



The Camden Insurance Agency

An affiliate of Vision Plan of America

## Camden/Avesis Advantage Plus

### PPO Vision Plan B (12/12/24/12)

Monthly Employer Paid 5+ enrolled

TripleChoicePlan

### **Camden Advantage Plus Benefit Frequency & Plan Design**

	<u>EXAMINATION</u>	<u>SPECTACLE LENSES</u>	<u>FRAME</u>	<u>CONTACT LENSES</u>
<b>PLAN B</b>	12	12 months	24 months	12 months

### **Advantage Plus Schedule of Benefits**

	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u>
<b>EYE EXAMINATION</b>	Covered in full*	Reimbursed up to \$45.00
<b>Spectacle Lenses (pair)</b>		
-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*	Reimbursed up to \$45.00
<b>Lens Options</b>	Preferred Pricing (20% off retail)	Reimbursed up to \$0.00
<b>Frame</b>	<b>\$50 wholesale allowance (approx. retail of \$100 to \$150).*</b>	Reimbursed up to \$40.00
<b>Contact Lenses</b>	<i>(In lieu of frame and spectacle lenses)</i>	
-Elective	<b>\$130 allowance</b>	Reimbursed up to <b>\$130.00</b>
-Medically Necessary	Covered in full <b>(with prior approval)</b>	Reimbursed up to \$250.00
<b>LASIK Surgery Benefit</b>	<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](http://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

<u>PLAN B (12/12/24/12)</u> <u>ANNUAL CO-PAY'S:</u>	<b>\$0 EXAM</b>	<b>\$10 -EXAM</b>	<b>\$10-EXAM</b>
	<b>\$0 MATERIALS</b>	<b>\$0 MATERIALS</b>	<b>\$15-MATERIALS</b>
Employee Only	\$8.15	\$7.59	\$7.05
Employee + Spouse	\$14.27	\$13.27	\$12.35
Employee + Children	\$17.21	\$15.92	\$14.81
Employee+ Family	\$21.87	\$19.71	\$18.35

- 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.



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## **Camden/Avesis Advantage Plus**

**PPO Vision Plan B (12/12/24/12)**

**Monthly VOLUNTARY 10 + enrolled**

**Triple Choice Plan**

### **Camden Advantage Plus Benefit Frequency & Plan Design**

	<u>EXAMINATION</u>	<u>SPECTACLE LENSES</u>	<u>FRAME</u>	<u>CONTACT LENSES</u>
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<b><u>EYE EXAMINATION</u></b>	Covered in full*	Reimbursed up to \$45.00
<b><u>Spectacle Lenses (pair)</u></b>		
-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
<b><u>Lens Options</u></b>	Preferred Pricing (20% off retail)	Reimbursed up to \$0.00
<b><u>Frame</u></b>	<b>\$50 wholesale allowance (approx. retail of \$100 to \$150) *</b>	Reimbursed up to \$40.00
<b><u>Contact Lenses</u></b>	<i>(In lieu of frame and spectacle lenses)</i>	
-Elective	<b>\$130 allowance</b>	Reimbursed up to <b>\$130.00</b>
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### **Plan Highlights**

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- ✓ LASIK Refractive Surgery at Discounted Rates
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- ✓ **UNIQUE Progressive Lens** benefit included
- ✓ **UNIQUE Specialty Lens** benefit included
- ✓ 20% Off Lens Extras (Tints, Scratch Coat, Anti-Reflective Coat, etc.)
- ✓ 20% Off Additional Eyewear
- ✓ Manual or Online Administration Available
- ✓ Comprehensive Interactive Website
- ✓ Member Website Allows (Printing Replacement ID Cards, Verifying Eligibility, Searching for a Provider, Reviewing Plan Designs, etc.)

### **MONTHLY VOLUNTARY RATES**

<b>PLAN B (12/12/24/12)</b>	<b>\$0 EXAM</b>	<b>\$10 -EXAM</b>	<b>\$10-EXAM</b>
<b><u>ANNUAL CO-PAY'S:</u></b>	<b>\$0 MATERIALS</b>	<b>\$0 MATERIALS</b>	<b>\$15-MATERIALS</b>
<i>Employee Only</i>	\$10.77	\$10.03	\$9.33
<i>Employee + Spouse</i>	\$20.37	\$18.95	\$17.63
<i>Employee + Children</i>	\$22.20	\$20.65	\$19.21
<i>Employee + Family</i>	\$28.56	\$26.56	\$24.72

- 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.