



## Sweet Treats Plan

a FREE eye plan for local businesses

**This is how you can help your employees & families  
protect their most important sense.**

### 3 EASY STEPS

1. fill out the business enrollment
2. make copies of plan details, letter to employees, & employee enrollment forms and distribute to employees with a deadline of when to return enrollment forms to you
3. fax/email all enrollment forms to Eye Candy

fax: 253-514-6719

email: [info@eyecandy-optical@outlook.com](mailto:info@eyecandy-optical@outlook.com)

## **INFORMATION FOR BUSINESS OWNERS & MANAGERS:**

- Businesses struggle to offer health benefits due to astronomical costs.
- It's important for an employer to offer health benefits to attract and retain quality staff members.
- **At Eye Candy Optical, we're pleased to help you by offering a new no-cost, no-obligation plan that will enhance the visual and overall health of your employees & their dependents. Even part-time, IC & temp employees can use it, with no probationary period.**

## **REALLY!**

- You, your employees, & families will receive a 20% savings off our prompt-pay glasses exam fee, 20% off medical visits, AND 20% or more savings on most spectacle frames and lenses (including sunglasses!) purchased in our ever-expanding optical department full of fun frames, many exclusive to us. There are a few minor restrictions, but it's really that simple! (See Plan Details for specifics).
- This can replace any discount vision plan you may offer already.
- A few times a year we will contact you to confirm the employment status of any staff members who are already enrolled or add new staff members to the plan. As you add/lose employees, simply email us at [info@eyecandy-optical](mailto:info@eyecandy-optical) to let us know of changes. Make copies of forms as needed, & please email or call if you ever need more.

*It may sound too good to be true, but there are truly no catches. We understand the challenges of running a business, as well as the increasing costs associated with doing so. The Sweet Treats Plan is one way for you to expand your business benefit package without having to pay extra for those perks.*

We look forward to meeting you & your staff. Thank you for your precious time!

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*Sweet Treats for Your Eyes*



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# Eye Candy's Sweet Treats Plan Details

## Quality Eyecare & Eyewear for You & Your Family

Participant, spouse/partner, & all dependents are eligible for the plan at **no cost**

### Professional Services

- 20% savings off vision & eye health exams\*

### Vision Exams

- **NO AIR PUFF!**
- Vision analysis for prescription eyewear & contact lenses
- See the same Dr. each time
- Free shipping of 1-yr supply of contacts
- Specialty contact lenses
- Glaucoma and cataract detection
- Eye misalignment testing
- Optomap digital imaging

### Medical Eye Exams

- Diabetes retinal evaluations
- Cataract evaluation
- Glaucoma care and testing

### Myopia Control & Treatment

- Free consultation valued at \$150 for your children to protect their vision **within 4 mo of signing up for this plan**

### Frames & Lenses

- 20% savings on eyeglass frames & lenses including enhancements and sunglasses\*\*

### Eyewear Advantage

- Premium lenses using the latest technology
- Office & computer lenses
- Neurolens\*\* to alleviate eye strain, dizziness, headaches, & more

### Unique & Exclusive Eyewear

- iGreen - design your glasses with our customizable line *made in America*
- Matisse - hand painted in Italy
- Ovvo - virtually indestructible
- Roger - funky & colorful
- Wiley X\*\* - safety & sportswear
- Expanded petite options
- Most lines are from family-owned companies

### Urgent EyeCare

- Treatment of infections
- Foreign body removal & MORE

\* Benefits are subject to change without notice. Does not apply to contact lenses or evaluations. If you have medical insurance or a vision plan we are contracted with, our plan is void as those contracts require us to bill them, making you liable for the copay, coinsurance, and deductibles.

Cannot be combined with specials or plans we are contracted with.

Does not apply to medical devices. Plan benefits are subject to change without notice.

\*\* Discount does not apply to Neurolens, Wiley X, our kids' package & specials. Other limitations may apply, see clinic for details.

**Our mission at Eye Candy Optical is to become your eye care clinic and provide for all your eye health and eye care needs. With this program, there are no extra forms to fill out & no premiums to pay.**

**All you have to do is show us your membership card to receive the benefits outlined here.**

**We look forward to helping you find your own **sweet treats for your eyes.****



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## Sweet Treats Plan Business Enrollment Form

Please review the plan details page then complete the following information. We will also contact you and your employees via text & email so please provide your most commonly used email address and mobile phone #. Please remember we will never share any of this information with any other party.

