VCD PLUS PLAN
A Vision Plan for Salina Regional Health Center
Voluntary Rates, SEMI-MONTHLY
Effective Date: 01/01/18
Minimum Participation Required: 2 employees

THE #1 VISION PLAN FOR LOWEST OUT OF POCKET COSTS
Member’s top priority in a vision plan

VCD PLUS™ COMPLETE EYEWEAR
STARTS AT JUST $15
Average retail value of $255 - $495

STOP THE OUT OF POCKET STICKER SHOCK
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™, you’ll have access to a Complete Eyewear option that includes a fashion frame from our value line collection, 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!

ALLOWANCE FREQUENCY

<table>
<thead>
<tr>
<th></th>
<th>Exam</th>
<th>Lenses</th>
<th>Frames</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam Only</td>
<td>12 months</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Gold Materials Only 130 PK PLUS</td>
<td>N/A</td>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td>Gold Exam + Materials 130 PK PLUS</td>
<td>12 months</td>
<td>12 months</td>
<td>12 months</td>
</tr>
</tbody>
</table>

- Contact lens allowance of $130 every 12 months in lieu of glasses
- For a complete listing of allowances, exclusions and limitations, please reference the Allowance Summary.
- Vision Care Direct is a membership plan, not insurance.

COST AT TIME OF SERVICE:

- Eye Health & Vision Exam $15
- Complete Eyewear* $15

* See Allowance Summary for details

Voluntary Rates, SEMI-MONTHLY

<table>
<thead>
<tr>
<th></th>
<th>Employee Only</th>
<th>Employee + 1</th>
<th>Employee/Children</th>
<th>Employee/Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam Only</td>
<td>$2.05</td>
<td>$3.28</td>
<td>$3.78</td>
<td>$6.43</td>
</tr>
<tr>
<td>Gold Materials Only 130 PK PLUS</td>
<td>$.85</td>
<td>$3.00</td>
<td>$3.45</td>
<td>$6.00</td>
</tr>
<tr>
<td>Gold Exam + Materials 130 PK PLUS</td>
<td>$2.90</td>
<td>$6.28</td>
<td>$7.23</td>
<td>$12.43</td>
</tr>
</tbody>
</table>

KADEN JAMES
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3515 W. Central
Wichita, KS 67203

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Allowance Summary

**Description of Allowances dependent on selection at time of enrollment.**

### EXAM

<table>
<thead>
<tr>
<th>Description of Allowance</th>
<th>Plan Includes</th>
<th>Member Responsibility</th>
<th>Open Access Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive eye-health vision examination includes refraction, and dilation if indicated.</td>
<td>100% after exam fee</td>
<td>$15</td>
<td>Up to $50</td>
</tr>
</tbody>
</table>

**Flexible Exam Option**

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.

**MATERIALS**

<table>
<thead>
<tr>
<th>Description of Allowance</th>
<th>Plan Includes</th>
<th>Member Responsibility</th>
<th>Open Access Maximum</th>
</tr>
</thead>
</table>

**Spectacle Lens**

- 100% for glass or plastic (CR-39) for single vision, bifocal, trifocal (FT25-28) or lenticular
- Progressive lens allowance: Up to retail price of standard trifocal lens regardless of Rx
- Cosmetic upgrades and add-ons: Not included
- Polycarbonate for Kids: 100% for dependent children up to age 18
- Contact Lens: In lieu of frames and spectacle lens (including multi-focal contacts). Allowance applies to fitting fees.

