

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 covered in full
- Single, bifocal, trifocal or lenticular lenses covered in full
- Progressive lens option for no-line bifocal or trifocals with \$180 allowance
- Choice of frames allowance - \$100, \$130 or \$160
- 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, Rx Sunwear or Computer Eyewear.

Plan Benefits from Participating In-Network Doctors

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

Eye Exam	Paid in full
Lenses (per pair)	
Single	Paid in full
Bifocal	Paid in full
Trifocal	Paid in full
Lenticular	Paid in full
Progressive	Platinum/Progressive Materials Only plans: \$180 allowance
	All other plans: allowance equal to retail price of standard trifocal lens
Contact Lenses	
<i>Note: contact lens benefit can be chosen in lieu of glasses. Professional fees may be extra.</i>	
Elective – lenses only	Allowance of \$105, \$130 or \$160
Medically necessary**	Allowance of \$250
Frame	Allowance of \$100, \$130 or \$160
Specialty Plans that can be added to any plan or selected separate:	
Rx Sunwear Plan	Covers lenses and frames as indicated above plus tint on plastic lens
Computer Eyewear	Plan information available upon request

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

Exam:	\$15
Materials:	\$15
<i>No materials fee for contact lenses</i>	

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 Kaden James at (913) 424-4980 or kaden.james@vcdplans.com.

Vision Care Direct is a Membership Plan not insurance. There is no consumer risk.

* For a complete listing of benefits, exclusions and limitations, please reference the benefit 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.

Vision Proposal for Dodge City Schools Voluntary Rates, MONTHLY

· Vision Care Direct is a membership plan, not insurance

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/Children	Employee/Family
Platinum Plan - 12 month exam, lens and frame benefit - Includes \$180 Progressive lens allowance				
\$100 frame or \$105 contact lens	\$13.98	\$22.36	\$25.80	\$43.88
\$130 frame or \$130 contact lens	\$16.12	\$25.80	\$29.78	\$50.64
\$160 frame or \$160 contact lens	\$18.28	\$29.24	\$33.74	\$57.38

Gold Plan - 12 month exam, lens and frame benefit

\$100 frame or \$105 contact lens	\$13.26	\$21.22	\$24.48	\$41.62
\$130 frame or \$130 contact lens	\$15.40	\$24.66	\$28.44	\$48.38
\$160 frame or \$160 contact lens	\$17.56	\$28.10	\$32.42	\$55.12

Silver Plan - 12 month exam and lens benefit, 24 month frame benefit

\$100 frame or \$105 contact lens	\$11.82	\$18.90	\$21.80	\$37.08
\$130 frame or \$130 contact lens	\$12.90	\$20.64	\$23.80	\$40.48
\$160 frame or \$160 contact lens	\$13.96	\$22.34	\$25.78	\$43.84

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

Frame/contact lens allowance	Employee Only	Employee +1	Employee/Children	Employee/Family
Exam Only Plan				
Exam Only—every 12 months	\$4.30	\$6.88	\$7.94	\$13.50

Materials Only Plan (Single vision, bifocal, trifocal or lenticular lens) Lens/Frame Benefits every 12 months

Adding a Materials Only plan is perfect for the employee who wants both frame/spectacle lenses and contacts in the same year!

\$100 frame or \$105 contact lens	\$8.96	\$14.34	\$16.54	\$28.12
\$130 frame or \$130 contact lens	\$11.10	\$17.78	\$20.50	\$34.88
\$160 frame or \$160 contact lens	\$13.26	\$21.22	\$24.48	\$41.62

Progressive Materials Only Plan (\$180 Progressive lens allowance) Lens/Frame Benefits every 12 months

Adding a Materials Only plan is perfect for the employee who wants both frame/spectacle lenses and contacts in the same year!

\$100 frame or \$105 contact lens	\$9.68	\$15.48	\$17.86	\$30.38
\$130 frame or \$130 contact lens	\$11.82	\$18.92	\$21.84	\$37.14
\$160 frame or \$160 contact lens	\$13.98	\$22.36	\$25.80	\$43.88

Rx Sunwear Plan - (Single vision, bifocal, trifocal or lenticular lens) Lens/Frame Benefits every 12 months

\$100 frame allowance	\$9.66	\$15.46	\$17.84	\$30.34
\$130 frame allowance	\$11.82	\$18.90	\$21.80	\$37.08
\$160 frame allowance	\$13.96	\$22.34	\$25.78	\$43.84

VCD ComputerWear™ - Materials Only Plan - Lens/Frame Benefits every 12 months

\$100 frame allowance	\$11.46	\$18.34	\$21.16	\$35.98
\$130 frame allowance	\$13.62	\$21.78	\$25.14	\$42.74
\$160 frame allowance	\$15.76	\$25.22	\$29.10	\$49.48

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

Benefit Summary

Description of Benefits dependent on selection at time of enrollment.

