



The Guardian Life Insurance Company of America
The Guardian Insurance & Annuity Company, Inc.

GG-013499
Enrollment Form
For Non-Medical Coverages

- Midwest Regional Office P.O. Box 8012 Appleton, WI 54912-8012
- Northeast Regional Office P.O. Box 26040 Lehigh Valley, PA 18002-6040
- Norwell Regional Office P.O. Box 9121 Norwell, MA 02061-9121
- Western Regional Office P.O. Box 2454 Spokane, WA 99210-2454

Planholder Name (Company Name) Abilities Services, Inc.		Group Plan No. 386298	Division	Class
Planholder Street Address 1237 Concord Road		City Crawfordsville	State IN	Zip 47933

MARITAL STATUS: Single Married Widowed Legally Separated Divorced

PLEASE CHECK REASON FOR COMPLETING: INITIAL APPLICATION

CHANGE: ADD DEPENDENT(S) TERMINATE A FAMILY MEMBER ADDRESS NAME DELETE COVERAGE

DATE OF CHANGE: / / REASON FOR CHANGE:

GIVE THE FOLLOWING INFORMATION FOR EACH PERSON TO BE INSURED

Name (Last, First, Middle Initial)	Sex	Birthdate	Employee's Social Security #
Employee:	<input type="checkbox"/> M <input type="checkbox"/> F		
Spouse:	<input type="checkbox"/> M <input type="checkbox"/> F		Date of Marriage / /
Child:	<input type="checkbox"/> M <input type="checkbox"/> F		Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child:	<input type="checkbox"/> M <input type="checkbox"/> F		Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child:	<input type="checkbox"/> M <input type="checkbox"/> F		Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child:	<input type="checkbox"/> M <input type="checkbox"/> F		Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No

(1) Are any dependent children adopted? Yes No If "yes", indicate name and date of placement:

(2) Have you included stepchildren? Yes No If "yes", indicate name(s):

(3) Are they dependent on you for support and maintenance? Yes No

Date of Full Time Employment	Hrs. Worked / Week	Annual Salary \$	Occupation / Job Title
Employee's Street Address		City	
State	Zip	Business Phone #	Home Phone #

LONG TERM DISABILITY

Employee: Coverage has been paid for you by your company if you meet eligibility requirements.

DENTAL

Employee: I elect coverage. I decline coverage. I understand if I elect coverage at a later date, late entrant penalties will apply. **

Spouse: Yes No***

Child(ren): Yes No***

** If declining coverage, are you covered under another dental plan? Yes No

*** If declining dependent coverage, are your dependents covered under another dental plan? Yes No

VISION

Employee**

Employee & Spouse***

Employee & Child(ren)***

Employee, Spouse & Child(ren)***

I decline coverage. I understand if I elect coverage at a later date, late entrant penalties will apply. **

** If declining coverage, are you covered under another vision plan? Yes No

*** If declining dependent coverage, are your dependents covered under another vision plan? Yes No

PLEASE READ AND SIGN THE SIGNATURE SECTION ON THE REVERSE SIDE OF THIS FORM

DECLINATION OF COVERAGE: * If I have waived the insurance, I understand that if I request coverage for myself and/or my eligible dependents at a later date, I will be required to furnish, at my own expense, proof of each person's insurability, and Guardian reserves the right to reject my request.	
<ul style="list-style-type: none">• I hereby apply for the group benefit(s) indicated above.• I understand I must be actively at work or my coverage will not take effect until I have completed a waiting period (as defined in the Group Plan) of full time service.• I understand that insurance coverage for my dependents will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex.• I authorize my employer to take deductions from my pay or agree that the contributions be added to my dues; if they are required for the insurance.• The information provided above is true and correct to the best of my knowledge.• Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.	
X SIGNATURE OF EMPLOYEE	DATE

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS AND SUBMIT THIS FORM TO GUARDIAN

Questions and Answers

The Guardian's Voluntary DentalGuard Preferred Program

What is Guardian's Voluntary DentalGuard Insurance?

An opportunity to help protect and care for your smile — and your family's — at affordable group rates. You pay plan premiums through convenient payroll deduction.

Can I visit any dentist or specialist or only certain ones?

If you go to a DentalGuard Preferred Network Provider, the benefits described on the Benefit and Cost Summary will be paid based on a reduced fee schedule (this will mean less out-of-pocket). The network provider cannot balance bill charges in excess of the fee schedule and you get more services with your yearly maximum. If you go to a non-contracted dentist, the benefits will be based on usual, customary and reasonable rates for a given area.

What is a plan deductible and/or annual maximum?

A *deductible* is the dollar amount of covered dental expenses you must pay during the year before benefits are paid by The Guardian. An *annual maximum* is the maximum amount your dental plan will pay in benefits during the year. Both are generally based on the calendar year. Deductibles and annual maximums apply to each covered person.

What is co-insurance?

For some service categories, you may share in the cost of your dental expenses. This is represented as a percentage of the usual, customary, and reasonable level (if a non-network dentist is used) *or* a percentage of the negotiated fee for covered services (if a network dentist is used). The percentage of co-insurance usually depends on the type of service received: Preventive, Basic or Major.

What is a negotiated fee-for-service?

This refers to the set maximum fees for services that have been negotiated with our contracted network dentists and specialists. These average 30% less than the fees they usually charge.

What is pre-treatment review?

For all courses of treatment expected to exceed \$300, your dentist should submit a report to The Guardian describing the proposed treatment and itemizing expected charges. We will review the report and send the dentist an estimate of benefits we will pay. This will help ensure that you receive the best and most appropriate treatment necessary. Emergency treatment, oral examinations, cleaning, and x-rays may be performed before the review is prepared.

When I visit a dentist, are there any claim forms to fill out?

Network dentists have contracted with The Guardian to submit claim forms and accept benefits directly from The Guardian.

Some non-network dentists may submit claims directly to The Guardian. More often, however, non-network dentists will require that you pay for services at the time they are rendered. Afterwards, complete a simple claim form and forward it to us along with a copy of your payment receipt.



GUARDIAN®

The Guardian Life Insurance Company of America, New York, NY

Benefit and Cost Summary

for Vision has been prepared for the employees of:

Abilities Services, Inc.

Full Feature Plan

Frequency of Service:

Exam	every 12 months
Materials:	
Lenses	every 12 months
Frames	every 24 months
Or	
Contact Lenses (in lieu of frames & lenses)	every 12 months

Note: If you chose contact lenses, you will not be eligible to receive lenses for 12 months and a frame for 24 months following the date contacts were obtained.

Copayment:

Exam	\$20
Materials	\$20

Benefits (after Copayment):

	<u>In-Network</u>	<u>ut-of-Network</u>
Eye Exams	covered in full	up to \$46.00
Single Vision Lenses	covered in full	up to \$47.00
Lined Bifocal Lenses	covered in full	up to \$66.00
Lined Trifocal Lenses	covered in full	up to \$85.00
Lenticular Lenses	covered in full	up to \$125.00
Frames	\$120 Retail Allowance*	up to \$47.00
Contact Lenses:		
Medically Necessary	covered in full	up to \$210.00
Elective	up to \$120.00**	up to \$120.00**

*Approximately 15,000 frames are covered in full. Frames not fully covered are offered at a discounted cost. If you select a frame that exceeds the retail allowance, the plan will cover 20% of the amount above the allowance. You must pay the rest.

** Copayment does not apply to elective contact lenses.

Note: Lens coverage includes polycarbonate lenses for children up to the plan's non-student dependent child age limits.

Bi-Weekly Cost

Employee	\$3.60
Employee & Spouse	\$6.07
Employee & Child(ren)	\$6.19
Employee & Family	\$9.79

Two Year Lock-In/Lock-Out

- Your election to enroll in or waive Vision Plan coverage must remain in effect for 24 months (i.e., October 1, 2005 through September 30, 2007). This means:
- If you enroll in the Plan, you will not be able to drop coverage for yourself or your dependents until the Annual Enrollment in 2007.
- If you elect not to enroll in the Plan or do not enroll an eligible spouse/child, you may not enroll until Annual Enrollment in 2007.

