



## Sweet Treats Plan

a FREE discount plan for local businesses

**Offer a discount vision plan now?**

(ex. VSP, Davis, EyeMed, Spectera)

**Use this INSTEAD and help local small business.**

**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 & employee enrollment forms
  - distribute to employees with a deadline to return to you
3. fax or email all enrollment forms to Eye Candy
  - fax: 253-514-6719
  - email: [info@eyecandy-optical@outlook.com](mailto:info@eyecandy-optical@outlook.com)

# Eye Candy's Sweet Treats Plan Details

## Quality Eyecare & Eyewear for You & Your Family

Participant, spouse/partner, & all dependents are eligible for this **FREE** plan

### Professional Services

- 20% savings off medical visits\*

### Vision Exams

- **NO AIR PUFF!**
- Vision analysis for prescription eyewear & contact lenses
- Neurovisual Medicine specialist
- 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.****



4735 Pt. Fosdick Dr. NW, Suite 300  
Gig Harbor, WA 98335 ♦ 253-432-4303  
[www.eyecandy-optical.com](http://www.eyecandy-optical.com) ♦ [info@eyecandy-optical.com](mailto:info@eyecandy-optical.com)

*Sweet Treats for Your Eyes*



Request  
an appt

## Eye Candy Optical's Sweet Treats Plan Business Enrollment Form

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.***

*Fax: 253-514-6719*

*PH: 253-432-4303*

*info@eyecandy-optical.com*

Please contact us if you have questions, comments, concerns—anything 😊



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## Eye Candy Optical's Sweet Treats Plan Employee Enrollment Form

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 – this is **FREE**. You can use your benefits as soon as you get your benefit card! (Please refer to Plan Details for specifics on coverage).

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:

_____	DOB _____	_____	DOB _____
_____	DOB _____	_____	DOB _____
_____	DOB _____	_____	DOB _____
_____	DOB _____	_____	DOB _____

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

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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