EXAM BENEFIT (Not applicable on Materials Only Plans)

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

MATERIALS BENEFIT (Not applicable on Exam Only Plan)

Spectacle Lens	100% for glass or plastic (CR-39) for single vision, bifocal, trifocal (FT25-28) or lenticular	Materials Fee	Up to maximum listed after in-network materials fee is deducted:
Progressive lens allowance - all complete plans except Platinum or Progressive Materials Only	Up to retail price of standard trifocal lens regardless of Rx	Overage	Single: \$30 Bifocal: \$45 Trifocal: \$55 Lenticular: \$75 Progressive: \$60
Platinum or Progressive Materials Only	\$180 benefit for progressive lenses	Overage	
Cosmetic upgrades and add-ons	Not covered	Usual and customary fee	
Contact Lens		Professional fitting fees and overage above allowance	
In lieu of frames and spectacle lens (including multi-focal contacts)	Elective: selected allowance Medically necessary: \$250	Materials fee does not apply	Up to \$80 for elective or medically necessary
Allowance does not apply to fitting fees.			
Frame Allowance	Any frame from provider's inventory	Overage above allowance	Up to \$35 - not valid on ComputerWear

SPECIALTY PLAN VARIATIONS

Rx Sunwear Plan	Lenses covered as indicated above. 100% tint on plastic lens	Member pays difference in retail price for Polarized, glass tints, or photo-chromic, plus Materials Fee	Same reimbursement as spectacle lens
VCD ComputerWear™ Plan	100% for Single Vision lens including A/R Coating and VDT Filter	Materials fee	No out-of-network reimbursement
	UPGRADES: Single vision with power boost: \$13; Near variable focus \$63 (paid at time of service)		

ADDITIONAL BENEFITS - ALL PLANS

LASIK/REFRACTIVE BENEFIT

Ask your VCD provider for participating providers in your area or call 877-488-8900

Up to 10% discount	Cost after discount	Not applicable
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GENERAL LIMITATIONS AND EXCLUSIONS

This vision plan is designed for routine eye care and materials expense incurred while the membership is in force. Plan benefits 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 benefits or the provider's special offers. **Unused benefits do not roll over into next benefit period.** We do not provide benefits for the following:

- Services and materials not included on Benefit 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 covered in the Benefit Summary
- Oversized 61 and above lens or lenses
- Experimental or non-conventional treatment or device
- Medical or surgical treatment of the eyes other than qualifying discount on refractive surgery
- 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

Don C. Railsback, O.D. - Executive Director VCD of Kansas	Ph: (800) 399-9644	Fx: (888) 206-8012	Email: don.railsback@vcdplans.com
Claims & Administration Office	Ph: (877) 488-8900	Fx: (801) 466-4113	Email: admin@visioncaredirect.com

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

The vision plan your eye doctor recommends™



Find a Doctor



GUNNAR Provider



Safety Provider



Prio Provider



Vision Provider










LASIK Provider



Discount Provider

"There were several Vision Care Direct doctors close to my home, but my doctor wasn't on the plan. I called Vision Care Direct and told them the name of my doctor. Within weeks my doctor was part of the plan!"

Angela, St. Louis

Doctor	Organization	City	Phone	Distance
 Gwaltney, Jordan, O.D.	Drs Wolf & Hatfield Optometrists, P	Dodge City	620.227.3071	
 Hatfield, Robert, O.D.	Drs Wolf & Hatfield Optometrists, P	Dodge City	620.227.3071	
 Roenfeldt, Richard, O.D.	Dr. Richard L Roenfeldt, OD	Dodge City	620.225.0225	
 Roenfeldt, Richard, O.D.	Richard L Roenfeldt, OD	Dodge City	620.225.0225	
 Vierthaler-Kessen, Lois, O.D.	Dr Lois Vierthaler Kessen, OD	Dodge City	620.225.6500	
 White, Laurie, O.D.	Great Plains Vision, LLC	Dodge City	620.227.8622	
 Wolf, David, O.D.	Drs Wolf & Hatfield Optometrists, P	Dodge City	620.227.3071	

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