

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

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

# The PVC Way

- |                               |                                  |
|-------------------------------|----------------------------------|
| 1. Unfortunately              | A. Your benefit plan contributes |
| 2. Your Out of Pocket is...   | B. Prescribed                    |
| 3. Your Insurance             | C. The Doctor Prescribed...      |
| 4. Insurance Company          | D. Your Vision Savings plan      |
| 5. Allowance                  | E. My Pleasure                   |
| 6. Recommended                | F. Ultra Violet Rays             |
| 7. No Problem                 | G. Benefit                       |
| 8. Your Insurance Covers      | H. What I can do for you         |
| 9. The Doctor Talked About... | I. Your Vision Benefit Provider  |
| 10. UV                        | J. Your contribution is...       |