

Vision Care Direct



A vision plan that delivers the best of both worlds—an Eye Health Exam Option PLUS a Materials Vision Plan!

Many diseases and illnesses can be caught in their earliest stages through a comprehensive eye-health examination performed by an independent eye care professional. Illnesses such as cancer, stroke, hypertension, diabetes and glaucoma... just to name a few. **Catching illnesses before symptoms manifest can not only reduce medical claim costs, but it can also save lives!**

This is why it is important to promote annual eye-health examinations to your employees as a key component of your overall wellness program. Give your employees a **low cost, high-impact benefit** by electing the Eye Health Exam Option PLUS Materials Vision Plan from Vision Care Direct!

Plan Benefits from Participating In-Network Doctors

(After fee at time of service/Up to plan limits)

Eye Exam	Paid in full
Lenses (per pair)	
Single	Paid in full
Bifocal	Paid in full
Trifocal	Paid in full
Lenticular	Paid in full
Progressive	Platinum PK plans: \$180 allowance All other plans: allowance equal to retail price of standard trifocal lens
Polycarbonate for Kids	Paid in full for dependent children up to age 18
Contact Lenses	
<i>Note: contact lens benefit can be chosen in lieu of glasses. Professional fees may be extra.</i>	
Elective – lenses only	Allowance of \$105, \$130, \$160 or \$200
Medically necessary**	Allowance of \$250
Frame	Allowance of \$100, \$130, \$160 or \$200

Fees at time of service based on plan(s) selected:

Exam:	\$15
Materials:	\$15
Polycarbonate for Kids:	\$25

No materials fee for contact lenses

Locate a VCD provider in your area at www.VisionCareDirect.com

Out-of-network is available at a significantly reduced reimbursement amount.

For sales assistance contact Stacy Nutter at (615) 767-8149 or stacy.nutter@visioncaredirect.com.

Vision Care Direct is a Membership Plan not insurance. There is no consumer risk.

* For a complete listing of benefits, exclusions and limitations, please reference the benefit summary.

** Medically necessary contacts require prior authorization from your Doctor to the Vision Care Direct Medical Director. Medically necessary is defined as 1) Keratoconus; or 2) monocular aphakia and/or binocular aphakia where the doctor certifies contact lenses are medically necessary.



Eye Health Exam Option PLUS Materials Vision Plan
Voluntary Rates, BI-WEEKLY

· Vision Care Direct is a membership plan, not insurance

Complete Eye Health Exam for Employees and their Covered Dependents				
Exam Only Plan	Employee Only	Employee +1	Employee/Children	Employee/Family
Comprehensive Eye-Health Exam 12 months	\$1.63	\$2.62	\$3.02	\$5.14

Voluntary Materials Plans (Employee can select one or more plans at their option and cost):

Frame/contact lens allowance	Employee Only	Employee +1	Employee/Children	Employee/Family
Platinum Materials Only PK Plan (\$180 Progressive lens allowance) Lens/Frame Benefits every 12 months				
\$100 frame or \$105 contact lens	\$4.34	\$6.94	\$8.01	\$13.62
\$130 frame or \$130 contact lens	\$5.49	\$8.79	\$10.14	\$17.25
\$160 frame or \$160 contact lens	\$6.65	\$10.63	\$12.28	\$20.87
\$200 frame or \$200 contact lens	\$8.19	\$13.10	\$15.11	\$25.70
Gold Materials Only PK Plan (Single vision, bifocal, trifocal or lenticular lens) Lens/Frame Benefits every 12 months				
\$100 frame or \$105 contact lens	\$3.28	\$5.24	\$6.05	\$10.28
\$130 frame or \$130 contact lens	\$4.43	\$7.09	\$8.18	\$13.90
\$160 frame or \$160 contact lens	\$5.58	\$8.94	\$10.31	\$17.53
\$200 frame or \$200 contact lens	\$7.12	\$11.39	\$13.14	\$22.36

Member pays \$15 at time of service for exam and/or \$15 for materials plus excesses above allowances and add-ons.
 Dependent children up to age 18 pay \$25 at time of service for polycarbonate.
Materials fee does not apply to contact lens.

Vision Care Direct is a provider-based plan. You can locate a provider at www.VisionCareDirect.com.

Benefit Summary

Description of Benefits dependent on selection at time of enrollment.

EXAM BENEFIT (Not applicable on Materials Only PK Plans)			
Description of Benefits	Plan Covers	Member Responsibility	Out-of-network Maximum
Comprehensive eye-health vision examination includes refraction, and dilation if indicated.	100% after exam fee	\$15	Up to \$40 after in-network exam fee is deducted
MATERIALS BENEFIT (Not applicable on Exam Only Plan)			
Description of Benefits	Plan Covers	Member Responsibility	Out-of-network Maximum
Spectacle Lens	100% for glass or plastic (CR-39) for single vision, bifocal, trifocal (F125-28) or lenticular	\$15	Up to maximum listed after in-network materials fee is deducted:
Progressive lens allowance - all complete plans except Platinum PK Complete or Platinum Materials Only PK	Up to retail price of standard trifocal lens regardless of Rx	Overage	Single: \$30 Bifocal: \$45 Trifocal: \$55
All Platinum plans	\$180 benefit for progressive lenses	Overage	Lenticular: \$75
Cosmetic upgrades and add-ons	Not covered	Usual and customary fee	Progressive: \$60
Polycarbonate for Kids			
Polycarbonate lenses for dependent children up to age 18	100% for dependent children up to age 18	\$25	No out-of-network benefit
Contact Lens			
In lieu of frames and spectacle lens (including multi-focal contacts) Allowance applies to fitting fees.	Elective: selected allowance Medically necessary: \$250	Overage above allowance Materials fee does not apply	Up to \$80 for elective or medically necessary
Frame Allowance	Any frame from provider's inventory	Overage above allowance	Up to \$35
ADDITIONAL BENEFITS - ALL PLANS			
LASIK/REFRACTIVE BENEFIT Ask your VCD provider for participating providers in your area or call 877-488-8900	Up to 15% discount	Cost after discount	Not applicable

GENERAL LIMITATIONS AND EXCLUSIONS

This vision plan is designed for routine eye care and materials expense incurred while the membership is in force. Plan benefits cannot be combined with any other discounts, promotional offers or other advertised specials including, but not limited to, discounts, coupons, or two-for-one materials specials offered by the providers at their individual offices. Members must choose between using their Vision Care Direct benefits or the provider's special offers. **Unused benefits do not roll over into next benefit period.** We do not provide benefits for the following:

- Services and materials not included on Benefit Summary including cosmetic items and add-ons
- Orthoptics or vision training and any associated supplemental testing
- Subnormal vision aids, non-prescription or aniseikonic lenses
- Contact lenses for cosmetic enhancement such as changing eye color except as covered in the Benefit Summary
- Oversized 61 and above lens or lenses
- Experimental or non-conventional treatment or device
- Medical or surgical treatment of the eyes other than qualifying discount on refractive surgery
- Any injury or illness covered by Workers Compensation or similar law
- Two pairs of glasses in lieu of bifocals, trifocals, or progressives
- Care for services or materials received while traveling in a foreign country without a detailed receipt in English
- Charges incurred after membership ends

CONTACT INFORMATION

National Sales, Claims & Administration Office

Ph: (877) 488-8900 Fx: (801) 466-4113 Email: admin@visioncaredirect.com

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