



## A Vision Plan for American Fidelity 200+ Group Size

Rates valid as of: 07/20/16 Voluntary Rates, MONTHLY Minimum Participation Required: 2 employees

Our vision plans focus on providing the highest quality eye exam while allowing employees the freedom to choose.

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Vision Plans & Allowance Frequency	Exam	Materials - Lenses	Materials - Frames			
Exam Only	Every 12 months	N/A	N/A			
Gold Materials Only 130 PK	N/A	Every 12 months	Every 12 months			
Gold Complete 130 PK	Every 12 months	Every 12 months	Every 12 months			

Vision Allowance Options from Participating In-Network Providers\* (After fees at time of service/up to plan limits)

Allowances are significantly higher by using the Vision Care Direct network providers.

Open Access Vision Allowances are available (see Allowance Summary on Page 2).

Provider Network	Vision Care Direct	
Exam	Member pays \$15 exam fee at time of service.	
Comprehensive Exam	Included	
Flexible Exam Option	In lieu of a Vision Care Direct Exam (see Allowance Summary on Page 2)	
Eyewear	Member pays \$15 materials fee at time of service plus excesses above allowances and add-ons.	
Frame	\$130 allowance	
Standard Single Vision Lens	Included	
Standard Bifocal Lens	Included	
Standard Trifocal Lens	Included	
Progressive Lens	Allowance equal to retail price of standard trifocal	
Polycarbonate for Kids	Included after \$25 PK fee for dependent children up to age 18	
Contact Lenses	In lieu of glasses. Professional fees may be extra. Materials fee does not apply for contact lenses.	
Elective	\$130 allowance	
Medically Necessary**	\$250 allowance	

Vision Plans & Rates	Employee Only	Employee +1	Employee/Children	Employee/Family
Exam Only	\$4.60	\$7.36	\$8.50	\$14.44
Gold Materials Only 130 PK	\$11.88	\$19.02	\$21.94	\$37.32
Gold Complete 130 PK	\$16.48	\$26.38	\$30.42	\$51.76

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

Open Access is available at a significantly reduced reimbursement amount.

For sales assistance contact Kaden James at (800) 399-9644 ext. 83 or sales.ks@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.





## **Allowance Summary**

Description of Allowances dependent on selection at time of enrollment.

<b>EXAM</b> (Not applicable on Materials Only plans)						
Description of Allowance	Plan Includes	Member Responsibility	Open Access Maximum			
Comprehensive eye-health vision examination includes refraction, and dilation if indicated.	100% after exam fee	\$15	Up to \$50			
Flexible Exam Option			Open Access Maximum			
In the event that a member has an eye exam in be used for other services or materials in lieu of provider at time of service in regards to the amo	No open access option					
MATERIALS (Not applicable on Exam Only plan)						
<b>Description of Allowance</b>	Plan Includes	Member Responsibility	Open Access Maximum			
Spectacle Lens	100% for glass or plastic (CR-39) for single vision, bifocal, trifocal (FT25-28) or lenticular	\$15	Up to maximum listed: Single: \$50 Bifocal: \$75 Trifocal: \$100			
Progressive lens allowance	Up to retail price of standard trifocal lens regardless of Rx	Overage	Lenticular: \$100 Progressive: \$100			
Cosmetic upgrades and add-ons	Not included	Usual and customary fee	No open access option			
Polycarbonate for Kids Polycarbonate lenses for dependent children up to age 18	100% for dependent children up to age 18	\$25	No open access option			
Contact Lens In lieu of frames and spectacle lens (including multi-focal contacts). Allowance does not apply to fitting fees.	Elective: selected allowance Medically necessary: \$250	Professional fitting fees and 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 \$60			

## **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**

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