EyeMed Vision Insurance

camco benefit services

TheStandard®

Plan 1: Vision Choice Balanced Care Vision II Plan H Summary

	EyeMed Access Network	Out of Network
Deductibles	$10 Exam $25 Eye Glass Lenses	No deductible
Annual Eye Exam	Covered in full	Up to $35
Lenses (per pair)		
Single Vision	Covered in full	Up to $25
Bifocal	Covered in full	Up to $40
Trifocal	Covered in full	Up to $55
Lenticular	20% discount	No benefit
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams		
Standard	Standard: Participant cost up to $55	No benefit
Premium (Allowance)	Premium: 10% off of retail	No benefit
Elective	Up to $115	Up to $100
Medically Necessary	Covered in full	Up to $200
Frames	$110	Up to $45
Frequencies (months)		
Exam/Lens/Frame	12/12/24 Based on date of service	12/12/24 Based on date of service

Lens Options (participant cost)

	EyeMed Access Network	Out of Network
Progressive Lenses		No benefit
Standard Premium	Standard: $65 + lens deductible Premium: lens cost - 20% discount - $120 allowance + Standard Progressive cost	
Std. Polycarbonate	$40	No benefit
Tint (solid and gradient)	$15	No benefit
Scratch Resistant Coating	$15	No benefit
Anti-Reflective Coating	$45	No benefit
Ultraviolet Coating	$15	No benefit
Lasik or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit

Monthly Rates

Employee Only (EE)	$15.25
EE + Spouse	$25.25
EE + Children	$25.25
EE + Spouse & Children	$25.25

CAMCO BENEFIT SERVICES
800 845 4669
FAX 360 438 6256

Email or Sign up online: www.camcobenefits.com

Plan Specifics

- EyeMed Vision Care provides up to $110 toward a new frame. If the member exceeds this allowance, he will receive a 20% discount off the excess amount.
- Members pay a $10 annual deductible on exams and $25 annual deductible on eyeglass lenses.
- Frequency for Exam/Lenses/Frame is 12/12/24 months.
- With the 12/12/24 frequency: Contacts are in lieu of eyeglasses

Other Benefits

- Get up to 40% off additional purchases of complete glasses ~ Enjoy20% off items not fully covered by the plan
- Contact lens exam, standard fit and follow-up have a maximum member cost of $55 – Premium fit and follow-up receive a 10% discount from retail conventional contact lens allowance

Additional Balanced Care Vision II H Features

EyeMed In-Network Discounts	15% discount off the remaining balance in excess of the conventional contact lens allowance. 20% discount off the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
EyeMed In-Network Secondary Purchase Plan	Participants receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Participants receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
Contact Lens Replacement by Mail Program	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit EyeMedvisioncare.com for details.

Eye Care Plan Participant Service

Balanced Care Vision II eye care from The Standard features the money-saving eye care network of EyeMed Vision Care. Customer service is available to plan participants through EyeMed's well-trained and helpful service representatives. Call or go online to locate the nearest EyeMed Access network provider, view plan benefit information and more.

EyeMed Customer Care Center: 1-866-289-0614

- Service representative hours: 8 a.m. to 11 p.m. ET Monday through Saturday, 11 a.m. to 8 p.m. ET Sunday
- Interactive Voice Response available 24/7

Locate an EyeMed Provider at: www.eyemedvisoncare.com - Select the network "Access" then type in your zip code

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan.

This form is a benefit highlight, not a certificate of insurance.

Standard Insurance Company
Benefit and Cost Summary Highlight Sheet

EYEMED APPLICATION

Please select: ☐ **Member Only $15.25 per month** ☐ **Member & Family $25.25 per month**

NAME (PLEASE PRINT) _____

EMAIL _____ **PHONE: ( )** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

SOCIAL SECURITY # _____ **BIRTH DATE** _____

DEPENDENT INFORMATION:

Full Name	Social Security #	Date of Birth

SIGNATURE _____ **DATE**_____

APPLICATIONS RECEIVED BY THE 30TH OF THE MONTH WILL BE EFFECTIVE THE 1ST OF THE FOLLOWING MONTH UNLESS OTHERWISE REQUESTED. PLEASE COMPLETE AND SIGN BANK AUTHORIZATION ON THE REVERSE SIDE OF THIS FORM.

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AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

(Automated Clearing House Debits, ACH)

NAME (PLEASE PRINT)_____ **PHONE ( )**_____

EMAIL_____ **UNION.LOCAL#**_____

I (we) hereby authorize **Camco** to initiate debit entries to my (our) account indicated below and financial institution named below to debit the same such account. **I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.**

☐**CHECKING or** ☐**SAVINGS** (account type)

NOTE: All Vision plans are debited on the 10th of every month

BANK NAME_____

TRANSIT/ROUTING/ABA NUMBER_____

ACCOUNT NUMBER_____

This authorization is to remain in full force and in effect until CAMCO has received WRITTEN notification of TERMINATION in such time and in such manner to afford CAMCO and DEPOSITORY a reasonable opportunity to act.

SIGNED_____ DATE ____/____/_____

This vision agreement is for a period of 12 months from your initial effective date. A $100 Early Termination Fee will be assessed if policy is terminated before completion of 12-month period.

THERE WILL BE A **$35.00** SERVICE FEE FOR ANY RETURNED ITEMS OR INSUFFICIENT FUNDS.

Mail To:

Camco Benefit Services ~PO BOX 5667~ Lacey, WA 98503

OR YOU CAN SIGN UP ONLINE AT: www.CAMCOBENEFITS.COM

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