**VCD PLUS™ Complete Eyewear Package Option**

(Please check online for VCD PLUS™ Plan provider availability in your area)

<table>
<thead>
<tr>
<th>Description of Allowance</th>
<th>Plan Includes</th>
<th>Member Responsibility</th>
<th>Open Access Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spectacle Lens (Standard Plastic Single Vision, Bifocal &amp; Digital Freeform PAL)</td>
<td>100% for High Definition lenses with hydrophobic, oleophobic premium anti-reflection coatings</td>
<td>$15</td>
<td>Up to maximum listed: Single: $50, Bifocal: $75, Trifocal: $100, Lenticular: $100, Progressive: $100</td>
</tr>
<tr>
<td>Cosmetic upgrades and add-ons</td>
<td>Not included</td>
<td>Usual and customary fee</td>
<td>No open access option</td>
</tr>
<tr>
<td>Frame Allowance</td>
<td>Any frame from VCD PLUS™ Value Collection</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**VCD PLUS™ Complete Eyewear Un-bundled Lens Option (Any Frame)**

(Please check online for VCD PLUS™ Plan provider availability in your area)

<table>
<thead>
<tr>
<th>Description of Allowance</th>
<th>Plan Includes</th>
<th>Member Responsibility</th>
<th>Open Access Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spectacle Lens (Standard Plastic Single Vision, Bifocal &amp; Digital Freeform PAL)</td>
<td>100% for High Definition lenses with hydrophobic, oleophobic premium anti-reflection coatings</td>
<td>$55</td>
<td>Up to maximum listed: Single: $50, Bifocal: $75, Trifocal: $100, Lenticular: $100, Progressive: $100</td>
</tr>
<tr>
<td>Cosmetic upgrades and add-ons</td>
<td>Not included</td>
<td>Usual and customary fee</td>
<td>No open access option</td>
</tr>
<tr>
<td>Frame Allowance</td>
<td>Any frame from provider’s inventory</td>
<td>Overage above $130 allowance</td>
<td>$60</td>
</tr>
</tbody>
</table>

**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
- 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

**CONTACT INFORMATION**

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

Vision Care Direct is a provider-based plan. You can locate a provider at [www.VisionCareDirect.com](http://www.VisionCareDirect.com).
ONE PLAN. ONE PRICE. THREE WAYS TO SAVE.

Vision Care Direct now offers additional ways to save you money and improve the value of your vision plan. By bundling a frame from our VCD Complete Eyewear Value Collection and pairing it with our High Definition lenses with hydrophobic, oleophobic premium anti-reflection coatings we can bring unmatched value and savings. This price advantage comes from providing a package which lowers the cost through purchasing power and lens production efficiency. **You’ll pay your normal Materials Fee and receive a complete pair of glasses including High Definition lenses, Premium Anti-Reflection and Scratch Coating. If you choose a frame outside of the VCD Complete Eyewear Value Collection there will be an additional fee.**

**UNDERSTANDING THE NETWORKS:**

**VCD PLUS™ NETWORK - BEST VALUE**

**VCD PLUS™ COMPLETE EYEWEAR**

A $15 member payment at time of service gets you:

- Any frame from the VCD Complete Eyewear Value Collection
- Single vision, bifocal or premium digital free-form progressive lenses
- Premium anti-reflection coating, including high-end scratch resistance and UV protection

**STANDARD VCD NETWORK**

**STANDARD VCD ALLOWANCE**

A $15 member payment at time of service gets you:

- Frame allowance of $130 toward any frame in the doctor’s office (difference between retail price and frame allowance is patient responsibility)
- Standard single vision, bifocal or trifocal lenses*

**OR**

**VCD PLUS™ NETWORK - MOST POPULAR**

**VCD PLUS™ ANY FRAME**

A $55 member payment at time of service gets you:

- Frame allowance of $130 toward any frame in the doctor’s office (difference between retail price and frame allowance is patient responsibility)
- Single vision, bifocal or premium digital free-form progressive lenses
- Premium anti-reflection coating, including high-end scratch resistance and UV protection

* Progressive lens coverage is equal to doctor’s retail cost of standard trifocal lens. Difference between retail cost of progressive and trifocal lens is patient responsibility.

** Lens enhancements not listed as covered options above (polycarbonate, high-index, photochromic, etc.) can be added at doctor’s usual and customary rate.

*** Contact lens benefit of $130 may be used in lieu of the frame/spectacle lens benefit options listed above.

**** Vision Care Direct is a membership plan, not insurance.

* Choose between VCD PLUS™ Complete Eyewear and VCD PLUS™ Any Frame when you visit the provider at the point of sale.