



The Camden Insurance Agency

An affiliate of Vision Plan of America

**Camden/Avesis Enhanced  
PPO Vision Plan A** (Low Option)

**12-12-12-12**

**TripleChoicePlan**

**Enhanced Benefit Frequency & Plan Design**

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

**Enhanced 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 the 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>	<b>\$35 wholesale allowance (approx. retail of @\$75 to \$100) *</b>	Reimbursed up to \$40.00
<u>Contact Lenses</u>	(In lieu of frame and spectacle lenses)	
-Elective	<b>\$110 allowance</b>	Reimbursed up to <b>\$110.00</b>
-Medically Necessary	Covered in full(with prior authorization)	Reimbursed up to \$250.00
<u>LASIK Refractive Surgery Benefits</u>	In lieu of all other services for one benefit year. This is a one-time, lifetime allowance. In Network Provider discount up to 25% plus \$100 allowance	Reimbursed up to \$100.00

**Plan Highlights**

- ✓ National Provider Network available at [www.AVESIS.com](http://www.AVESIS.com)
- ✓ Cosmetic Contact Lens allowance up to \$110 (In & Out of Network)
- ✓ Medically Necessary Contact Lenses covered in full with prior authorization (In Network)
- ✓ LASIK Refractive Surgery Benefit
- ✓ Mail Order Contact Lenses at Discounted Rates
- ✓ Progressive Lens benefit included
- ✓ Specialty Lens benefit included
- ✓ 20% Off Lens Extras (Tints, Scratch Coat, Anti-Reflective Coat, etc.)
- ✓ 20% Off Additional Eyewear
- ✓ Member Website Allows – Printing Replacement ID Cards, Verifying Eligibility, Searching for a Provider, Reviewing Plan Designs, Printing Claim Forms

**Participation Requirements**

- Policies and rates are guaranteed for two (2) years
- Employees enrolling in the VOLUNTARY group plan must maintain a minimum enrollment level of ten (10) lives and agree to remain enrolled during the designated plan period.
- Employees enrolling in the EMPLOYER SPONSORED group plan must maintain a 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.
- Employer sponsored plans assume a 75% employer contribution. And 100% participation.
- An employer contribution level of 50% is accepted if the benefits are tied to medical plan participation.

*For More Information or a Customized Quote  
Please Call Camden Insurance  
213-616-0640*

**Camden Enhanced PPO Vision Plan**  
**Employer Sponsored Plan Rates**

*For TripleChoicePlan  
 Minimum Group 5+*

<b><u>PLAN A (12/12/12/12)</u></b> <b><u>ANNUAL CO-PAY'S:</u></b>	<b>\$0 EXAM</b> <b>\$0 MATERIALS</b>
<i>Employee Only</i>	\$8.49
<i>Employee + Spouse</i>	\$14.87
<i>Employee + Child(ren)</i>	\$17.84
<i>Employee + Family</i>	\$22.08

<b><u>PLAN B (12/12/12/12)</u></b> <b><u>ANNUAL CO-PAY'S:</u></b>	<b>\$10 EXAM</b> <b>\$0 MATERIALS</b>
<i>Employee Only</i>	\$7.84
<i>Employee + Spouse</i>	\$13.71
<i>Employee + Child(ren)</i>	\$16.45
<i>Employee + Family</i>	\$20.37

<b><u>PLAN C (12/12/12/12)</u></b> <b><u>ANNUAL CO-PAY'S:</u></b>	<b>\$10 EXAM</b> <b>\$15 MATERIALS</b>
<i>Employee Only</i>	\$7.23
<i>Employee + Spouse</i>	\$12.64
<i>Employee + Child(ren)</i>	\$15.17
<i>Employee + Family</i>	\$18.79

**Voluntary Group Rates**

*Minimum Group 10+*

<b><u>PLAN A (12/12/12/12)</u></b> <b><u>ANNUAL CO-PAY'S:</u></b>	<b>\$0 –EXAM</b> <b>\$0 MATERIALS</b>
<i>Employee Only</i>	\$11.24
<i>Employee + Spouse</i>	\$21.23
<i>Employee + Child(ren)</i>	\$23.15
<i>Employee + Family</i>	\$29.77

<b><u>PLAN B (12/12/12/12)</u></b> <b><u>ANNUAL CO-PAY'S:</u></b>	<b>\$10 –EXAM</b> <b>\$0 MATERIALS</b>
<i>Employee Only</i>	\$10.36
<i>Employee + Spouse</i>	\$19.59
<i>Employee + Child(ren)</i>	\$21.35
<i>Employee + Family</i>	\$27.45

<b><u>PLAN C (12/12/12/12)</u></b> <b><u>ANNUAL CO-PAY'S:</u></b>	<b>\$10 –EXAM</b> <b>\$15 MATERIALS</b>
<i>Employee Only</i>	\$9.55
<i>Employee + Spouse</i>	\$18.05
<i>Employee + Child(ren)</i>	\$19.65
<i>Employee + Family</i>	\$25.32