

A PLAN THAT FITS YOUR LIFE

Find the plan that is best for you and your family.



	Gold Exam + Materials PLUS	Gold Materials only PLUS	Silver Exam + Materials PLUS	Platinum Complete \$130	Exam Only *
Best for	Any person who wears contact lenses or glasses. Exceptional value for progressive lens wearers who work at computers or out in sunlight.	Perfect for people who wear contact lenses AND glasses. This offers a person a second materials benefit.	Best for people who don't change their frame every year.	Best for people who wear progressives but want to see any provider.	Important for people with LASIK who want their eyes check every year for health concerns.
Eye Exam	✓	✗	✓	✓	✓
Frame Allowance	\$130 / 12 mo	\$130 / 12 mo	\$130 / 12 mo	\$130 / 12 mo	✗
Lense					
Single Vision	\$10 / 12 mo	\$10 / 12 mo	\$10 / 12 mo	\$10 / 12 mo	✗
Bifocals	\$10 / 12 mo	\$10 / 12 mo	\$10 / 12 mo	\$10 / 12 mo	✗
Trifocals	\$10 / 12 mo	\$10 / 12 mo	\$10 / 12 mo	\$10 / 12 mo	✗
Progressives	\$10	\$10	\$10	\$180 Allowance	✗
Anti-Reflective Hard Coat	FREE	FREE	FREE	Patient Responsibility	✗
Contact Allowance	\$130 / 12 mo	\$130 / 12 mo	\$130 / 12 mo	\$130 / 12 mo	✗
Network	PLUS Providers	PLUS Providers	PLUS Providers	Any VCD Provider	Any VCD Provider
EE Only	\$15.12	\$12.56	\$12.52	\$12.54	\$7.56
EE + One	\$21.20	\$17.10	\$17.04	\$17.08	\$9.10
EE + Children	\$23.70	\$18.96	\$18.90	\$18.94	\$9.72
Family	\$36.78	\$28.74	\$28.62	\$28.70	\$13.04

All network providers provide care under the Platinum Plan. Select providers support PLUS plans.

SIMPLE. FLEXIBLE. AFFORDABLE.

Find a provider at www.visioncaredirect.com



MEMBER APPLICATION FORM

To enroll, simply complete the application below and return to Vision Care Direct via email at admin@visioncaredirect.com, or send by fax to (844) 810-8643. If you have any questions, feel free to call us toll-free at (877) 488-8900.

GROUP INFORMATION

GROUP ID 1711	GROUP NAME Integrity Outsource, LLC	GROUP LOCATION
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EMPLOYEE INFORMATION

FIRST NAME	M.I.	LAST NAME	REQUESTED EFFECTIVE DATE
HOME ADDRESS	CITY	STATE	ZIP
DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	
HOME PHONE	MOBILE PHONE	EMAIL	
NEW OR EXISTING MEMBER <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	DESIRED ACTION <input type="checkbox"/> PLAN CHANGE <input type="checkbox"/> ADD DEPENDENTS <input type="checkbox"/> REMOVE DEPENDENTS <input type="checkbox"/> WAIVING VISION BENEFITS <input type="checkbox"/> DROP EXISTING MEMBERSHIP		

DEPENDENTS TO BE ADDED

Include only family members for whom membership is desired.

SPOUSE FIRST NAME	M.I.	LAST NAME	BIRTHDATE (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
DEPENDENT FIRST NAME	M.I.	LAST NAME	BIRTHDATE (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
DEPENDENT FIRST NAME	M.I.	LAST NAME	BIRTHDATE (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
DEPENDENT FIRST NAME	M.I.	LAST NAME	BIRTHDATE (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
DEPENDENT FIRST NAME	M.I.	LAST NAME	BIRTHDATE (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F

PLAN CHOICE

AVAILABLE PLAN OPTIONS (Check one)
<input type="checkbox"/> Exam Only
<input type="checkbox"/> Gold Materials Only 130 PK PLUS
<input type="checkbox"/> Silver Exam + Materials 130 PK PLUS
<input type="checkbox"/> Gold Exam + Materials 130 PK PLUS
<input type="checkbox"/> Platinum Complete 130 - PK

ACKNOWLEDGMENT

I understand that Vision Care Direct is a membership plan and not vision insurance. I understand that I may make changes for a Qualifying Event (see company policy). I authorize my group to make payroll deductions of monthly contributions from my earnings. As long as I remain employed at my current group, I commit to making all financial contributions required by this program. Should I leave the group under which I enrolled in the program, I have the opportunity to convert to a VCD Individual Plan. Should I agree to have my plan converted to an individual plan, I will be subject to the terms and conditions under that plan. Note: Membership cards are automatically generated when the Member Application Form is processed and entered into the Vision Care Direct System. You do not need to wait until you receive your membership card to seek care. If you require care before your card arrives, your VCD doctor can log-on to www.VisionCareDirect.com to verify eligibility.

Signature

Date