



The Camden Insurance Agency

An affiliate of Vision Plan of America

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

12-24-24-24

TripleChoicePlan

Enhanced Benefit Frequency & Plan Design

	<u>EXAMINATION</u>	<u>SPECTACLE LENSES</u>	<u>FRAME</u>	<u>CONTACT LENSES</u>
<u>PLANS C</u>	12	24 months	24 months	24 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>	\$35 wholesale allowance (approx. retail of @75 to \$100) *	Reimbursed up to \$40.00
<u>Contact Lenses</u>	(In lieu of frame and spectacle lenses)	
-Elective	\$110 allowance	Reimbursed up to \$110.00
-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
- ✓ 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 (Low Option)

Employer Sponsored Plan Rates

For TripleChoicePlan

Minimum Group 5+

<u>PLAN A (12/12/12/12)</u> <u>ANNUAL CO-PAY'S:</u>	\$0 EXAM \$0 MATERIALS
Employee Only	\$6.81
Employee + Spouse	\$11.92
Employee + Child(ren)	\$14.31
Employee + Family	\$17.71

<u>PLAN B (12/12/24/12)</u> <u>ANNUAL CO-PAY'S:</u>	\$10 EXAM \$0 MATERIALS
Employee Only	\$6.28
Employee + Spouse	\$10.99
Employee + Child(ren)	\$13.19
Employee + Family	\$16.35

<u>PLAN C (12/24/24/24)</u> <u>ANNUAL CO-PAY'S:</u>	\$10 EXAM \$10 MATERIALS
Employee Only	\$5.96
Employee + Spouse	\$10.43
Employee + Child(ren)	\$12.51
Employee + Family	\$15.48

Voluntary Group Rates

Minimum Group 10+

<u>PLAN A (12/12/12/12)</u> <u>ANNUAL CO-PAY'S:</u>	\$0 –EXAM \$0 MATERIALS
Employee Only	\$9.00
Employee + Spouse	\$17.03
Employee + Child(ren)	\$18.55
Employee + Family	\$23.87

<u>PLAN B (12/12/24/12)</u> <u>ANNUAL CO-PAY'S:</u>	\$10 –EXAM \$0 MATERIALS
Employee Only	\$8.31
Employee + Spouse	\$15.69
Employee + Child(ren)	\$17.11
Employee + Family	\$22.01

<u>PLAN C (12/24/24/24)</u> <u>ANNUAL CO-PAY'S:</u>	\$10 –EXAM \$10 MATERIALS
Employee Only	\$7.88
Employee + Spouse	\$14.88
Employee + Child(ren)	\$16.23
Employee + Family	\$20.87