



# VISION BENEFIT PROPOSAL

PREPARED FOR KINGMAN HEALTHCARE  
CENTER



[www.visioncaredirect.com](http://www.visioncaredirect.com)  
(877) 488-8900

	Platinum Materials 130	Platinum Materials 200	Platinum Complete 130	Platinum Complete 200
<b>Benefit Frequency</b>				
Eye Exam	N/A	N/A	12 Months	12 Months
Frames	12 Months	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months	12 Months
<b>In Network Allowance</b>				
Frames	\$130	\$200	\$130	\$200
Single Vision Lenses	Included	Included	Included	Included
Bifocal Lenses	Included	Included	Included	Included
Trifocal Lenses	Included	Included	Included	Included
Progressive Lenses	Included*	Included*	Included*	Included*
Anti-reflective Coating	Included*	Included*	Included*	Included*
Polycarbonate for Kids	Included	Included	Included	Included
Elective Contact Lenses	\$130	\$200	\$130	\$200
<b>Member Fees</b>				
Eye Exam	N/A	N/A	\$15	\$15
Glasses	\$15	\$15	\$15	\$15
Polycarbonate for Kids	\$25	\$25	\$25	\$25
<b>Monthly Rates</b>				
Primary Only	\$12.28	\$17.84	\$16.74	\$22.30
Primary + 1	\$19.66	\$28.56	\$26.80	\$35.70
Primary + Children	\$22.68	\$32.96	\$30.92	\$41.18
Whole Family	\$38.56	\$56.04	\$52.58	\$70.04
<b>Semi-Monthly Payroll Rate</b>				
Primary Only	\$6.14	\$8.92	\$8.37	\$11.15
Primary + 1	\$9.83	\$14.28	\$13.40	\$17.85
Primary + Children	\$11.34	\$16.48	\$15.46	\$20.59
Whole Family	\$19.28	\$28.02	\$26.29	\$35.02

## ADDITIONAL SAVINGS

<b>Flexible Exam Benefit</b>	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.
<b>Lasik Vision Correction</b>	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 <a href="https://members.visioncaredirect.com/lasik">members.visioncaredirect.com/lasik</a> .

\* 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

	VCD Standard Network	VCD PLUS Network	Out of Network
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### 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
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### 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
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### Frames

Frame allowance toward retail price of any frame in provider's office.	\$130	\$130	\$60
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### 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	100%	\$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
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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
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### 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](https://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](https://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](https://www.visioncaredirect.com) with this logo:



	VCD Standard Network	VCD PLUS Network	Out of Network
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### 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
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### 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
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### Frames

Frame allowance toward retail price of any frame in provider's office.	\$200	\$200	\$60
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### 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	100%	\$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.	\$200	\$200	\$80
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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
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### Lasik

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### Benefit Frequency

Eye Exam	12 Months	12 Months	12 Months
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Lenses	12 Months	12 Months	12 Months
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### Member Fees

Eye Exam	\$15	\$15	\$0
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	100%	100%	\$50
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### 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.

### Frames

Frame allowance toward retail price of any frame in provider's office.	\$130	\$130	\$60
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### 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	100%	\$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
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<b>Member Fees</b>			
Eye Exam	\$15	\$15	\$0
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Polycarbonate for Kids	\$25	\$25	\$0
Contacts	\$0	\$0	\$0
Lasik	\$0	\$0	\$0
<b>Eye Exam</b> (amount included after exam fee listed above)			
Comprehensive eye health examination including refraction and dilation	100%	100%	\$50
<b>Flexible Exam Benefit</b>			
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.	\$65	\$65	\$0
<b>Frames</b>			
Frame allowance toward retail price of any frame in provider's office.	\$200	\$200	\$60
<b>Lenses</b> (amount included after glasses fee listed above)			
Single Vision: CR-39 in glass or plastic	100%	100%	\$50
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**SIMPLE.  
FLEXIBLE.  
AFFORDABLE.**



	BENEFITS	INCLUDED
<b>FRAMES</b>	Up to \$200	✓
<b>CONTACTS</b>	Up to \$200	✓
<b>LENSES</b>	Single Vision	✓
	Bifocal	✓
	Trifocal	✓
<b>VCD PLUS EXTRAS*</b>	HD Progressive	✓
	Anti-Reflective Coating	✓
	Scratch Resistance	✓
	UV Protection	✓
	Oil & Water Resistance	✓

### COMPLETE PAIR OF GLASSES STARTING AT JUST \$15

At last, you finally have the freedom to use your materials allowance the way you want without all the surprise out of pocket expenses. With VCD PLUS providers in your area, you'll have access to high definition (single vision, bifocal, trifocal or premium progressive) lenses, premium anti-reflection coating, scratch resistant coating and UV protection all for one low price!

### OWNED BY KANSANS, FOR KANSANS

Vision Care Direct is proudly owned by private practice optometrists right here in the great state of Kansas. Revenue and tax dollars stay in Kansas to support your local communities and schools.

\*Benefits available exclusively at VCD PLUS participating providers.  
Contact lens benefit is in lieu of glasses.