Important Information: This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary to prevent, diagnose and treat a vision condition. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-VSN-96-1 et al


GUARDIAN®

Questions and Answers

Guardian's Voluntary VisionGuard Program (Full-Feature Plan)

What is Voluntary Vision Insurance?

An opportunity to help protect and care for your eyesight — and your family's — at affordable group rates. You pay plan premiums through convenient payroll deductions.

Can I visit any eye doctor or only certain ones?

You and your family members can visit any doctor you wish, any time you need care.

How do I find a network doctor?

Simply call the VSP customer service line or access the VSP provider listing on-line. Details on how to find a network doctor are explained in the enclosed "How VisionGuard Works" brochure.

What are the advantages to going to a network doctor?

You will usually save on out-of-pocket expenses, plus you will be eligible for discounts on cosmetic extras for lenses, additional pairs of glasses and doctors' contact lens professional services. What's more, Vision Service Plan (VSP) network doctors have been carefully selected and are committed to providing patients with high-quality care.

What is co-pay?

Typically, each covered individual is responsible for a set contribution towards their vision services. This is represented as a single co-pay *or* split co-pays. Your plan's co-pay(s) is shown in the enclosed "Benefit and Cost Summary". A single co-pay applies to the first service provided, whether it be for an exam or materials. With split co-pays, there is separate co-pay for exams and materials. Co-pays are always waived for elective contact lenses.

What is meant by "service frequency"?

Service frequencies indicate when you will be eligible again for an exam or materials. These are based on the last date you received an exam or materials. When you are choosing eyewear, you can select either glasses *or* contacts. You will not receive coverage for both at the same time. Your plan's specific service frequencies are reflected in the enclosed "Benefit and Cost Summary".

Is there any limit to how many times I can take advantage of network discounts?

No. VSP providers' discounts on cosmetic extras, additional glasses and contact lens services can be used as many times as you'd like, anytime during the 12 month period following your covered eye exam. To obtain the discounts, however, you must return to the same provider who performed the initial exam.

Although many network frames are covered in full, what if I prefer a style that isn't?

When you visit a network provider, your plan's \$120 retail frame allowance will cover most frames in full. If you select a frame which costs more than \$120, the plan will cover 20% of the amount above the allowance. You must pay the rest. Note that non-network frame benefits are limited to a separate allowance.



GUARDIAN®



Guardian Employee Benefits Hotline

1-888-600-1600

ebhwro@glic.com

Guardian is pleased to offer you our *Employee Benefits Hotline* to help you get quick and easy information about the benefits and services being offered by your employer. Simply dial 1-888-600-1600 and a friendly insurance professional will be available to help you. Or, send an e-mail message to ebhwro@glic.com anytime and receive a prompt response.

How Will The Hotline Help Me?

By calling the Hotline, you will receive the information needed to understand your benefits and make sound decisions for you and your family. For instance, if you have a question about enrolling into a Guardian plan or about the kinds of services a plan covers, a Guardian Representative is there to give you the answers you need.

But that's not all! If your employer is offering Guardian dental, medical or vision coverage, our representatives are supplied with an updated directory of network providers. They can search for a doctor by name or geographic location to help you find the nearest qualified professional.

When Can I Call?

To accommodate your busy schedule, the Hotline is open from 8:00 a.m. until 9:00 p.m. (Pacific Time), Monday through Friday. And the call is toll-free.

What Will I Need Before I Place My Call?

Not much. Just tell the Hotline representative your company's name and they will take care of the rest.

How Long Can I Use This Service?

For as long as your company is enrolling employees in Guardian benefits plans. Once you are officially enrolled, you will receive your certification notice and identification card, including other toll-free numbers to service you in the future.

