



*Have you been getting regular eye health checkups?*

*Do you need new glasses or contact lenses?*

*Do your kids need eye exams or eyewear?*

*Have you considered laser vision correction?*

*Pacific Visioncare can help you look, see and feel better!*



## AT A GLANCE

*Features that make this program attractive—*

Pacific Visioncare is a Northwest-based alternative to national vision plans. Along with easy to understand benefits, we offer maximum choice, exceptional quality and genuine savings.

### *Maximum Choice*

- Our extensive network of doctors includes 75 optometric physicians in 37 Idaho communities.
- Our doctors may use any optical supplier they know and trust.
- Our program is available to groups as small as one employee.
- Membership fees are paid through payroll deductions.

### *Exceptional Quality*

- Our doctors provide professional care in private-practice settings.
- Members have access to the same doctors who participate in most major health plans.
- Our program emphasizes eye health instead of simply providing eye wear.
- We offer laser vision correction through a selective network of skilled surgeons.

### *Genuine Savings*

- Our membership fees are competitive with no hidden costs.
- We provide 100% coverage for comprehensive routine eye exams.
- We provide 100% coverage for standard lenses and frames up to \$100 retail value.
- Our program includes valuable savings for laser vision correction.

QUESTIONS? PLEASE CONTACT YOUR  
PACIFIC VISIONCARE REPRESENTATIVE.

PACIFIC VISIONCARE, Corporate Office  
2535 NE Kresky Avenue, Chehalis, WA 98532  
800-888-1146 • fax (360) 748-9141

**PVCARE.com**

Visit our web site for more information and  
a complete listing of our doctors.

# IDAHO VOLUNTARY MEMBERSHIP PROGRAM



*PACIFIC VISIONCARE is a unique program  
created to preserve the precious health of your eyes  
and enhance your vision.*



*Pacific Visioncare (PVC) offers the best in quality eye care. As you can see, members obtain regular eye exams and eyewear materials at valuable savings.*

## PROGRAM BENEFITS

- **Well-Eye Exam**

Exams are allowed once every 12 months. Exams are comprehensive or intermediate and include refraction.

Members pay \$10 per exam

- **Standard Lenses and Frames**

One of the following standard lenses is allowed once every 12 months:

Members pay \$25 per use

- Single vision lenses
- Lined bifocal lenses
- Lined trifocal lenses
- Lenticular lenses

Members may pay extra for non-standard lenses (progressives, high index, lighter weight, over-sized, etc.) but these are not covered by the plan. Members may purchase lens enhancements such as tints, anti-scratch and anti-reflection coatings, etc. Simply pay the difference between what the program covers and the cost of any upgrades you select.

Any frame up to a regular retail value of \$100 is allowed once every 24 months.

Members may pay extra to select frames over \$100. Simply pay the difference between the allowance and the cost of the frames you choose.

- **Contact Lenses**

Contact lenses are allowed once every 12 months instead of spectacle lenses and frames. The \$120 allowance applies to the cost of lenses and fitting fees.

Members receive a \$120 allowance

- **Laser Vision Correction**

In addition to other benefits a \$320 discount is available for LASIK treatment provided by Pacific Cataract and Laser Institute. Visit their web site at [www.pcli.com](http://www.pcli.com).

Members receive a \$320 discount

Discount is based on LASIK treatment of both eyes and is deducted from the surgeon's fee.



*The vision care discounts available with this program are not insurance.*

## MEMBERSHIP FEES

Single	\$9.82 per month
Single + I	\$17.88 per month
Family	\$26.50 per month

**PVCARE.com**

Visit our web site for more information and a complete listing of our doctors.

## PACIFIC VISIONCARE ENROLLMENT

Becoming a member of Pacific Visioncare is easy. Simply complete this form and return it to your employer.

LAST NAME	FIRST NAME	MIDDLE
ADDRESS		
CITY	STATE	ZIP
EMPLOYER/GROUP NAME		
DATE EMPLOYED	EMPLOYEE STATUS <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
BIRTHDATE (MM/DD/YY)	SEX <input type="checkbox"/> M <input type="checkbox"/> F	
SOCIAL SECURITY NUMBER		
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED — DATE (MM/DD/YY) _____ <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED		
SPOUSE—LAST NAME	FIRST NAME	MIDDLE
BIRTHDATE (MM/DD/YY)	SEX <input type="checkbox"/> M <input type="checkbox"/> F	

List dependents you want covered by this program:

DEPENDENT CHILD—LAST NAME	FIRST NAME	MIDDLE
BIRTHDATE (MM/DD/YY)	SEX <input type="checkbox"/> M <input type="checkbox"/> F	FULL-TIME STUDENT <input type="checkbox"/> Yes <input type="checkbox"/> No
DEPENDENT CHILD—LAST NAME	FIRST NAME	MIDDLE
BIRTHDATE (MM/DD/YY)	SEX <input type="checkbox"/> M <input type="checkbox"/> F	FULL-TIME STUDENT <input type="checkbox"/> Yes <input type="checkbox"/> No
DEPENDENT CHILD—LAST NAME	FIRST NAME	MIDDLE
BIRTHDATE (MM/DD/YY)	SEX <input type="checkbox"/> M <input type="checkbox"/> F	FULL-TIME STUDENT <input type="checkbox"/> Yes <input type="checkbox"/> No

I understand this is a twenty-four (24) month program. I commit to making all financial contributions required by the program over a twenty-four (24) month period. If applicable, I authorize my employer to make payroll deductions of the monthly contribution from my earnings. I understand that the monthly membership fees are subject to change upon my employer's group renewal date.

ENROLLEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AUTHORIZED SIGNATURE (Company Use Only) \_\_\_\_\_ DATE \_\_\_\_\_