VISION CARE DIRECT
The vision plan your eye doctor recommends™

A Vision Plan for
Colorado Mesa University
Effective Date: 01/01/19
Minimum Participation Required: 2 employees

Our vision plans center around providing the highest-quality eye exam while allowing employees to select the vision plan that best meets their personal needs.

Our plans provide:*

- Annual comprehensive eye-health examination
- Flexible Exam Option in lieu of Vision Care Direct Eye Exam
- Single, bifocal, trifocal or lenticular lenses
- Polycarbonate for dependent children up to age 18
- Progressive lens option for no-line bifocal or trifocals with $180 allowance
- Choice of contact lenses allowance in lieu of glasses
- Specialty plans to be added to any plan or selected separately including a second Materials Only plan.

Plan Allowances from Participating In-Network Doctors

(After fee at time of service/Up to plan limits)

Eye Exam	Included
Flexible Exam Option	In lieu of a Vision Care Direct Eye Exam (See Allowance Summary on Page 3)
Lenses (per pair)	
Single	Paid in full
Bifocal	Paid in full
Trifocal	Paid in full
Lenticular	Paid in full
Progressive	Platinum PK plans: $180 allowance All other plans: allowance equal to retail price of standard trifocal lens
Polycarbonate for Kids	Paid in full for dependent children up to age 18
Contact Lenses	
Note: contact lenses can be chosen in lieu of glasses. Professional fees may be extra.	
Elective – lenses only	Allowance of $200
Medically necessary**	Allowance of $250
Frame	Allowance of $200

Fees at time of service based on plan(s) selected:

Exam:	$15
Materials:	$15

No materials fee for contact lenses

Locate a VCD provider in your area at www.VisionCareDirect.com

Out-of-network is available at a significantly reduced reimbursement amount.

For sales assistance contact Reid Nelson at (602) 448-8177 or reid.nelson@visioncaredirect.com.

Vision Care Direct is a Membership Plan, not insurance.

* For a complete listing of allowances, exclusions and limitations, please reference the Allowance Summary.
**Medically necessary contacts require 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 where the doctor certifies contact lenses are medically necessary.

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Voluntary Rates, MONTHLY

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Complete Plans (All plans can be offered simultaneously)

Member pays $15 at time of service for exam and/or $15 for materials plus excesses above allowances and add-ons. *Materials fee does not apply to contact lens.*

Frame/contact lens allowance	Employee Only	Employee +1	Employee/Family
Platinum PK Plan - 12 month exam, lens and frame - Includes $180 Progressive lens allowance			
$200 frame or $200 contact lens	$11.70	$20.56	$26.18
Gold PK Plan - 12 month exam, lens and frame			
$200 frame or $200 contact lens	$8.24	$15.64	$25.14

Specialty Plans (Add to any Complete plan or purchase as standalone)

Frame/contact lens allowance	Employee Only	Employee +1	Employee/Family
Exam Only Plan			
Exam Only—every 12 months	$2.74	$4.66	$7.96
Platinum Materials Only PK Plan ($180 Progressive lens allowance) **- 12 month lens and frame**			
$200 frame or $200 contact lens	$8.96	$15.92	$18.22
Gold Materials Only PK Plan (Single vision, bifocal, trifocal or lenticular lens) **- 12 month lens and frame**			
$200 frame or $200 contact lens	$5.50	$11.00	$17.18

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

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Allowance Summary

Description of Allowances dependent on selection at time of enrollment.

EXAM (Not applicable on Materials Only PK Plans)

Description of Allowance	Plan Includes	Member Responsibility	Out-of-network Maximum
Comprehensive eye-health vision examination includes refraction, and dilation if indicated.	100% after exam fee	$15	Up to $40 after in-network exam fee is deducted

Flexible Exam Option	Out-of-network Maximum
In the event that a member has an eye exam included with another plan, Vision Care Direct allows the exam reimbursement 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.	No out-of-network option

MATERIALS (Not applicable on Exam Only Plan)

Description of Allowance	Plan Includes	Member Responsibility	Out-of-network Maximum
Spectacle Lens	100% for plastic (CR-39) for single vision, bifocal, trifocal (FT25-28) or lenticular	$15	Up to maximum listed after in-network materials fee is deducted:
Progressive lens allowance - all complete plans except Platinum PK Complete or Platinum Materials Only PK	Up to retail price of standard trifocal lens regardless of Rx	Overage	Single: $30 Bifocal: $45 Trifocal: $55
All Platinum plans	$180 progressive lens allowance	Overage	Lenticular: $75
Cosmetic upgrades and add-ons	Not included	Usual and customary fee	Progressive: $60
Polycarbonate for Kids Polycarbonate lenses for dependent children up to age 18	100% for dependent children up to age 18	None	No out-of-network option
Contact Lens In lieu of frames and spectacle lens (including multi-focal contacts) Allowance applies to fitting fees.	Elective: selected allowance Medically necessary: $250	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 $35

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 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
- 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

CONTACT INFORMATION

National Sales & Administration Office Ph: (877) 488-8900 Fx: (844) 810-8643 Email: admin@visioncaredirect.com

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