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PROPOSAL

Effective Date: 08/01/18

FOR:

Buena Vista County

MONTHLY Voluntary Rates

Exam Fee at Time of Service: \$15

Materials Fee at Time of Service: \$15

Polycarbonate for Kids Fee at Time of Service: \$25

| PLAN | ALLOWANCE FREQUENCY | EMPLOYEE ONLY | EMPLOYEE +1 | EMPLOYEE w/CHILDREN | EMPLOYEE w/FAMILY |
|--|---------------------|---------------|-------------|---------------------|-------------------|
| Exam Only | 12 / NA / NA | \$3.80 | \$6.08 | \$7.00 | \$11.92 |
| Gold Materials Only 130 PK PLUS | NA / 12 / 12 | \$11.24 | \$17.98 | \$20.74 | \$35.28 |
| Silver Exam + Materials 130 PK PLUS | 12 / 12 / 24 | \$11.88 | \$19.02 | \$21.94 | \$37.32 |
| Gold Exam + Materials 130 PK PLUS | 12 / 12 / 12 | \$15.04 | \$24.06 | \$27.76 | \$47.20 |

* Allowance Frequency is shown as Exam/Lenses/Frames in month increments

Thank you for your business!

EDDIE STUEVE
Iowa Sales Director

Vision Care Direct is a membership plan, not insurance. Minimum participation requirement for the plans offered above is 2 employees. Contact lens allowance is available in lieu of glasses. For a complete listing of allowances, exclusions and limitations, please reference the enclosed Allowance Summary.

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ALLOWANCE SUMMARY

| EXAM | PLAN ALLOWANCE | MEMBER RESPONSIBILITY | OPEN ACCESS MAXIMUM |
|--|---------------------|-----------------------|---------------------|
| Comprehensive eye-health vision examination includes refraction and dilation | 100% after exam fee | \$15 | \$50 |
| FLEXIBLE EXAM OPTION: In the event that a member has an eye exam included with another plan, Vision Care Direct applies a credit 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. | | | \$0 |

| SPECTACLE LENSES | PLAN ALLOWANCE | MEMBER RESPONSIBILITY | OPEN ACCESS MAXIMUM |
|---|---------------------------------------|--------------------------------|---------------------|
| Standard Single Vision in CR-39 glass or plastic | 100% after materials fee | \$15 | \$50 |
| Lined Bi-focal (FT28) in CR-39 glass or plastic | 100% after materials fee | \$15 | \$75 |
| Lined Tri-focal (FT7x28) in CR-39 glass or plastic | 100% after materials fee | \$15 | \$100 |
| Progressive (no-line multi-focal) in CR-39 glass or plastic | Up to retail price of lined tri-focal | \$15 + Overage above allowance | \$100 |
| Upgrades and/or add-ons (anti-reflective coating, high-index, photochromic, etc.) | \$0 | Standard retail price | \$0 |
| POLYCARBONATE FOR KIDS (PK): Polycarbonate lenses for dependent children up to age 18 | 100% after PK fee | \$25 | \$0 |

| FRAMES | PLAN ALLOWANCE | MEMBER RESPONSIBILITY | OPEN ACCESS MAXIMUM |
|--|----------------|-------------------------------|---------------------|
| Frame allowance as indicated by desired plan toward standard retail price of any frame in the provider's office. | Up to \$130 | Overage above \$130 allowance | \$60 |

| VCD PLUS LENS OPTION (In lieu of spectacle lens option above) | PLAN ALLOWANCE | MEMBER RESPONSIBILITY | OPEN ACCESS MAXIMUM |
|--|--------------------------|-----------------------|---------------------|
| Standard Single Vision in CR-39 glass or plastic with premium anti-reflective coating | 100% after materials fee | \$15 | \$0 |
| Lined Bi-focal (FT28) in CR-39 glass or plastic with premium anti-reflective coating | 100% after materials fee | \$15 | \$0 |
| Lined Tri-focal (FT7x28) in CR-39 glass or plastic with premium anti-reflective coating | 100% after materials fee | \$15 | \$0 |
| Progressive (up to a digital free form full back surface) in CR-39 glass or plastic with premium anti-reflective coating | 100% after materials fee | \$15 | \$0 |
| Upgrades and/or add-ons (high-index, photochromic, tint, etc.) | \$0 | Standard retail price | \$0 |

| CONTACT LENS (In lieu of glasses) | PLAN ALLOWANCE | MEMBER RESPONSIBILITY | OPEN ACCESS MAXIMUM |
|--|----------------|-------------------------------|---------------------|
| ELECTIVE: Equal to frame allowance of desired plan, in lieu of frames and spectacle lenses. Can be used toward multi-focal contacts and contact lens fitting fees. | Up to \$130 | Overage above \$130 allowance | Up to \$80 |
| MEDICALLY NECESSARY: Requires 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. | Up to \$250 | Overage above \$250 allowance | Up to \$80 |

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 aniseikonia 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

YOUR PLAN. YOUR CHOICE.



COMPLETE EYEWEAR STARTING AT JUST \$15

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 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!

| | | STANDARD VCD | VCD PLUS |
|-------------------------|--------------------|--|--|
| FRAME | Up to \$130 | ✓ | ✓ |
| LENSES | Single Vision | ✓ | ✓ |
| | Bifocal | ✓ | ✓ |
| | Trifocal | ✓ | ✓ |
| | Progressive | | ✓ |
| EXTRAS | Non-Glare Coating | | ✓ |
| | Scratch Resistance | | ✓ |
| | Water Repellent | | ✓ |
| | Oil Repellent | | ✓ |
| PROVIDER NETWORK | | Any provider listed on www.VisionCareDirect.com  | Any provider listed on www.VisionCareDirect.com with this logo:  |


* Progressive lens allowance on the Standard VCD option 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 included options above (polycarbonate, high-index, photochromic, etc.) can be added at doctor's usual and customary rate.


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


EDDIE STUEVE

Iowa Sales Director

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