Thank you for choosing Guardian. We encourage you to call our Hotline to get more information about your benefits, select your network provider or find out about additional products and services we offer.

INDIANA

BOONE

LEBANON

Hall, Richard D, OD
1202 N Lebanon St
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Hanan, Paul R, MD
1726 N Lebanon St
(765) 482-1954
Kline, Robert E, OD
1111 N Lebanon St
(765) 482-2066

ZIONSVILLE

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1375 Parkway Dr
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Kramer, James J, OD
1500 W Oak St Ste 100
(317) 873-4020
Pierce, Shannon, OD
1375 Parkway Dr
(317) 873-3000
Schweitz, Katherine G,
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1375 Parkway Dr
(317) 873-3000

CARROLL

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CLINTON

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1303 S Jackson St
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CARMEL

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Billman, William F, OD
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(317) 618-3490
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(317) 573-8295
-OR-
271 Merchants Square Dr
(317) 844-7474
Eastes, Elizabeth C, OD
155 W Carmel Dr
(317) 846-3434
Gefarden, Kelly L, OD
3955 W 106th St Ste 120
(317) 875-9339
Koval, Larry A, OD
3965 W 106th St Ste 120
(317) 875-9339
Lauck, Dennis P, OD
1344 S Range Line Rd
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271 Merchants Square Dr
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Markley, Harvey O, OD
3965 W 106th St Ste 120
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(317) 575-1133

FISHERS

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(317) 595-9999

Daugherty, James L, OD
11559 Cumberland Rd
(317) 594-5000

Fiddler, Brian M, OD
7840 E 96th St
(317) 595-9999

Hopkins, Douglas W, OD
8977 E 116th St
(317) 913-0700

Lopez, Katherine L, OD
8977 E 116th St
(317) 913-0700

Lopez, Perry, OD
8977 E 116th St
(317) 913-0700

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9760 Lantern Rd
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Roark, Mark W, OD
10173 Allisonville Rd Ste 209
(317) 577-0707

Sigler, Shawn P, OD
9536 E 126th St
(317) 578-2020

Sweet, Sunali M, OD
9760 Lantern Rd
(317) 577-9200

INDIANAPOLIS

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Hulseley, Donald H, OD
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(317) 844-6269

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200 W 103rd St Ste 2250A
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10610 N Pennsylvania St Ste 100
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10610 N Pennsylvania St Ste B
(317) 844-6269

Wilson, James E, OD
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(317) 844-6269

NOBLESVILLE

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341 Logan St Ste 100
(317) 773-5555

McCan, Tim, OD
509 Sheridan Rd
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Meyer, C Dana, OD
160 Lakeview Dr
(317) 773-4482

Ossip, Gregg, OD
17151 Mercantile Blvd
(317) 773-2300

Paganis, Nikole T, OD
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(317) 773-2300

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160 Lakeview Dr
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3901 W State Road 47 Ste 5
(317) 759-6162

WESTFIELD

Hoover, Nathan T, OD
3216 State Road 32 E
(317) 867-1940

HOWARD

KOKOMO

Burkhart, Andrew M, OD
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Calvin, Helen M, OD
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(765) 453-2907

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(765) 453-5005

Decleene, Catherine M,
OD
608 E Blvd
(765) 453-5005

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3415 S Lafayette St Ste N
(765) 453-4000

Fewell, R Michael, OD
3421 S Lafayette St Ste A
(765) 455-0404

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3433 S Lafayette St
(765) 453-3777

Hoover, Nathan T, OD
2705 S Berkeley Rd
(765) 453-2200

Imler, Eustacia M, OD
102 N Washington St
(765) 459-5137

James, Christopher A,
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(765) 459-5137

Montgomery, James
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104 N Dixon Rd
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MARION

INDIANAPOLIS

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Escol, Dennis M, OD
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(317) 915-3937

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Glenn, Gary S, OD
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Whitson, William E, MD
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MONTGOMERY

CRAWFORDSVILLE

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(765) 362-6606

Scheidler, Michael P,
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109 E Main St
(765) 362-2706

