Michigan Osteopathic Association

Stand Alone Vision Plan

As a MOA member, you and /or your employees now have the option of a *free-standing* vision benefit plan offered through Vision Service Plan (VSP). This plan is designed for those that are not enrolled in the medical program. This affordable eye care plan offers the following vision benefits every 12 months when you see a VSP doctor:

Exam covered in full
Lenses covered in full: Single vision, lined bifocal and lined trifocal lenses and tints
Frame: Frame of your choice covered up to $130. Plus, 20% off any out-of-pocket costs.
$10 co-pay applies to exam and prescription glasses

MOA VISION SERVICE PLAN ENROLLMENT FORM

Member Name: _____
Last Name, First Name, Middle Initial

Member Address: _____

_____

Member Social Security Number: _____

Gender: _____**Male** _____**Female** **Date of Birth:** _____

Phone Number _____

Type of Coverage Selected:

_____ **Member only**	**$15.68**
_____**Member + one dependent**	**$23.94**
_____**Member and family**	**$42.93**

_____ _____
Member Signature **Date**

Please return this form to your MOA benefits administrator. Do not return to VSP.
Fax to MOA at 517-347-1566 Or
Mail to: MOA Insurance Department * 2445 Woodlake Circle * Okemos, MI 48864