



Eye Care Plans 4 Your Family's Vision Needs

The Problem: Insurance is well-intentioned but rarely covers 100% of what we need.

Exam fees have been stable for decades but reimbursement has steadily declined; lens technologies have continued to improve causing **patient out-of-pocket-expenses to sky-rocket** while insurance premiums got cheaper; how's that possible? The middle-men, INSURANCE, don't all behave like the insurance we grew up with. It used to be that "insurance" meant "In case *stuff* happens," but nearly everyone benefits from vision correction at some point, so Vision Benefit Managers have taken advantage. They calculate all potential costs and set expensive copays on every component so they're always very profitable while disguising real contributions from you and your doctor's office. All other insurances measure risk or statistical probabilities, but vision plans are vertically integrated - one conglomerate can own the insurance, lenses, lab, location, and employ the doctor providing the wellness vision exam. Out of pocket costs to fill a prescription with the high quality lens design, material and features to see your best average \$350-\$450 before adding the frame. We believe we'll serve you best without the middle-man but with **complete coverage of quality lenses while living our mission to help you SEE YOUR BEST!**









The Solution: Enroll in a plan to make your out-of-pocket-costs on exam day as low as \$0.

Enroll your family in **Tier 1)** if you want to keep your vision plan, **Tier 2)** if you don't plan to purchase glasses with us, **Tier 3)** for an up-to-date Single Vision eyewear yearly, or **Tier 4)** once you've progressed to a MultiFocal lens design. You can even **mix & match up to 4 additional family members on the same primary plan-holder's account**. Please note that the schedule can be challenging during our busy season (October - March) and all plans are valid just **once per calendar year**; it is your responsibility to get every family member scheduled and seen for services due — no exceptions will be made for non-use of annual benefits. To prevent abuse of these Eye Car Plans we ask that you **commit to a minimum of 4 months before opting to use your 30 day notice to cancel**, and pay a new enrollment for each family member added after initial enrollment of the primary plan-holder. We also want to make you aware that we reserve the right to reject any re-enrollment based on previous participation and/or balance.

The Details: Each plan is designed for a specific use case but always with the best eye care.

Please sign below your selection on the reverse side that you've been educated about the plan details and understand the risks of not checking your eye health at a comprehensive eye exam with an eye doctor at least once a year. Delinquent payments delay services/orders. Lens enhancements like Polarized Sunwear, Transitions/digital device lenses, and super-thin lens or ultra-thin lens materials are available at **20% OFF retail**. Contact lens fitting & evaluations are paid separately with the same prompt pay discount; payment for this service is due at the time the doctor writes the order for your diagnostic lenses. The highest tiered member must be listed

as primary regardless of age; we will label each individual family member as Tier 1, 2, 3, or 4 below. Furthermore, **30-days written notice is all that's required to switch tiers or cancel a program.** This signed consent and initial payment (1st month + enrollment) must be received before ordering materials or providing services covered by this plan. Additional visits/tests including those determined to be medical in nature are NOT included and should be paid promptly or after receipt of the medical insurance carrier's determination of patient responsibility.

| Plan 4 you | Plan Tiers + \$198 Enrollment Fee (1st month paid at enrollment) | Who's each plan intended for & what does each one include? (Primary required to add family members at any tier, ie: Primary Tier 4 + spouse Tier 3 + two kids Tier 2 = \$74 + \$36 + \$14 x 2 = \$138/mo.) | PLAN for FAMILY of ____ | # |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---|
|  | Tier 1) iHWE: iHealth Wellness Exam at your annual eye care visits (+50% off Enrollment) | Insured patients who like 4Sight's iHWE at each annual eye exam but don't want to pay up to \$98 at the annual visit: \$8/month. Insurance may be used for the actual visit and purchase of vision correction materials. | + \$4/ family member  | |
|  | Tier 2) Comprehensive Eye Exam & iHWE (+25% off Enrollment) | Uninsured patients who like 4Sight's annual exam but want to break up the payments rather than pay up to \$288 annually: \$16/month. Great for those who don't buy eyewear annually or use contacts as their primary correction. | + \$14/ family member  | |
|  | Tier 3) Eye Exams PLUS <u>Single Vision Digital Lens Package</u> (+10% off Enrollment) | 4Sight's Annual Eye Exam with iHWE + yearly Digital Lens Package & \$150 OFF choice of new frame each year: \$44/month (and option to upgrade to BEST (4K) Single Vision Lenses for just \$54 at time of purchase.) | + \$36/ family member  | |
|  | Tier 4) Eye Exams PLUS <u>Multi-Focal HD Lens Package</u> (+ Full Enrollment) | 4Sight's Annual Eye Exam with iHWE + yearly HD MF Lens Package & \$150 OFF choice of new frame each year: \$74/month (and option to upgrade to BEST (4K) Multi-Focal Lenses for just \$54 at time of purchase.) | + \$56/ family member  | |

Guarantor's Signature: _____ Date: ____/____/____

Guarantor: _____ Relation: _____

Primary Plan-holder: _____ Primary's Tier: ____

Family Members: _____, _____, _____, _____

Family Members' Tier: _____, _____, _____, _____