

FOR: USD 475

Exam Fee at Time of Service: \$15

Materials Fee at Time of Service: \$15

Polycarbonate for Kids Fee at Time of Service: \$25

PLAN	ALLOWANCE FREQUENCY
Exam Only	12 / NA / NA
Gold Materials Only 130 PK PLUS	NA / 12 / 12
Gold Exam + Materials 130 PK PLUS	12 / 12 / 12

* Allowance Frequency is shown as Exam/Lenses/Frames in month increments

ALLOWANCE SUMMARY

EXAM	PLAN ALLOWANCE	MEMBER RESPONSIBILITY	OPEN ACCESS MAXIMUM
Comprehensive eye-health vision examination includes refraction and dilation	100% after exam fee	\$15	\$50
FLEXIBLE EXAM OPTION: In the event that a member has an eye exam included with another plan, Vision Care Direct applies a credit to be used for other services or materials in lieu of a Vision Care Direct eye exam. An explanation will be provided to you by your provider at time of service in regards to the amount and how it was applied to your additional services or materials.			\$0

SPECTACLE LENSES	PLAN ALLOWANCE	MEMBER RESPONSIBILITY	OPEN ACCESS MAXIMUM
Standard Single Vision in CR-39 glass or plastic	100% after materials fee	\$15	\$50
Lined Bi-focal (FT28) in CR-39 glass or plastic	100% after materials fee	\$15	\$75
Lined Tri-focal (FT7x28) in CR-39 glass or plastic	100% after materials fee	\$15	\$100
Progressive (no-line multi-focal) in CR-39 glass or plastic	Up to retail price of lined tri-focal	\$15 + Overage above allowance	\$100
Upgrades and/or add-ons (anti-reflective coating, high-index, photochromic, etc.)	\$0	Standard retail price	\$0
POLYCARBONATE FOR KIDS (PK): Polycarbonate lenses for dependent children up to age 18	100% after PK fee	\$25	\$0

FRAMES	PLAN ALLOWANCE	MEMBER RESPONSIBILITY	OPEN ACCESS MAXIMUM
Frame allowance as indicated by desired plan toward standard retail price of any frame in the provider's office.	Up to \$130	Overage above \$130 allowance	\$60

VCD PLUS LENS OPTION (In lieu of spectacle lens option above)	PLAN ALLOWANCE	MEMBER RESPONSIBILITY	OPEN ACCESS MAXIMUM
Standard Single Vision in CR-39 glass or plastic with premium anti-reflective coating	100% after materials fee	\$15	\$0
Lined Bi-focal (FT28) in CR-39 glass or plastic with premium anti-reflective coating	100% after materials fee	\$15	\$0
Lined Tri-focal (FT7x28) in CR-39 glass or plastic with premium anti-reflective coating	100% after materials fee	\$15	\$0
Progressive (up to a digital free form full back surface) in CR-39 glass or plastic with premium anti-reflective coating	100% after materials fee	\$15	\$0
Upgrades and/or add-ons (high-index, photochromic, tint, etc.)	\$0	Standard retail price	\$0

CONTACT LENS (In lieu of glasses)	PLAN ALLOWANCE	MEMBER RESPONSIBILITY	OPEN ACCESS MAXIMUM
ELECTIVE: Equal to frame allowance of desired plan, in lieu of frames and spectacle lenses. Can be used toward multi-focal contacts and contact lens fitting fees.	Up to \$130	Overage above \$130 allowance	Up to \$80
MEDICALLY NECESSARY: Requires 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.	Up to \$250	Overage above \$250 allowance	Up to \$80

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 aniseikonia 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