

**Complete this form to waive benefits  
WAIVER**

I, \_\_\_\_\_,  
have been provided the opportunity to participate  
in VISION PLAN OF COLORADO, INC. being  
offered through my employer. It is my decision:  
 NOT to cover myself, spouse and children  
 NOT to cover my spouse and children  
I understand that if my employer is contributing  
towards this benefit that I will not be entitled to  
receive any monies in lieu of non-participation. I  
further understand that I will not be eligible until  
the next open enrollment.

\_\_\_\_\_ witnessed

\_\_\_\_\_ signed

\_\_\_\_\_ date

**HOW TO ENROLL**

1. Complete the attached enrollment card.
2. Please list all dependents you wish covered.
3. Select a participating provider for eye exams, and indicate the number next to the providers name on the application in the box - VISION PROVIDER SELECTED.
4. Include your check or money order.
5. Return your enrollment card and payment to:

VISION PLAN OF COLORADO, INC.  
609 E. Speer Blvd., Suite 200  
Denver, CO 80203

For more information call  
(303) 744-3007  
1-800-807-0706

**BETTER VISION THROUGH  
VISION PLAN  
OF COLORADO, INC.**

A vision care discount program designed to save you 20% to 60% on examinations, lenses, standard and designer frames and contact lenses. This plan offers you and your family quality professional services at very affordable prices, delivered by Vision Plan Preferred Providers.

**Where do I obtain services?**

For complete benefits you must select from a list of participating providers for the center most conveniently located near you.

**Non-Participating Doctors:**

If you are out of the area, or prefer to select a non-participating eye care doctor, you need to pay their exam fee. However, you can still save on the cost of materials by mailing or taking your prescription form to the nearest participating optical outlet.

**How do I receive services?**

Simply call the VISION PLAN participating provider location you selected for an examination appointment. Your prescription, obtained from either a participating provider, or non-participating provider, can be filled at your convenience without an appointment at any of the participating locations.

**Who is eligible?**

You and your dependents are eligible, including children under the age of 26.

**When do services begin?**

Those who enroll before the 20th of the month will have services beginning on the 1st day of the following month. Those enrolling after the 20th will have services on the 1st of the second month.

**Member Fees:**

You pay only the cost of exams, lenses, frames, and contact lenses, outlined in the brochure, or 20% off existing every-day low prices. Non stated or excluded services and materials are payable at the Participating Providers normal or usual and customary rates less 20%. All such payments are made directly to the Participating Provider when services are received.

**Special Features**

**Savings:**

You pay only the discounted amount for regular examinations, as well as substantial savings for contact lens examinations. The member savings will be several times the cost of the Vision Plan.

**Additional Advantages**

- Unlimited Purchases
- No Claim Forms
- No Deductibles
- No Pre-existing Condition Limitations
- No Waiting Periods

**Warranties**

Satisfaction and quality are the standards set for Vision Plan members.

**Frames** - a 90 day warranty for defects in workmanship and materials.

**Contacts** - Warranties and follow up care - 30 day guarantee for defective lens - follow up care to participating Vision Plan doctor: 30 days at NO charge.

**Quality Assurance:**

The member's personal satisfaction is the goal of Vision Plan and Participating Providers. To assure the standards of quality care aren't compromised, a member survey letter based on services rendered, is an accurate measure of quality.

PROVIDER AGREES TO EXPLAIN ALL CHARGES IN ADVANCE OF SERVICES AT YOUR FIRST VISIT.

**V**ISION  
PLAN  
OF  
COLORADO  
INC.

A Voluntary  
Vision Care  
Discount Plan  
for You and Your Family

- **Group Enrollment**
- **Individual Enrollment**

Services for -  
**Eye Examinations**  
**Lenses**  
**Frames**  
**Contact Lenses**  
**Laser PRK**

