



The Camden Insurance Agency

An affiliate of Vision Plan of America

Camden/Avesis Enhanced PPO Vision Plan B

12-12-24-12

TripleChoicePlan

Enhanced Benefit Frequency & Plan Design

	<u>EXAMINATION</u>	<u>SPECTACLE LENSES</u>	<u>FRAME</u>	<u>CONTACT LENSES</u>
<u>PLANS B</u>	12	12 months	24 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>	<u>\$35 wholesale allowance (approx. retail of \$75 to \$100)*</u>	Reimbursed up to \$40.00
<u>Contact Lenses</u>	<i>(In lieu of frame and spectacle lenses)</i>	
-Elective	<u>\$110 allowance</u>	Reimbursed up to <u>\$110.00</u>
-Medically Necessary	Covered in full(with prior authorization)	Reimbursed up to \$250.00
<u>LASIK Refractive Surgery Benefits</u>	<i>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</i>	Reimbursed up to \$100.00

Plan Highlights

- ✓ **Various Co Payment options available.**
- ✓ **National Provider Network available now including COSTCO**
- ✓ **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 at Discounted Rates**
- ✓ **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 On-line E-billing & Eligibility Maintenance Program.*
- *Employer sponsored plans assume a 75% employer contribution.*
- *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*

The Advantage Vision Plan is underwritten by Fidelity Security Life Insurance Company of Kansas City and is available from The Camden Insurance Agency, an affiliate of Vision plan of America.

Rates valid 12/1/2008

213-616-0640

Enhanced PPO Vision Plan
Employer Sponsored Plan Rates

*For Groups of 5+
12-12-24-12*

PLAN B (12/12/24/12) <u>ANNUAL CO-PAY'S:</u>	\$0 –EXAM \$0 MATERIALS	\$10-EXAM \$0-MATERIALS	\$10-EXAM \$15-MATERIALS
<i>Employee Only</i>	\$7.32	\$6.76	\$6.23
<i>Employee + Spouse</i>	\$12.81	\$11.81	\$11.89
<i>Employee +Child(ren)</i>	\$15.37	\$14.19	\$13.08
<i>Employee+Family</i>	\$19.04	\$17.56	\$16.19

Voluntary Group Rates

For Groups of 10+

PLAN B (12/12/24/12) <u>ANNUAL CO-PAY'S:</u>	\$0 –EXAM \$0 MATERIALS	\$10-EXAM \$0-MATERIALS	\$10-EXAM \$15-MATERIALS
<i>Employee Only</i>	\$9.68	\$8.93	\$8.24
<i>Employee + Spouse</i>	\$18.31	\$16.88	\$15.56
<i>Employee +Child(ren)</i>	\$19.95	\$18.40	\$16.96
<i>Employee+Family</i>	\$25.67	\$23.67	\$21.83

Additional plan designs and co payments are available.

For More Information or a Customized Plan Summary

Please Call Camden Insurance

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***FOR THE BUY-UP DEDUCT \$4.25 AND ADD THE DIFFERENCE
(ex: rate is \$9.50, buy up is \$5.25)***