



The Camden Insurance Agency

An Affiliate of Vision Plan of America

Camden/Avesis Advantage Plus

PPO Vision Plan A (12/12/12/12)

Monthly **Employer Paid** 5+ enrolled

Triple Choice Plan

Advantage Plus Benefit Frequency & Plan Design

	<u>EXAMINATION</u>	<u>SPECTACLE LENSES</u>	<u>FRAME</u>	<u>CONTACT LENSES</u>
PLAN A	12 months	12 months	12 months	12 months

Advantage Plus Schedule of Benefits

	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u>
<u>Eye Examination</u>	Covered in full*	Reimbursed up to \$45.00
<u>Spectacle Lenses (pair)</u>		
-Standard Single Vision	Covered in full*	Reimbursed up to \$35.00
-Standard Bifocal	Covered in full*	Reimbursed up to \$45.00
-Standard Trifocal	Covered in full*	Reimbursed up to \$55.00
-Standard Lenticular	Covered in full*	Reimbursed up to \$120.00
-Progressive	20% off U&C, minus \$50 allowance* *after stipulated co payment	Reimbursed up to \$45.00
<u>Lens Options</u>	Preferred Pricing (20% off retail)	Reimbursed up to \$0.00
<u>Frame</u>	<u>\$50 wholesale allowance (approx. retail of \$100 to \$150) *</u>	Reimbursed up to \$40.00
<u>Contact Lenses</u>	<i>(In lieu of frame and spectacle lenses)</i>	
-Elective	<u>\$130 allowance</u>	Reimbursed up to <u>\$130.00</u>
-Medically Necessary	Covered in full (with prior authorization)	Reimbursed up to \$250.00
<u>LASIK Surgery Benefit</u>	<i>In lieu of all other services for the benefit year. This is a one-time lifetime allowance. In Network Provider discounts up to 25% plus \$150 allowance.</i>	Reimbursed up to \$150

Plan Highlights

- ✓ National Provider Network available at www.AVESIS.com
- ✓ Online Administration Available
- ✓ Comprehensive Interactive Website
- ✓ Member Website Allows (Printing Replacement ID Cards, Verifying Eligibility, Searching for a National Provider Network)
- ✓ Frame allowance approximately \$100 - \$150 (In Network)
- ✓ Cosmetic Contact Lens allowance up to \$130 (In & Out of Network)
- ✓ 100% coverage of Medically Necessary Contact Lenses (In Network)
- ✓ LASIK Refractive Surgery at Discounted Rates
- ✓ Mail Order Contact Lenses at Discounted Rates
- ✓ **UNIQUE Progressive Lens** benefit included
- ✓ **Specialty Lens Benefit Included**
- ✓ 20% OFF additional eyewear

MONTHLY EMPLOYER PAID RATES

PLAN A (12/12/12) <u>ANNUAL CO-PAY'S:</u>	\$0 EXAM \$0 MATERIALS	\$10 –EXAM \$0 MATERIALS	\$10-EXAM \$15-MATERIALS
Employee Only	\$9.45	\$8.79	\$8.19
Employee + Spouse	\$16.55	\$15.39	\$14.32
Employee + Children	\$19.85	\$18.47	\$17.19
Employee +family	\$24.57	\$22.87	\$21.28

- Policies and rates are guaranteed for two (2) years.
- **Minimum group size & participation of five (5) eligible employees. Groups with fewer than ten (10) eligible employees will be required to maintain eligibility and receive a monthly bill via Avesis' On-line E-billing & Eligibility Maintenance Program.**
- Rates assume an employer contribution of 75% or 50% employer contribution if enrollment is tied to the medical program.
- Rates assume **100% participation** by all-eligible employees or medical program enrollment.
- Co Payments do not apply for Out of Network or Contact Lens Benefit.

Camden/Avesis Advantage Plus
PPO Vision Plan A (12/12/12/12)
Monthly **Voluntary** 10+ enrolled
Triple Choice Plan

Advantage Plus Benefit Frequency & Plan Design

	<u>EXAMINATION</u>	<u>SPECTACLE LENSES</u>	<u>FRAME</u>	<u>CONTACT LENSES</u>
PLAN A	<i>12 months</i>	<i>12 months</i>	<i>12 months</i>	<i>12 months</i>

Advantage Plus Schedule of Benefits

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- ✓ **UNIQUE Progressive Lens** benefit included
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MONTHLY VOLUNTARY RATES

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<i>Employee Only</i>	\$12.51	\$11.63	\$10.83
<i>Employee + Spouse</i>	\$23.63	\$21.97	\$20.45
<i>Employee + Child(ren)</i>	\$25.76	\$23.96	\$22.29
<i>Employee + Family</i>	\$33.13	\$30.81	\$28.68

- Policies and rates are guaranteed for two (2) years.
- **Minimum group size & participation of ten (10) eligible employees.**
- Employees enrolling in the group voluntary plan must agree to remain enrolled during the designated plan period.
- Employees who elect not to enroll during the initial plan enrollment period must wait until the next plan enrollment period to enroll.
- Co payments do not apply to out of network or contact lens benefits.