

Voluntary Vision Application for In-force Groups

Fax completed form to (714) 558-8000

Company Name	Group #
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Authorized Group Contact	Phone # (XXX) XXX-XXXX
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Broker Name	Broker #
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Coverage Selection	
Complete numbers 1 - 2 below	
1. Requested effective date** (MM/DD/YYYY)	<input style="width: 95%;" type="text"/>
2. Total number of employees applying for vision coverage	<input style="width: 95%;" type="text"/>

EyeMed (provided by Ameritas Group)	VSP (provided by Ameritas Group)																																																								
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>In-Network</u></th> <th style="width: 20%; text-align: center;"><u>Out-of-Network Reimbursement</u></th> </tr> </thead> <tr> <td>Eye Examination* (1 per 12 months)</td> <td style="text-align: center;">\$ 10 Copay</td> <td style="text-align: center;">up to \$20</td> </tr> <tr> <td>Contact Lenses* (1 purchase per 12 months) in lieu of lenses and frames up to \$100 retail value</td> <td style="text-align: center;">\$ 10 Copay</td> <td style="text-align: center;">\$50</td> </tr> <tr> <td>Contact Lens Fitting</td> <td></td> <td></td> </tr> <tr> <td>Standard</td> <td style="text-align: center;">100%</td> <td style="text-align: center;">\$40</td> </tr> <tr> <td>Premium</td> <td style="text-align: center;">90% of charge (less \$40 allowance)</td> <td style="text-align: center;">\$40</td> </tr> <tr> <td>Eyeglass Frames* (1 per 12 months) Up to \$100 retail value</td> <td style="text-align: center;">100%</td> <td style="text-align: center;">Up to \$30</td> </tr> <tr> <td>Lenses* (1 per 12 months)</td> <td></td> <td></td> </tr> <tr> <td>Single Vision</td> <td style="text-align: center;">\$ 10</td> <td style="text-align: center;">Up to \$20</td> </tr> <tr> <td>Bifocal</td> <td style="text-align: center;">\$ 10</td> <td style="text-align: center;">Up to \$30</td> </tr> <tr> <td>Trifocal</td> <td style="text-align: center;">\$ 10</td> <td style="text-align: center;">Up to \$40</td> </tr> <tr> <td>Standard Progressive (No line bifocals; Amount added to bifocal cost)</td> <td style="text-align: center;">\$ 75</td> <td style="text-align: center;">Up to \$30</td> </tr> <tr> <td>Lens Options* (Add to lens price)</td> <td></td> <td></td> </tr> <tr> <td>Anti-Reflective Coating</td> <td style="text-align: center;">\$ 45</td> <td style="text-align: center;">Not Covered</td> </tr> <tr> <td>Polycarbonate</td> <td style="text-align: center;">\$ 40</td> <td style="text-align: center;">Not Covered</td> </tr> <tr> <td>Scratch Resistant Coating</td> <td style="text-align: center;">\$ 15</td> <td style="text-align: center;">Not Covered</td> </tr> <tr> <td>Ultraviolet Coating</td> <td style="text-align: center;">\$ 15</td> <td style="text-align: center;">Not Covered</td> </tr> <tr> <td>Solid or Gradient Tint</td> <td style="text-align: center;">\$ 15</td> <td style="text-align: center;">Not Covered</td> </tr> <tr> <td>Photochromic</td> <td style="text-align: center;">20% off retail price</td> <td style="text-align: center;">Not Covered</td> </tr> </table>		<u>In-Network</u>	<u>Out-of-Network Reimbursement</u>	Eye Examination* (1 per 12 months)	\$ 10 Copay	up to \$20	Contact Lenses* (1 purchase per 12 months) in lieu of lenses and frames up to \$100 retail value	\$ 10 Copay	\$50	Contact Lens Fitting			Standard	100%	\$40	Premium	90% of charge (less \$40 allowance)	\$40	Eyeglass Frames* (1 per 12 months) Up to \$100 retail value	100%	Up to \$30	Lenses* (1 per 12 months)			Single Vision	\$ 10	Up to \$20	Bifocal	\$ 10	Up to \$30	Trifocal	\$ 10	Up to \$40	Standard Progressive (No line bifocals; Amount added to bifocal cost)	\$ 75	Up to \$30	Lens Options* (Add to lens price)			Anti-Reflective Coating	\$ 45	Not Covered	Polycarbonate	\$ 40	Not Covered	Scratch Resistant Coating	\$ 15	Not Covered	Ultraviolet Coating	\$ 15	Not Covered	Solid or Gradient Tint	\$ 15	Not Covered	Photochromic	20% off retail price	Not Covered
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 | | <u>In-Network</u> | <u>Out-of-Network Reimbursement</u> | |---|---|-------------------------------------| | Eye Examination* (1 per 12 months) | \$ 10 Copay | up to \$45 | | Contact Lenses* (1 purchase per 12 months)
in lieu of lenses and frames
up to \$180 retail value | \$ 10 Copay | up to \$105 | | Contact Lens Fitting | | | | Elective | Covered in full after
member cost up to
\$60 | 15% discount | | Eyeglass Frames* (1 per 12 months)
Up to \$180 retail value | 100% | Up to \$70 | | Lenses* (1 per 12 months) | | | | Single Vision | \$ 10 | Up to \$30 | | Bifocal | \$ 10 | Up to \$50 | | Trifocal | \$ 10 | Up to \$65 | | Standard Progressive (No line bifocals; Amount added to bifocal cost) | \$ 55 | Up to \$50 | | Lens Options* (Add to lens price) | | | | Anti-Reflective Coating | \$ 43-85 | Not Covered | | Polycarbonate | Covered in full for
dependent children,
\$33 adults | Not Covered | | Scratch Resistant Coating | \$ 17-33 | Not Covered | | Ultraviolet Coating | \$ 16 | Not Covered | | Solid or Gradient Tint | \$ 15-17 | Not Covered | | Photochromic | \$ 31-82 | Not Covered | || * The applicable allowance amount may only be used once per benefit period on either eyeglasses or contacts. | * The applicable allowance amount may only be used once per benefit period on either eyeglasses or contacts. |

