

An Eye Care Plan With You In Mind

Exclusively for Members of the
Iowa Retired School
Personnel Association



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

Are you really seeing your best? Or are you simply used to the view? With good vision, your experiences are clearer, sharper, and brighter!

Besides helping you see better, routine eye exams can detect a number of serious health conditions such as glaucoma, cataracts, diabetes, even cancer.

► Convenience for Members

VSP has a network of thousands of doctors, located in rural and metropolitan areas throughout the nation. More than 90% of members have access to a VSP doctor within 10 miles of work and home. VSP doctors provide both eye exams and eyewear, offering a convenient "one-stop" solution for your eyecare needs.

► No ID Cards, No Claim Forms! Easy As 1, 2, 3!

1. Find a VSP network doctor at:
www.vsp.com/go/IRSPA 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 www.vsp.com/go/IRSPA 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 www.vsp.com/go/IRSPA. We think you'll like what you see!



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

Your Coverage From a VSP Doctor *(co-pays apply)*

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

Prescription Glasses:

Lenses covered in full.....once every 12 months
► Single vision, lined bifocals, and lined trifocal lenses.

Frame.....once every 24 months

- Frame of your choice covered up to \$120
- Plus, 20% off any out-of-pocket costs

-OR-

Contact Lens Care.....once 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. If you choose contact lenses you will be eligible for a frame 12 months from the date the contact lenses were obtained. 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.

Advantages of Coverage

Without coverage, an exam and prescription glasses can cost around \$300 or more. With VSP, you'll save!

Your Co-Pays

Exam.....\$15.00
Lenses.....\$25.00
Contacts.....No co-pay applies

Extra Discounts and Savings

► Laser Vision Correction Discounts

► Prescription Glasses

- Up to 20% savings on lens extras such as scratch resistant and antireflective coatings
- 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 Monthly Contribution

Member Only.....\$10.90
Member + One.....\$18.85
Family.....\$23.60

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 you'll receive fewer benefits 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 \$45.00

Lenses:

Single Vision.....Up to \$45.00
Lined Bifocal.....Up to \$65.00
Lined Trifocal.....Up to \$85.00
Frame.....Up to \$47.00
Contacts.....Up to \$105.00

Follow These Easy Steps to Enroll in the IRSPA Group Vision Insurance Plan

1. Complete the Enrollment Form:

Complete the form in its entirety. If adding dependents, include each person's Social Security number and date of birth.

2. Enclose your payment:

- **Monthly Bank Draft:** Enclose a check payable to AMBA for your first month's premium plus the \$20 one time enrollment fee. You must also sign the bank draft authorization on the bottom of the application and include a blank check marked "**Void**" for the account to be drafted.

3. Mail your completed application to:

AMBA
6034 W Courtyard Dr, Suite 300
Austin, TX 78730



IRSPA Group Vision Plan

Complete this form to enroll in the IRSPA Group Vision Plan.
Membership with IRSPA is required to enroll in this plan.



Iowa Retired School Personnel Association Member Information

Retired From:		Retirement Date:	
Member Name (Last, First)		Social Security Number (required)	
Mailing Address			
City	State	Zip	Home Phone
Date of Birth	Gender	Email Address:	
Monthly Vision Coverage: <input type="checkbox"/> Member (\$10.90) <input type="checkbox"/> Member + 1 (\$18.85) <input type="checkbox"/> Family (\$23.60) \$ _____			

Total: Vision Premium +\$20 One-Time Enrollment Fee \$ _____

Eligible Dependents to be Covered

Name	DOB	Gender	Student	Disabled	Social Security Number
Spouse					
Child					
Child					

Payment

Convenient Monthly Bank Payment: Make your check payable to AMBA for your first month's premium plus the \$20 enrollment fee and attach a VOIDED check. Deposit slips are not acceptable.

Authorization to honor drafts drawn by Association Member Benefits Advisors (AMBA). I hereby authorize you to initiate debit entries on my account. This authority is to remain in effect until revoked by me in writing and until AMBA receives such notice. I agree that AMBA shall be fully protected in honoring such debit. Non-payment of insurance premium(s) results in the forfeiture of insurance. NOTE: Bank drafts occur on the 2nd business day of each month.

Your signature EXACTLY as it appears on your Bank Records

Date

Office use only: Effective Date: _____ ACH Date: _____ Entered: _____

ID _____ MA _____ R _____