*If your employee or benefit plan information EVER changes, please let us know ASAP so we can provide you with more enrollment forms & update our records. We will also contact you periodically for this information. –Thank you!*

Business Name: \_\_\_\_\_ Date \_\_\_\_\_

Owner: \_\_\_\_\_ Business PH#: \_\_\_\_\_

Person of Contact: \_\_\_\_\_ Business Fax#: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Business Address:

Medical Insurance provided to employees:

Vision Plan provided to employees:

# Employees including owner (p/t or f/t): \_\_\_\_\_

Names of employees (include other pages as needed)

_____	_____
_____	_____
_____	_____
_____	_____

***BENEFITS CARD IS REQUIRED BEFORE SERVICES WILL BE RENDERED  
so please relay any updates to us ASAP.***

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## EMPLOYEES

### Welcome to Eye Candy Optical's Sweet Treats Plan!

Your employer has signed you up for Eye Candy's **Sweet Treats Plan**. **All** employees & dependents are eligible. You will now receive vision & eye medical discounts that will help cover your annual eye health exams & medical eye care procedures as well as eyewear, including non-prescription sunglasses! Best news of all is that there is **no cost or deductible to be met and no waiting period**. You can use your benefits as soon as you get your benefit card! (Please refer to Plan Details for specifics on coverage)

Dr. Kandi & staff at Eye Candy are proud to be the best & funnest in both experience and products. Quite simply, we want to take better care of you than you have experienced in your past eye care encounters. You will see the same doctor each visit so you get continuity and plenty of time to address any needs. Stop in and visit our boutique to see frame lines exclusive to us or design your own! Meet @gumdropthepig, enjoy a laugh or three with Dr. Kandi, feel comfortable like family as we pamper you & style you in your new glasses.

***Your children may qualify for our exclusive myopia (nearsightedness) treatment programs. Free consultation is included within 4 months of signing up, so don't wait until it is too late to start your children off with the best chances for success.***

You just need to fill out the enrollment form and return it to your employer or your HR personnel at your office. Please make sure to fill out all of the required fields as some of them affect how we reach you to verify appointments or notify you when your eyewear is ready to be picked up (often via text or email). Soon after you will receive your new membership cards for the adults—**keep it safe, it is REQUIRED to be shown before your appointment or any purchases**. If you need a duplicate, simply let us know by calling our office at 253-432-4303 and one of our staff members will be happy to help you.

Once again, welcome to our practice! We look forward to meeting you and getting you into some **sweet treats for your eyes!**

Cordially,

Dr. Kandi Moller

Eye Candy Optical Team

@Gumdropthepig and her little bro Jellybean



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### Sweet Treats Plan Employee Enrollment Form

Please LEGIBLY fill out the following information regarding your name, contact information, and existing insurance coverage. Whenever possible, our support staff will check into your existing health care policies for possible benefits of which you may be unaware. We also will try to contact you via text & email whenever possible so PLEASE supply your most commonly used email address and your mobile phone number. Please remember we will never share any of this information with any other party as it is part of your private medical record and is protected information.

***If your dependent information EVER changes, please let us know ASAP so we can update our records. –Thank you!***

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Names of dependents to be covered, and relationship to you, and dates of birth:

_____ spouse /child	_____ spouse/child
_____ spouse /child	_____ spouse/child
_____ spouse /child	_____ spouse/child
_____ spouse /child	_____ spouse/child

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_  
 Last four of SSN: \_\_\_\_\_  
 Today's Date \_\_\_\_\_

Cell ph: \_\_\_\_\_ Home ph: \_\_\_\_\_ Work ph: \_\_\_\_\_

Email address: \_\_\_\_\_

Primary Health Insurance Company: \_\_\_\_\_

Guarantor (name of primary policy holder): \_\_\_\_\_

Existing Vision Plan Coverage and Guarantor: \_\_\_\_\_

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

**Please return to your employer/HR manager ASAP so we can send your benefits card to you.**

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