usual Charge

15% off

N/A

Laser Correction Surgery –
Promotional Price

5% off

N/A

Election

- ☐ Single - \$10.00
- ☐ Employee/Spouse - \$20.00
- ☐ Employee/Child(ren) - \$20.00
- ☐ Family - \$30.00

- Please visit VSP at <https://www.vsp.com/eye-doctor> to find in network providers.
- VSP enrollment form must be completed in addition to Vision election form for any changes.

"By signing below, in order to avoid cancellation, I agree to pay all insurance premiums by the end of the billing month."

Signature

Date

Please return completed form via Secure Fax to:
(914) 962-0108. If you have any questions, please call (866) 573-4768 ext. 2481