Guidelines and Requirements

- **Vision coverage will be effective first of the month following receipt of this fully completed application, unless adding for renewal.
- Employees not currently enrolled with CaliforniaChoice® must complete an entire **Enrollment Application**.
- Employees enrolling dependents that are not currently enrolled with CaliforniaChoice must complete an entire **Enrollment Application**.
- Members not enrolling for Voluntary Vision will automatically receive our discount vision plan.

Employer Signature	Print Name	Date (MM/DD/YYYY)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Please complete census on page 2

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Enrollment Information

Coverage Codes: EE = Employee Only ES = Employee & Spouse EF = Employee & Family EC = Employee & Children

Employee Name		Coverage Code	Plan	Employee Signature
Example:	John Smith	<input type="checkbox"/> EE <input checked="" type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC	<input checked="" type="checkbox"/> EyeMed <input type="checkbox"/> VSP	<i>John Smith</i>
1.		<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC	<input type="checkbox"/> EyeMed <input type="checkbox"/> VSP	
2.		<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC	<input type="checkbox"/> EyeMed <input type="checkbox"/> VSP	
3.		<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC	<input type="checkbox"/> EyeMed <input type="checkbox"/> VSP	
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9.		<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC	<input type="checkbox"/> EyeMed <input type="checkbox"/> VSP	
10.		<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC	<input type="checkbox"/> EyeMed <input type="checkbox"/> VSP	
11.		<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC	<input type="checkbox"/> EyeMed <input type="checkbox"/> VSP	
12.		<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC	<input type="checkbox"/> EyeMed <input type="checkbox"/> VSP	
13.		<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC	<input type="checkbox"/> EyeMed <input type="checkbox"/> VSP	
14.		<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC	<input type="checkbox"/> EyeMed <input type="checkbox"/> VSP	
15.		<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC	<input type="checkbox"/> EyeMed <input type="checkbox"/> VSP	
16.		<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC	<input type="checkbox"/> EyeMed <input type="checkbox"/> VSP	
17.		<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC	<input type="checkbox"/> EyeMed <input type="checkbox"/> VSP	
18.		<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC	<input type="checkbox"/> EyeMed <input type="checkbox"/> VSP	
19.		<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC	<input type="checkbox"/> EyeMed <input type="checkbox"/> VSP	
20.		<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC	<input type="checkbox"/> EyeMed <input type="checkbox"/> VSP	
21.		<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC	<input type="checkbox"/> EyeMed <input type="checkbox"/> VSP	
22.		<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC	<input type="checkbox"/> EyeMed <input type="checkbox"/> VSP	
23.		<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC	<input type="checkbox"/> EyeMed <input type="checkbox"/> VSP	
24.		<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC	<input type="checkbox"/> EyeMed <input type="checkbox"/> VSP	
25.		<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC	<input type="checkbox"/> EyeMed <input type="checkbox"/> VSP	

Please make a photocopy if additional forms are necessary

