



# Individual Vision Plan

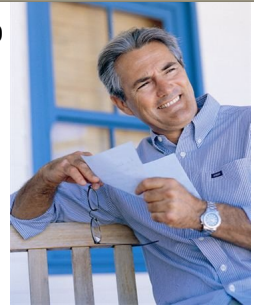
Arizona

Rates effective through 12/31/2009

**Vision Care Direct: A simple, flexible, affordable vision plan designed to meet YOUR needs!**

Visit our website at [www.vcdplans.com](http://www.vcdplans.com) to find a provider in your area.

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



## How to Enroll

**STEP 1:** Select from Complete (includes Exam), Materials Only or Exam Only

**STEP 2:** Complete the attached enrollment form, elect payment option, and mail or fax to the address at the top of the form.

**All benefits are covered once every 12 months**

|   |   |                                     |                             |
|---|---|-------------------------------------|-----------------------------|
| <b>COMPLETE PLAN</b><br><br>Savings at time of service can range from \$225-350+ per person | <b>\$15</b> member payment at time of services for a complete, comprehensive eye-health examination including refraction and dilation.<br><b>PLUS</b><br><b>\$15</b> member payment at time of services for materials. Member receives:<br><b>\$100</b> frame allowance OR <b>\$105</b> contact lens allowance. Member responsible for amount over allowance. Choice of glass or plastic (CR-39) spectacle lenses for single vision, lined bifocal, lined trifocal (FT25-28) or lenticular. Upgrades to specialty lenses such as high index and polycarbonate, and cosmetic options such as tinting and coatings are member responsibility.<br>Progressive (no-line) lens allowance equal to retail cost of standard trifocal lens (approx. \$120). Member pays |                                     |                             |
|   | <b>Number of family members enrolling</b>   | <b>Monthly</b>                      | <b>Annual</b>               |
|   | Single/Individual<br>Family of 2<br>Family of 3<br>Family of 4+   | \$ 14.36<br>25.89<br>39.59<br>51.66 | \$ 168<br>310<br>479<br>629 |

|   |   |                                    |                             |
|---|---|------------------------------------|-----------------------------|
| <b>MATERIALS ONLY PLAN</b><br><br>Savings at time of service can range from \$145-230+ per person | <b>\$15</b> member payment at time of services for materials. Member receives:<br><b>\$100</b> allowance OR <b>\$105</b> contact lens allowance. Member responsible for amount over allowance. Choice of glass or plastic (CR-39) spectacle lenses for single vision, lined bifocal, lined trifocal (FT25-28) or lenticular. Upgrades to specialty lenses such as high index and polycarbonate, and cosmetic options such as tinting and coatings are member responsibility.<br>Progressive (no line) lens allowance equal to retail cost of standard trifocal lens (approx. \$120). Member pays overage. |                                    |                             |
|   | <b>Number of family members enrolling</b>   | <b>Monthly</b>                     | <b>Annual</b>               |
|   | Single/Individual<br>Family of 2<br>Family of 3<br>Family of 4+   | \$ 9.99<br>17.80<br>27.08<br>35.25 | \$ 114<br>210<br>325<br>426 |

|   |   |                                   |                            |
|---|---|-----------------------------------|----------------------------|
| <b>EXAM ONLY PLAN</b><br><br>Savings at time of service can range from \$80-150+ per person | <b>\$15</b> member payment at time of services for a complete, comprehensive eye-health examination including |                                   |                            |
|   | <b>Number of family members enrolling</b>   | <b>Monthly</b>                    | <b>Annual</b>              |
|   | Single/Individual<br>Family of 2<br>Family of 3<br>Family of 4+   | \$ 5.18<br>8.89<br>13.31<br>17.21 | \$ 54<br>100<br>155<br>203 |

*Note: Savings and lens prices are for illustrative purposes only. Actual savings and costs will vary and your savings could be higher or lower*


**For questions or inquiries contact Vision Care Direct:  
 Jane Kassel, Arizona Sales Director  
 (602) 799-7267 or e-mail [jane.kassel@vcdplans.com](mailto:jane.kassel@vcdplans.com)**



## How to use your Vision Care Direct plan benefits

1. Complete and submit your enrollment form along with required information for payment option selected.
2. Member ID cards are not necessary to receive care with Vision Care Direct providers but we do provide them for your convenience.

