



ALLOWANCE SUMMARY

Plan: Platinum Complete 200

Colorado Mesa University

	VCD Standard Network	VCD PLUS Network	Out of Network
Benefit Frequency			
Eye Exam	12 Months	12 Months	12 Months
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	\$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%	\$40
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.	\$65	\$65	\$0
Frames			
Frame allowance toward retail price of any frame in provider's office.	\$200	\$200	\$35
Lenses (amount included after glasses fee listed above)			
Single Vision: CR-39 in glass or plastic	100%	100%	\$30
Bifocal: CR-39 in glass or plastic	100%	100%	\$45
Trifocal: CR-39 in glass or plastic	100%	100%	\$55
Standard Progressive Lenses	\$180	\$180	\$60
Premium Progressive Lenses	\$180	\$180	\$60
Lens Options			
Scratch Resistant Coating	Not Included	Not Included	\$0
Ultraviolet Coating	Not Included	Not Included	\$0
Anti-Reflective Coating	Not Included	Not Included	\$0
Oil & Water Resistant Coating	Not Included	Not Included	\$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
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.