

# Eyecare One Program



- \* NO COST TO SIGN-UP
- \* EASY REGISTRATION
- \* 12 CONVENIENT LOCATIONS

Eyecare One is a vision benefits program designed for business organizations to present to their employees as part of a medical benefits package. Members receive discounts off retail products and services at any Eycland Optical location. It is easy to apply. It requires no additional paperwork beyond the initial registration for your company to maintain. And best of all – there is no cost to sign up. Interested? Here are the answers to the most commonly asked questions to help you decide.

## **Can a company of any size sign-up for Eyecare One?**

All businesses, large and small, can apply for Eyecare One. Our corporate members range from 4 to 4,000+ employees.

## **Is there any sign-up cost?**

No. The best part about Eyecare One is that it's absolutely free to your organization. And there are NO membership fees for your employees.

## **How much paperwork is involved?**

Simply answer a few basic questions (such as company name and address) on our registration sheet to sign up. Once you are approved, you will receive membership cards for each of your employees. Just distribute the Eyecare One cards and you're finished!

## **What are the advantages of Eyecare One over other vision plans?**

Most insurance plans restrict the number of times a member can use their benefits. Some are restricted to one time per year, while other plans can restrict their members for as long as every 2 years. With Eyecare One, there is no limit to the number of times your employees can use their benefits. And unlike most vision insurance plans, there is no cost to becoming a member for your company or employees.

## **Are family members eligible for the program?**

Yes! We are happy to extend the Eyecare One benefits to all immediate family members, including spouse and all children 19 years or younger.

## **Can Part Time employees take advantage of Eyecare One?**

Absolutely. Even part time employees and their immediate family can receive the special discounts on eyewear and examinations, which are extended to full time employees.

## **How do I add new employees to the program?**

Simply use the contact information you will receive upon acceptance to order additional cards for new employees. Eycland reserves the right to request a list of names of new perspective members.

## **Do the same discounts apply to all of my employees and their family members?**

Yes. Every member of Eyecare One; part time employees, full time employees, spouses of members, children of members, all receive identical discounts.

## **What services are covered under Eyecare One?**

All eye examinations are discounted, as well as, eyeglass frames and contact lenses.

## **What are the discounts?**

- 33% Off all Eye Examinations
- 50% Off all frames
- 25% Off all non-disposable contact lenses

## **How do I register my employees and myself for Eyecare One?**

Simply call 888.603.(EYES)3937 and "REQUEST AN APPLICATION" to get started!

## **Is there an Eycland Optical located near me?**

Eycland Optical has 12 stores located in the following towns and cities:

Berwick	Hazleton	Temple
Whitehall	Shamokin Dam	Stroudsburg
Sinking Spring	Lehighton	Lebanon
Williamsport	Pottsville	Easton



**APPLICATION FOR EYECARE ONE PROGRAM**

1. COMPANY NAME: \_\_\_\_\_
2. COMPANY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. PHONE #: \_\_\_\_\_
4. FAX #: \_\_\_\_\_
5. CONTACT PERSON: \_\_\_\_\_
6. EMAIL OF CONTACT PERSON: \_\_\_\_\_
7. NUMBER OF EMPLOYEES: \_\_\_\_\_
8. IN BUSINESS SINCE: \_\_\_\_\_

**PLEASE COMPLETE THIS FORM AND RETURN TO:**

TRINA SHEESLEY  
ADMINISTRATOR  
4119-C MAUCH CHUNK RD  
COPLAY, PA 18037

OR FAX TO: (610) 799-4399

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL (800) 553-5090 AND ASK FOR TRINA**

Eyeland Optical reserves the right to revoke discounts if this group discount program is abused by any employee.

Upon acceptance into the program, you will be provided with a welcome letter and identification cards for your employees.

Identification card must be presented at time of purchase to receive discounts.

SIGNATURE OF AUTHORIZED AGENT: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*TERMS OF THIS AGREEMENT ARE SUBJECT FOR REVIEW 24 MONTHS FROM ACCEPTANCE DATE.