

Our vision plans center around providing the highest-quality eye exam while allowing employees to select the vision plan that best meets their personal needs.

Our plans provide:*

- Annual comprehensive eye-health examination
- Single, bifocal, trifocal or lenticular lenses
- Progressive lens option for no-line bifocal or trifocals with \$180 allowance
- Choice of frames allowance - \$100, \$130 or \$160
- Choice of contact lenses allowance in lieu of glasses
- Specialty plans to be added to any plan or selected separately including a second Materials Only plan or Rx Sunwear.

Plan Allowances from Participating In-Network Doctors

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

Eye Exam	Included
Lenses (per pair)	
Single	Included
Bifocal	Included
Trifocal	Included
Lenticular	Included
Progressive	Platinum plans: \$180 allowance All other plans: allowance equal to retail price of standard trifocal lens
Contact Lenses	
<i>Note: contact lenses can be chosen in lieu of glasses. Professional fees may be extra.</i>	
Elective – lenses only	Allowance of \$105, \$130 or \$160
Medically necessary**	Allowance of \$250
Frame	Allowance of \$100, \$130 or \$160
Specialty Plans that can be added to any plan or selected separate:	
Rx Sunwear Plan	Lenses and frames as indicated above plus tint on plastic lens

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

Exam:	\$15
Materials:	\$15

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 Reid Nelson at (602) 448-8177 or reid.nelson@visioncaredirect.com.

Vision Care Direct is a Membership Plan, not insurance.

* For a complete listing of allowances, exclusions and limitations, please reference the Allowance 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.

Standard Rates for Pennsylvania - 100+ Eligible Employees Voluntary Rates, MONTHLY

· Vision Care Direct is a membership plan, not insurance

Complete Plans (All plans can be offered simultaneously)

Member pays \$15 at time of service for exam and/or \$15 for materials plus excesses above allowances and add-ons. *Materials fee does not apply to contact lens.*

Frame/contact lens allowance	Employee Only	Employee +1	Employee/Children	Employee/Family
Platinum Plan - 12 month exam, lens and frame - Includes \$180 Progressive lens allowance				
\$100 frame or \$105 contact lens	\$15.30	\$24.48	\$28.26	\$48.04
\$130 frame or \$130 contact lens	\$17.80	\$28.48	\$32.88	\$55.90
\$160 frame or \$160 contact lens	\$20.30	\$32.48	\$37.48	\$63.74
Gold Plan - 12 month exam, lens and frame				
\$100 frame or \$105 contact lens	\$11.26	\$18.04	\$20.80	\$35.38
\$130 frame or \$130 contact lens	\$13.76	\$22.04	\$25.42	\$43.22
\$160 frame or \$160 contact lens	\$16.26	\$26.04	\$30.04	\$51.08
Silver Plan - 12 month exam and lens, 24 month frame				
\$100 frame or \$105 contact lens	\$8.90	\$14.26	\$16.44	\$27.96
\$130 frame or \$130 contact lens	\$10.16	\$16.26	\$18.76	\$31.88
\$160 frame or \$160 contact lens	\$11.40	\$18.26	\$21.06	\$35.82

Specialty Plans (Add to any Complete plan or purchase as standalone)

Frame/contact lens allowance	Employee Only	Employee +1	Employee/Children	Employee/Family
Exam Only Plan				
Exam Only—every 12 months	\$3.50	\$5.62	\$6.48	\$11.02
Platinum Materials Only Plan (\$180 Progressive lens allowance) - 12 month lens and frame				
\$100 frame or \$105 contact lens	\$11.80	\$18.88	\$21.78	\$37.04
\$130 frame or \$130 contact lens	\$14.30	\$22.88	\$26.40	\$44.88
\$160 frame or \$160 contact lens	\$16.80	\$26.88	\$31.00	\$52.72
Gold Materials Only Plan (Single vision, bifocal, trifocal or lenticular lens) - 12 month lens and frame				
\$100 frame or \$105 contact lens	\$7.76	\$12.42	\$14.32	\$24.36
\$130 frame or \$130 contact lens	\$10.26	\$16.42	\$18.94	\$32.20
\$160 frame or \$160 contact lens	\$12.76	\$20.42	\$23.56	\$40.06
Rx Sunwear Plan - (Single vision, bifocal, trifocal or lenticular lens) - 12 month lens and frame				
\$100 frame allowance	\$8.70	\$13.92	\$16.06	\$27.32
\$130 frame allowance	\$11.20	\$17.92	\$20.68	\$35.18
\$160 frame allowance	\$13.70	\$21.92	\$25.30	\$43.02

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

Allowance Summary

Description of Allowances dependent on selection at time of enrollment.

EXAM (Not applicable on Materials Only Plans)

Description of Allowance	Plan Includes	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 (Not applicable on Exam Only Plan)

Description of Allowance	Plan Includes	Member Responsibility	Out-of-network Maximum
Spectacle Lens	100% for plastic (CR-39) single vision, bifocal, trifocal (FT25-28) or lenticular	\$15	Up to maximum listed after in-network materials fee is deducted:
Progressive lens allowance - all complete plans except Platinum Complete or Platinum Materials Only	Up to retail price of standard trifocal lens regardless of Rx	Overage	Single: \$30 Bifocal: \$45 Trifocal: \$55 Lenticular: \$75
All Platinum plans	\$180 progressive lens allowance	Overage	Progressive: \$60
Cosmetic upgrades and add-ons	Not included	Usual and customary fee	
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

SPECIALTY PLAN VARIATIONS

Rx Sunwear Plan	Lenses included as indicated above. 100% tint on plastic lens	Member pays difference in retail price for Polarized, glass tints, or photo-chromic, plus Materials Fee	Same reimbursement as spectacle lens
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GENERAL LIMITATIONS AND EXCLUSIONS

This vision plan is designed for routine eye care and materials expense incurred while the membership is in force. Plan allowances 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 allowances or the provider's special offers. **Unused allowances do not roll over into next allowance period.** We do not provide allowances for the following:

- Services and materials not included on Allowance 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 included in the Allowance Summary
- Oversized 61 and above lens or lenses
- Experimental or non-conventional treatment or device
- Medical or surgical treatment of the eyes
- 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 & Administration Office

Ph: (877) 488-8900

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Email: admin@visioncaredirect.com

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