You will receive a Member ID card from Vision Care Direct in 10-14 days after acceptance. It can also be downloaded from the internet usually within 72 hours of receipt of your application. Go to [www.vcdplans.com](http://www.vcdplans.com), click on "Members" from the blue bar, and then select "Reprint ID Card."

| Basic information about your plan  |  | Exam  |
|--|--|---|
| Frame  | An allowance of \$160.00 is available for a frame every 2 years.   | An exam is covered every year with a \$15.00 copay.                                 |
| Lenses   | New basic lenses are covered every year with a \$15.00 copay. No-line lenses are not covered by the plan (if you want no-line lenses, you are responsible for the difference in cost between no-line lenses and a standard bifocal). |  |
| SunTint  | SunTint is not covered by your plan.   | Primary Member Group<br>Jane Doe<br>Large Company                                   |
| Jane Doe<br>900 San Juan<br>San Juan PR 84123  |  | Member ID<br>20114457<br>Covered Dependents   |
| To check your eligibility status, plan information, or a directory of participating providers, visit <a href="http://www.vcdplans.com">www.vcdplans.com</a> or call 877-488-8900 |  |   |
| Contacts A contacts allowance of \$160.00 is available every year in lieu of your frame and lenses benefit. Contact lens fitting procedures are not covered with this allowance. |  |   |

3. When you are ready to schedule an eye examination, go to [www.vcdplans.com](http://www.vcdplans.com) and select one of our providers from the "Find a Doctor" section. When you call to set an appointment, identify yourself as a Vision Care Direct member and make sure they acknowledge acceptance of the plan. **Benefits are ONLY available from our network providers.**

**Note:** If a doctor's office indicates they do not accept Vision Care Direct, please call our National Sales Office at 877-823-2552. This may be a recent doctor termination from the plan and we have not yet been notified, or the staff member may be new and this is an opportunity for us to educate the doctor's staff.

4. Your doctor's office will verify your eligibility for benefits by checking our on-line Eligibility system. They will ask for your Member ID number, but they can also look you up in our system using any of the following criteria: your social security number, last name, first name, date of birth, city (from your mailing address), or state. **You are not responsible for providing a claim form to the doctor.**

If for some reason your doctor's office still cannot locate you in our system, they should contact our Administrative office at 877-488-8900, ext. 502.

5. The staff at your doctor's office will calculate out-of-pocket costs you are responsible for, after allowances, and you will pay that amount directly to the doctor. The doctor will file your claim on-line with Vision Care Direct – you will not have to file a claim with us!

### 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 services or materials where benefits are provided under your medical insurance
- Any injury or illness covered by Workers Compensation or similar law
- Services or materials previously paid by another vision plan
- 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



Offered by Arizona Eyecare Alliance

To Enroll:

Simply complete the enrollment form below and Return To: Vision Care Direct, 2178 S. 900 E. #6, Salt Lake City, UT 84106. Enroll only family members for whom membership is desired. You need not enroll all family members. If paying annually via credit/debit card, you may fax this application to (801) 466-4113.

Form fields for personal information: LAST NAME, FIRST NAME, MIDDLE, ADDRESS, CITY, STATE, ZIP, BIRTHDATE, SEX, SOCIAL SECURITY NO, MONTH TO BEGIN PLAN, WORK PHONE, HOME PHONE, EMAIL ADDRESS, MARITAL STATUS, SPOUSE, and DEPENDENTS.

Annual Payment Option Please mark your choice of plans, and method of payment

Annual payment options: Complete, Materials Only, Exam Only. Includes credit card type selection (Mastercard, Visa, Discover/Novus, American Express) and fields for credit card number, exp. date, billing zip code, cardholder's name, security code, signature, and phone number.

Monthly Bank Draft Option Please mark your choice of plans and authorize Surepay Electronic Funds Transfer Payment

Monthly bank draft options: Complete, Materials Only, Exam Only. Includes bank name, city, and account number fields. Contains a draft authorization agreement and a signature field for the member.

SIGNATURE AUTHORIZING ENROLLMENT IN VISION PLAN. Subscribers Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SALES AGENT INFORMATION - VISION CARE DIRECT REPRESENTATIVE. Sales Agent: BGA So l i n s k y F i n a n c i a l G r o u p IPA Sales Rep: Jane Kassel #16 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_