Stout, Richard L, OD
502 E Main St
(765) 362-6606

TIPPECANOE

LAFAYETTE

Conard, Douglas S, MD
214 Farabee Dr N Ste C
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Evans, Matthew E, OD
3829 Union St
(765) 447-4951

Finney, Christine D, OD
3829 Union St
(765) 447-4951

Gillam, Duane A, OD
3746 Rome Dr
(765) 449-3937

Gulwehn, Mitchell A, OD
3688 Union St
(765) 447-5413

Kirchner, Jeffrey E, OD
1401 Union St
(765) 742-1955

Krown, Brian, OD
24 N Earl Ave
(765) 447-0880

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Beck, Steven M, OD
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TIPTON

Diedrich, Daniel D, OD
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Doi, Steven K, OD
415 S Main St
(765) 675-4244

Imler, Eustacia M, OD
848 E Jefferson St
(765) 675-3937

Tweedy, Jeffrey L, OD
132 N Main St
(765) 675-6014

How To Use Your Vision Plan

With Guardian's VisionGuard, you and your covered family members can visit a provider from the extensive Vision Service Plan (VSP) network or any doctor. This includes any licensed optometrist or ophthalmologist. But remember, if you see a VSP network provider, you'll usually save money.

When you seek network care:

1. Find a VSP doctor by calling the VSP customer service line (1-800-VSP-7195) or
accessing the VSP provider directory on the Internet at <http://www.vsp.com>

Once you are in the VSP website, click onto the "Find a Doctor" page. To view and obtain a listing of doctors near you who participate in your plan, enter your member ID #, your last name and either your home address or work address and click on "submit".

2. Call the VSP doctor *in advance* to schedule an appointment. When you telephone, always identify yourself as a VSP/Guardian member and be prepared to give your Social Security number and your company's name.

3. Before your visit, the VSP doctor will contact VSP to verify your eligibility and plan coverage. The VSP doctor will also obtain treatment authorization and information about your group's specific benefits so he or she can offer you the most appropriate services. If you're currently *not* eligible, the VSP provider will promptly notify you.

You can view the plan benefits you or a covered family member are eligible for on-line. Simply access VSP using the same Internet instructions previously outlined. Under "Members Sign-On", enter your member ID # and last name and click on "sign-on". You will see what benefits are available under "Benefits at a Glance". If you wish to view more details about the available benefits, click on "More About My Benefits/Dependent Coverage".

4. At the time of your examination, the VSP doctor will determine if eyewear is necessary or

if your current prescription needs to be changed. The VSP doctor will discuss the most effective, cost-efficient eyewear options and coordinate your prescription.

5. The VSP doctor will handle all paperwork; no claim forms are necessary. Exams and most eyewear are covered in full. Typically, your only out-of-pocket costs are copays, specialty frames (that may not be fully covered by your plan) or cosmetic extras. Pay these to the provider at the time services are rendered.

6. Your plan satisfaction is important to us. One of our methods of monitoring satisfaction is to randomly send out questionnaires to patients. If you receive one, please complete it and return it to VSP.

If you choose non-network care:

1. Pay the doctor in full at the time services are rendered.

2. In order to be sure you include all information necessary to process your claim, you may want to sign on to the VSP website and access VSP's online Out-of-Network Reimbursement Form. However, use of this form is not required. VSP will pay your claim as long as you submit your payment receipt to VSP at: *Vision Service Plan, P.O. Box 997105, Sacramento, CA 95899-7105*. Be sure to note your name and address, employee's Social Security Number, date of birth, relationship to the insured ("self," "spouse," or "child"), plan number and employer/group name.

3. The amount of reimbursement is based on your plan's Schedule of Benefit Allowances. Note that you are responsible for any costs above the scheduled amount, as well as any applicable copay(s).

For general information about your vision care benefits and coverage, refer to your VisionGuard enrollment package. If you have any questions about your group's plan, contact your employer or Benefits Coordinator.