

VISION CARE PROGRAM

Big savings on all your family's eyewear purchases at thousands of independent, regional & national chain eyecare centers such as LensCrafters, Sears, JC Penney, Target Optical and most Pearle Vision Centers.

- Save up to 40% or more (37% national average) on your choice of frames, lenses, options, and accessories
- Save 15% of retail price on conventional contacts – in store purchases
- No limit on the number of times you can use the EyeMed program to save
- EyeMed's Access is a family membership
- Choose from over 42,000 providers, including independent, national and regional chain store
- No claim forms - immediate savings at time of purchase
- Corrective Vision Surgery - All EyeMed members will receive a minimum savings of 15% off usual and customary charges or 5% off promotional rate when using one of the EyeMed laser vision correction providers conveniently located in all regions of the country
- Great savings are also available on mail-order contact lenses
- Cost of exams with dilation as necessary: \$5 off routine exam, \$10 off contact lens exam



Example of potential savings on typical purchases. Actual savings may vary depending on selection and usual and customary prices. Savings are almost 5 times the cost of the plan for just one purchase alone.

Item	Average Retail	EyeMed Preferred Price
Calvin Klein CK-723 frame	\$144.00	\$ 93.60
Bifocal with UV & scratch coat	<u>\$132.00</u>	<u>\$ 85.00</u>
Total	\$276.00	\$178.60

Your Savings
\$97.40

It's Easy to Save - Here's How It Works:

1. **Locate an EyeMed Provider by calling 800-221-3272 or search online at www.visionprovidersearch.com** You will also receive a personalized provider listing, based on your zip code with your membership information.
2. **When setting an appointment**, please advise the provider that you are an EyeMed member and present your EyeMed membership card to the EyeMed Provider upon arrival and prior to any purchase.
3. **Select** your eyewear and pay the EyeMed Provider the discounted price. There are no claim forms to file.
4. **Your** EyeMed Provider will be pleased to show you your savings!

Detach and return with payment. Please print or type. – Dependents are included at no additional cost. Enroll me in the Chamber's Discount Vision Care Program at the **low annual fee of \$20.00.** Make all checks payable to Select Benefits and mailed to: **105 Walnut St., Lawrenceburg IN, 47025.** Questions? Please call 800-613-4841. Allow 3 weeks for delivery of EyeMed Vision ID card.

Chamber Name: **Celina Mercer County Chamber of Commerce, 226 N. Main Str., Celina Oh 45822**

Company: _____

Member's Name: _____ M/F _____ SSN: _____

Social Security # is Required to Activate

Address: _____

City: _____ State: _____ ZIP: _____ Phone: (_____) _____