



# ANNUAL VISION AND EYE HEALTH PLAN

**Benefits:**

1. One complete medical eye health exam with *Optomap*, including the annual contact lens evaluation per agreement.
2. \$100 per yearly agreement to use towards glasses or contacts. Sunglasses included. (Prescription or non-prescription)-Must be used during agreement period. No roll-over or pay-out of material allowance.
3. Two office/emergency visits per yearly agreement (does not include in-office procedures).

**Cost:**

1. \$259 per year for individual
2. Additional \$229 for spouse
3. Additional \$179 for each dependent (up to 24 years old)

**Medical Eye Conditions:** Additional fee will cover all testing and office visits related to the following eye conditions during the agreement period.

- Glaucoma, Diabetic Eye Disease, or Macular Degeneration: ADD \$100 per patient

- **All other testing/appointments will be billed with a prompt pay (same day) discount. (ie-Foreign Body Removal, Dry Eye, Pink Eye, etc.)**
- **Contact lens fittings (new and re-fits) will be billed as usual and customary.**
- **Good for 12 month period. No roll over benefits.**

Total: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Covered Patients: \_\_\_\_\_

Print Name: \_\_\_\_\_ Acct #: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Office Personnel: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*No medical insurance will be billed by Community Eyecare\*\*\***

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