

Our vision plans center around providing the highest-quality eye exam.

Our plans provide:\*

- Annual comprehensive eye-health examination
- Single, bifocal, trifocal or lenticular lenses
- Choice of contact lenses allowance in lieu of glasses

### Plan Allowances from Participating In-Network Doctors

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

**Eye Exam:** Every 12 months      Included

**Lenses (per pair):** Every 12 months

Single      Included

Bifocal      Included

Trifocal      Included

Lenticular      Included

Progressive      Allowance equal to retail price of standard trifocal lens

**Contact Lenses:** Every 12 months

*Note: contact lenses may be chosen in lieu of glasses. Professional fees may be extra.*

Elective – lenses only      Allowance of \$225

Medically necessary\*\*      Allowance of \$250

**Frame:** Every 12 months      Allowance of \$200

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

Exam:      \$0

Materials:      \$0

*No materials fee for contact lenses*

Locate a VCD provider in your area at [www.VisionCareDirect.com](http://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](mailto: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.

## Allowance Summary

Description of allowances dependent on selection at time of enrollment.

EXAM			
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	Exam Fee	Up to \$56 after in-network exam fee is deducted
MATERIALS			
<b>Spectacle Lens</b>	100% for plastic (CR-39) single vision, bifocal, trifocal (FT25-28) or lenticular	Materials Fee	Up to maximum listed after in-network materials fee is deducted:
Progressive lens allowance	Up to retail price of standard trifocal lens regardless of Rx	Overage	Single: \$74 Bifocal: \$84 Trifocal: \$105 Lenticular: \$126 Progressive: \$126
Cosmetic upgrades and add-ons	Not included	Usual and customary fee	
<b>Contact Lens</b>			
In lieu of frames and spectacle lens (including multi-focal contacts)	Elective: \$225 Medically necessary: \$250	Overage above allowance Materials fee does not apply	Up to \$200 for elective or medically necessary
Allowance applies to fitting fees.			
<b>Frame Allowance</b>	Any frame from provider's inventory	Overage above \$200 allowance	Up to \$90

## 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
- Additional charge may apply for Rx above +/- 6 sphere and/or 6 cylinder
- 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

Fx: (844) 810-8643

Email: [admin@visioncaredirect.com](mailto:admin@visioncaredirect.com)

Vision Care Direct is a provider-based plan. You can locate a provider at [www.VisionCareDirect.com](http://www.VisionCareDirect.com).