

# APPLICATION

## PVCN ENROLLMENT FORM

(Please Print Clearly)

Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street

City State Zip

Phone ( ) Date of Birth

Employer Name \_\_\_\_\_

### Members of Household

(Excluding Applicant)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

I understand that the PVCN Plan is non-transferable, is NOT INSURANCE and can only be used by members of my household. Should my employer make available the option of having my annual fee deducted from my payroll, I hereby authorize said deduction.

Amount Paid Date

Applicant's Signature

# PLAN PROCEDURE

Upon receiving your application, PVCN will issue an ID card in your name. To utilize your vision plan benefits, you simply present the card to any participating location. Providers can be located in the *Provider Locations Guide*, either in print form or at our web site:

[www.premioptionbenefits.com/pvcn.htm](http://www.premioptionbenefits.com/pvcn.htm)

Should you elect to use an out-of-network eye doctor, you may choose a PVCN Provider to fill your prescription. It will be filled at PVCN PLAN rates.

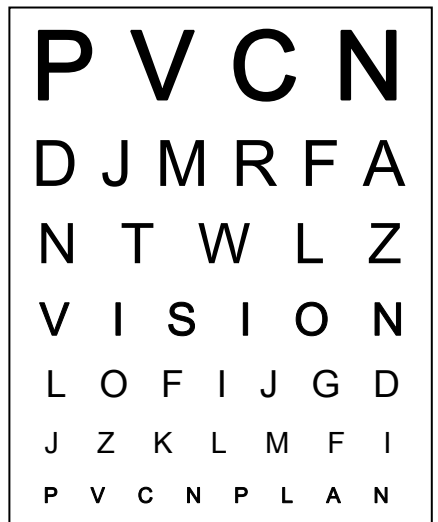
To take advantage of the exceptional values offered through the PVCN PLAN, please fill-out the attached application.

**PVCN**   
Keeping New Jersey Focused

Premier Vision Care Network  
P.O. Box 1591  
Livingston, New Jersey 07039

Phone: (973) 994-3000  
Fax: (973) 571-0601

# PREMIER VISION CARE NETWORK



THE VISION  
BENEFIT PLAN  
FOR YOU AND  
YOUR FAMILY

# PLAN DESCRIPTION

The **PVCN PLAN** allows you and members of your entire household the opportunity to purchase optical goods and services at **SUBSTANTIAL SAVINGS!** Through exclusively negotiated contracts with reputable vision care providers, **PVCN** has established fixed fees for many of your optical needs while substantially reducing the possibility of hidden charges. A complete list of your out-of-pocket expenses is included in this brochure.

## PLAN HIGHLIGHTS

- ◆ Unlimited Use of Benefits
- ◆ Immediate Family Coverage
- ◆ Choice of Ophthalmologists, Optometrists & Opticians
- ◆ No Claim Forms
- ◆ Guaranteed Renewable Membership
- ◆ Out-of-Network Prescriptions Accepted
- ◆ Provider Locations Throughout the State of New Jersey

## ELECTIVE EYE SURGERY

**PVCN** offers a **15%** savings on elective eye procedures such as LASIK surgery. See the Ophthalmologist section of our Provider Guide for details.

# PREMIER VISION CARE NETWORK PLAN

## Out-of-Pocket Expenses

**Professional Services** are available through participating ophthalmologists, optometrists and opticians. Eye examinations can be arranged by calling for an appointment at the various Provider Locations.

### Routine Eye Exam: **HUGE SAVINGS!**

Doctors of Optometry  
 . . . as low as \$49.00 (see Provider Guide for details)  
 Ophthalmologists (see Provider Guide for details)

### Lenses: (per pair-CR-39 plastic)

Single Vision. . . . . 35.00  
 Bifocals-(up to +4.00 ADD)  
     Flattop 25 & 28, . . . . . 55.00  
 Trifocals-(up to +4.00 ADD)  
     Flattop 25 & 28. . . . . 75.00  
 Progressive  
     Standard. . . . . 110.00  
     Premium (*Varilux, Zeiss, etc.*). . . . . 25% OFF

### Oversized- (per pair)

Frame eyesizes over 58mm. . . . . add 8.00  
 Strong RX Power Charge (per lens)  
     +/-4.25D to 8.00D Sph or Cyl. . . . . add 8.00  
     Over 8.00D Sph or Cyl. . . . . add 16.00

### Frames: (choose from any in-stock selection)

All Frames up to \$75 Retail. . . . . 50% OFF  
 All Frames from \$76 to \$150 Retail . . . 40% OFF  
 All Frames over \$150 Retail. . . . . 30% OFF

### Contact Lens Eye Exam: (includes contact lens fitting & follow up visits)

Doctors of Optometry. . . . . 25% OFF  
 Ophthalmologists . . . . . (see PVCN Provider Guide)

### Contact Lens Materials: (initial & replacement)

All Disposable, Frequent & Planned Replacement Contact Lenses. . . . . 10% OFF  
 All Non-Disposable, Non-Frequent & Non-Planned Replacement Contact Lenses. . . . . 20% OFF

*PRODUCTS NOT LISTED ABOVE WILL BE SUBJECT TO A DISCOUNT OF 25% OFF THE REGULAR RETAIL PRICE. NO OTHER DISCOUNTS APPLY AND DISCOUNTS ARE NOT AVAILABLE WHERE PROHIBITED BY LAW. ALL FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE.*

### Lens Options: (add to cost of lenses)

Solid or Gradient Tint (plastic). . . . . \$12.00  
 Scratch Resistant Coating (plastic) . . . 15.00  
 UV-400 Coating (plastic). . . . . 15.00  
 Standard A/R Coat (excluding *Crizal*). . . 44.00  
 Nylon/Groove Rimless Mounting . . . . . 12.00  
 Non-Nylon/Groove Rimless Mounting. . . 35.00  
 Polycarbonate. . . . . 35.00

## EXAMPLE OF SAVINGS

### Complete Pair

<u>of Eyeglasses</u>	<u>Avg. Retail Price</u>	<u>PVCN Plan</u>
Single Vision	\$ 170	\$ 95
Bifocals	\$ 210	\$ 115
Trifocals	\$ 260	\$ 135
Progressive	\$ 315	\$ 170

*The above examples include a \$100 retail frame in a 56 mm eyesize and uncoated lenses. Average retail prices are for comparison purposes only and may vary by location.*