

Gold Materials 130 Gold Materials 160

	Gold Materials 130	Gold Materials 160
Benefit Frequency		
Eye Exam	N/A	N/A
Frames	12 Months	12 Months
Lenses	12 Months	12 Months
In Network Allowance		
Frames	\$130	\$160
Single Vision Lenses	Included	Included
Bifocal Lenses	Included	Included
Trifocal Lenses	Included	Included
Progressive Lenses	Included*	Included*
Anti-reflective Coating	Included*	Included*
Polycarbonate for Kids	Included	Included
Elective Contact Lenses	\$130	\$160
Member Fees		
Eye Exam	N/A	N/A
Glasses	\$15	\$15
Polycarbonate for Kids	\$25	\$25
Rates		
Primary Only	\$10.72	\$12.80
Primary + 1	\$17.16	\$20.48
Primary + Children	\$19.80	\$23.64
Whole Family	\$33.66	\$40.18

ADDITIONAL SAVINGS

Flexible Exam Benefit	In the event that a member has an eye exam included with another plan, Vision Care Direct allows you to use your exam benefit for other services or materials. A \$65 credit will be applied to your bill at time of service toward non-covered items.
Lasik Vision Correction	Get \$200 toward your Lasik procedure through your VCD materials benefit. Lasik is in lieu of glasses and contacts. To file for your Lasik reimbursement, go to members.visioncaredirect.com/lasik .

* Standard digital progressive lenses and anti-reflective coatings are included at no additional charge through any of our VCD PLUS providers. The progressive lens allowance through a Standard VCD provider is equal to the doctor's retail cost of standard trifocal lenses. There is no benefit for anti-reflective coatings through Standard VCD providers.

Thank you for your business!

KADEN JAMES
Senior Account Executive

PAYROLL DEDUCT CHEAT SHEET

Vision Care Direct bills on a monthly basis, but we understand there are varying structures for how employers pay their employees. Knowing how much to deduct from an employee's paycheck so your account balances correctly can be a tricky ordeal. We've included a helpful guide below to help you manage your payroll effectively and efficiently.

Please note: Your bill from VCD will always reflect monthly rates regardless of your payroll structure.

	Gold Materials 130	Gold Materials 160
Weekly Payroll Rate		
Primary Only	\$2.47	\$2.95
Primary + 1	\$3.96	\$4.73
Primary + Children	\$4.57	\$5.46
Whole Family	\$7.77	\$9.27
Bi-weekly Payroll Rate		
Primary Only	\$4.95	\$5.91
Primary + 1	\$7.92	\$9.45
Primary + Children	\$9.14	\$10.91
Whole Family	\$15.54	\$18.54
Semi-monthly Payroll Rate		
Primary Only	\$5.36	\$6.40
Primary + 1	\$8.58	\$10.24
Primary + Children	\$9.90	\$11.82
Whole Family	\$16.83	\$20.09

Thank you for your business!

KADEN JAMES
Senior Account Executive

	VCD Standard Network	VCD PLUS Network	Out of Network
Benefit Frequency			
Eye Exam	N/A	N/A	N/A
Frames	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Contacts	12 Months	12 Months	12 Months
Member Fees			
Eye Exam	N/A	N/A	N/A
Glasses	\$15	\$15	\$0
Polycarbonate for Kids	\$25	\$25	\$0
Contacts	\$0	\$0	\$0
Lasik	\$0	\$0	\$0
Eye Exam (amount included after exam fee listed above)			
Comprehensive eye health examination including refraction and dilation	N/A	N/A	N/A
Flexible Exam Benefit			
In the event you have an eye exam included with another plan, Vision Care Direct allows you to use your exam benefit for other services or materials. A credit will be applied to your bill at time of service toward non-covered items.	N/A	N/A	N/A
Frames			
Frame allowance toward retail price of any frame in provider's office.	\$130	\$130	\$60
Lenses (amount included after glasses fee listed above)			
Single Vision: CR-39 in glass or plastic	100%	100%	\$50
Bifocal: CR-39 in glass or plastic	100%	100%	\$75
Trifocal: CR-39 in glass or plastic	100%	100%	\$100
Standard Progressive Lenses	Up to retail price of lined trifocal	Up to retail price of lined trifocal	\$100
Premium Progressive Lenses	Up to retail price of lined trifocal	Up to retail price of standard progressive	\$100
Lens Options			
Scratch Resistant Coating	Not Included	100%	\$0
Ultraviolet Coating	Not Included	100%	\$0
Anti-Reflective Coating	Not Included	100%	\$0
Oil & Water Resistant Coating	Not Included	100%	\$0
Polycarbonate for Kids (after PK fee listed above)	100%	100%	\$0
Polycarbonate for Adults	Not Included	Not Included	\$0
Contacts			
Elective Contact Lenses: In lieu of glasses. Can be used toward multi-focal contacts and contact lens fitting fees.	\$130	\$130	\$80
Medically Necessary Contact Lenses: Requires prior authorization from your doctor to the Vision Care Direct Medical Director. Medically necessary is defined as 1) Keratoconus; or 2) monocular and/or binocular aphakia	\$750	\$750	\$80
Lasik			
In lieu of glasses and contacts. Allowance of \$200 toward Lasik procedure in the form of a reimbursement directly to the member. To file for Lasik reimbursement, go to members.visioncaredirect.com/lasik			

GENERAL LIMITATIONS AND EXCLUSIONS:

Vision Care Direct guarantees benefits only for the products/services listed above. Any charges incurred for items not detailed here, or that are incurred after the membership ends, are the sole responsibility of the member. Out of network benefits are provided in the form of a reimbursement directly to the member. To file for an out of network reimbursement, visit members.visioncaredirect.com/oon.

Get more for your money! To access enhanced benefits through the VCD PLUS Network, look for locations on the VCD Provider Directory at www.visioncaredirect.com with this logo:

