# VCD PLUS PLAN PROPOSAL

STANDARD KANSAS RATES Holton USD 336 Monthly Voluntary Rates Effective Date: 7/1/2017

THE #1 VISION PLAN FOR LOWEST OUT OF POCKET COSTS

Member's top priority in a vision plan

## VCD PLUS COMPLETE EYEWEAR STARTS AT JUST \$15

Average retail value of \$255 - \$495

#### STOP THE OUT OF POCKET STICKER SHOCK

**/ISION CARE DIRECT** 

ALLOWANCE EDEOLIENCY

At last, you finally have the freedom to use your materials benefit the way you want without all the surprise out of pocket expenses. With VCD PLUS, you'll have access to a Complete Eyewear option that includes a fashion frame from our value line collection, high definition (single vision, bifocal, trifocal or premium progressive) lenses, premium anti-reflection coating, scracth resistant coating and UV protection all for one low price!

6000

#### COST AT TIME OF SERVICE:

Eye Health & Vision Exam	\$15
Complete Eyewear*	\$15
*See plan documents for details	



ALLOWANCE FREQUENCY	Exam	Lenses	Frames
Exam Only	12 months	N/A	N/A
Gold Materials Only 130 PK PLUS	N/A	12 months	12 months
Silver Exam + Materials 130 PK PLUS	12 months	12 months	24 months
Gold Exam + Materials 130 PK PLUS	12 months	12 months	12 months

\* Contact lens allowance of \$130 every 12 months in lieu of glasses

MONTHLY RATES				
	Employee Only	Employee + 1	Employee/Children	Employee/Family
Exam Only	\$4.60	\$7.36	\$8.50	\$14.44
Gold Materials Only 130 PK PLUS	\$11.88	\$19.02	\$21.94	\$37.32
Silver Exam + Materials 130 PK PLUS	\$13.80	\$22.08	\$25.46	\$43.40
Gold Exam + Materials 130 PK PLUS	\$16.48	\$26.38	\$30.42	\$51.76



KADEN JAMES Kansas sales director

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#### Allowance Summary

Description of Allowances dependent on selection at time of enrollment.

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<b>EXAM</b> (Not applicable on Materials Only	plans)		
Description of Allowance	Plan Includes	Member Responsibility	Open Access Maximum
Comprehensive eye-health vision examination includes refraction, and dilation if indicated.	100% after exam fee	\$15	Up to \$50
Flexible Exam Option			Open Access Maximum
In the event that a member has an eye exam in be used for other services or materials in lieu of provider at time of service in regards to the am	No open access option		
MATERIALS (Not applicable on Exam Only	y plan)		
Description of Allowance	Plan Includes	Member Responsibility	Open Access Maximum
Spectacle Lens	100% for glass or plastic (CR-39) for single vision, bifocal, trifocal (FT25-28) or lenticular	\$15	Up to maximum listed: Single: \$50 Bifocal: \$75
Progressive lens allowance	Up to retail price of standard trifocal lens regardless of Rx	Overage	Trifocal: \$100 Lenticular: \$100 Progressive: \$100
Cosmetic upgrades and add-ons	Not included	Usual and customary fee	No open access option
Polycarbonate for Kids			
Polycarbonate lenses for dependent children up to age 18	100% for dependent children up to age 18	\$25	No open access option
<b>Contact Lens</b> In lieu of frames and spectacle lens (including multi-focal contacts). Allowance does not apply to fitting fees.	Elective: selected allowance Medically necessary: \$250	Professional fitting fees and 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 \$60
VCD PLUS™ Complete Eyewear Package (	Option (Please check online for VCD PLUS	™ Plan provider availability in	your area)
Spectacle Lens (Standard Plastic Single Vision, Bifocal & Digital Freeform PAL)	100% for High Definition lenses with hydrophobic, oleophobic premium anti- reflection coatings	\$15	No open access option
Cosmetic upgrades and add-ons	Not included	Usual and customary fee	No open access option
Frame	Any frame from VCD Labs <sup>™</sup> Value Collection		
VCD PLUS <sup>™</sup> Complete Eyewear Un-bundl	led Lens Option (Any Frame) (Please chec	k online for VCD PLUS™ Plan µ	provider availability in your area
Spectacle Lens (Standard Plastic Single Vision, Bifocal & Digital Freeform PAL)	100% for High Definition lenses with hydrophobic, oleophobic premium anti- reflection coatings.	\$15	No open access action
Cosmetic upgrades and add-ons	Not included	Usual and customary fee	No open access option
Frame, additional \$40 fee applied	Any frame from provider's inventory	Overage above allowance	

#### **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:

Experimental or non-conventional treatment or device

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

Medical or surgical treatment of the eyes

without a detailed receipt in English

Charges incurred after membership ends

- 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
- CONTACT INFORMATION

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





### ONE PLAN. ONE PRICE. THREE WAYS TO SAVE.

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OR

#### UNDERSTANDING THE NETWORKS:

#### **STANDARD VCD NETWORK**

### **STANDARD VCD BENEFIT**

A \$15 member payment at time of service gets you:

- Frame allowance of \$130 toward any frame in the doctor's office (difference between retail price and frame allowance is patient responsibility)
- Standard single vision, bifocal or trifocal lenses\*

\* Progressive lens coverage is equal to doctor's retail cost of standard trifocal lens. Difference between retail cost of progressive and trifocal lens is patient responsibility.

\*\* Lens enhancements not listed as covered options above (polycarbonate, high-index, photochromic, etc.) can be added at doctor's usual and customary rate.

\*\*\* Contact lens benefit of \$130 may be used in lieu of the frame/ spectacle lens benefit options listed above.

#### VCD PLUS NETWORK- BEST VALUE

## VCD PLUS COMPLETE EYEWEAR

A \$15 member payment at time of service gets you:

- Any frame from the VCD Labs value line frame collection
- Single vision, bifocal or premium digital free-form progressive lenses
- Premium anti-reflection coating, including high-end scratch resistance and UV protection

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#### VCD PLUS NETWORK- MOST POPULAR

## VCD PLUS ANY FRAME

A \$55 member payment at time of service gets you:

- Frame allowance of \$130 toward any frame in the doctor's office (difference between retail price and frame allowance is patient responsibility)
- Single vision, bifocal or premium digital freeform progressive lenses
- Premium anti-reflection coating, including high-end scratch resistance and UV protection

\* Choose between VCD PLUS Complete Eyewear and VCD PLUS Any Frame when you visit the provider at the point of sale.