



	Platinum Complete 130	Exam Only	Gold Materials Only 130	Silver Complete 130
Benefit Frequency				
Eye Exam	12 Months	12 Months	N/A	12 Months
Frames	12 Months	N/A	12 Months	24 Months
Lenses	12 Months	N/A	12 Months	12 Months
In Network Allowance				
Frames	\$130	Not Included	\$130	\$130
Single Vision Lenses	Included	Not Included	Included	Included
Bifocal Lenses	Included	Not Included	Included	Included
Trifocal Lenses	Included	Not Included	Included	Included
Progressive Lenses	Included*	Not Included	Included*	Included*
Anti-reflective Coating	Included*	Not Included	Included*	Included*
Polycarbonate for Kids	Included	Not Included	Included	Included
Elective Contact Lenses	\$130	Not Included	\$130	\$130
Member Fees				
Eye Exam	\$10	\$10	N/A	\$10
Glasses	\$10	N/A	\$10	\$10
Polycarbonate for Kids	\$0	N/A	\$0	\$0
Rates				
Primary Only	\$12.54	\$7.56	\$12.56	\$12.52
Primary + 1	\$17.08	\$9.10	\$17.10	\$17.04
Primary + Children	\$18.94	\$9.72	\$18.96	\$18.90
Whole Family	\$28.70	\$13.04	\$28.94	\$28.62

ADDITIONAL SAVINGS

Flexible Exam Benefit	In the event that a member has an eye exam included with another plan, Vision Care Direct allows you to use your exam benefit for other services or materials. A \$65 credit will be applied to your bill at time of service toward non-covered items.
Lasik Vision Correction	Get \$200 toward your Lasik procedure through your VCD materials benefit. Lasik is in lieu of glasses and contacts. To file for your Lasik reimbursement, go to members.visioncaredirect.com/lasik .

* Standard digital progressive lenses and anti-reflective coatings are included at no additional charge through any of our VCD PLUS providers. The progressive lens allowance through a Standard VCD provider is equal to the doctor's retail cost of standard trifocal lenses. There is no benefit for anti-reflective coatings through Standard VCD providers.

Thank you for your business!

REID NELSON
Account Executive



**Gold Complete
130**

Benefit Frequency	
Eye Exam	12 Months
Frames	12 Months
Lenses	12 Months
In Network Allowance	
Frames	\$130
Single Vision Lenses	Included
Bifocal Lenses	Included
Trifocal Lenses	Included
Progressive Lenses	Included*
Anti-reflective Coating	Included*
Polycarbonate for Kids	Included
Elective Contact Lenses	\$130
Member Fees	
Eye Exam	\$10
Glasses	\$10
Polycarbonate for Kids	\$0
Rates	
Primary Only	\$15.12
Primary + 1	\$21.20
Primary + Children	\$23.70
Whole Family	\$36.78

ADDITIONAL SAVINGS

Flexible Exam Benefit	In the event that a member has an eye exam included with another plan, Vision Care Direct allows you to use your exam benefit for other services or materials. A \$65 credit will be applied to your bill at time of service toward non-covered items.
Lasik Vision Correction	Get \$200 toward your Lasik procedure through your VCD materials benefit. Lasik is in lieu of glasses and contacts. To file for your Lasik reimbursement, go to members.visioncaredirect.com/lasik .

* Standard digital progressive lenses and anti-reflective coatings are included at no additional charge through any of our VCD PLUS providers. The progressive lens allowance through a Standard VCD provider is equal to the doctor's retail cost of standard trifocal lenses. There is no benefit for anti-reflective coatings through Standard VCD providers.

Thank you for your business!

REID NELSON
Account Executive

	VCD Standard Network	VCD PLUS Network	Out of Network
Benefit Frequency			
Eye Exam	12 Months	12 Months	12 Months
Frames	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Contacts	12 Months	12 Months	12 Months
Member Fees			
Eye Exam	\$10	\$10	\$0
Glasses	\$10	\$10	\$0
Polycarbonate for Kids	\$0	\$0	\$0
Contacts	\$0	\$0	\$0
Lasik	\$0	\$0	\$0
Eye Exam (amount included after exam fee listed above)			
Comprehensive eye health examination including refraction and dilation	100%	100%	\$40
Flexible Exam Benefit			
In the event you have an eye exam included with another plan, Vision Care Direct allows you to use your exam benefit for other services or materials. A credit will be applied to your bill at time of service toward non-covered items.	\$65	\$65	\$0
Frames			
Frame allowance toward retail price of any frame in provider's office.	\$130	\$130	\$35
Lenses (amount included after glasses fee listed above)			
Single Vision: CR-39 in glass or plastic	100%	100%	\$30
Bifocal: CR-39 in glass or plastic	100%	100%	\$45
Trifocal: CR-39 in glass or plastic	100%	100%	\$55
Standard Progressive Lenses	Up to retail price of lined trifocal	Up to retail price of lined trifocal	\$60
Premium Progressive Lenses	Up to retail price of lined trifocal	Up to retail price of standard progressive	\$60
Lens Options			
Scratch Resistant Coating	Not Included	100%	\$0
Ultraviolet Coating	Not Included	100%	\$0
Anti-Reflective Coating	Not Included	100%	\$0
Oil & Water Resistant Coating	Not Included	100%	\$0
Polycarbonate for Kids (after PK fee listed above)	100%	100%	\$0
Polycarbonate for Adults	Not Included	Not Included	\$0
Contacts			
Elective Contact Lenses: In lieu of glasses. Can be used toward multi-focal contacts and contact lens fitting fees.	\$130	\$130	\$80
Medically Necessary Contact Lenses: Requires prior authorization from your doctor to the Vision Care Direct Medical Director. Medically necessary is defined as 1) Keratoconus; or 2) monocular and/or binocular aphakia	\$750	\$750	\$80
Lasik			
In lieu of glasses and contacts. Allowance of \$200 toward Lasik procedure in the form of a reimbursement directly to the member. To file for Lasik reimbursement, go to members.visioncaredirect.com/lasik			

GENERAL LIMITATIONS AND EXCLUSIONS:

Vision Care Direct guarantees benefits only for the products/services listed above. Any charges incurred for items not detailed here, or that are incurred after the membership ends, are the sole responsibility of the member. Out of network benefits are provided in the form of a reimbursement directly to the member. To file for an out of network reimbursement, visit members.visioncaredirect.com/oon.

Get more for your money! To access enhanced benefits through the VCD PLUS Network, look for locations on the VCD Provider Directory at www.visioncaredirect.com with this logo:



	VCD Standard Network	VCD PLUS Network	Out of Network
Benefit Frequency			
Eye Exam	12 Months	12 Months	12 Months
Frames	N/A	N/A	N/A
Lenses	N/A	N/A	N/A
Contacts	N/A	N/A	N/A
Member Fees			
Eye Exam	\$10	\$10	\$0
Glasses	N/A	N/A	N/A
Polycarbonate for Kids	N/A	N/A	N/A
Contacts	N/A	N/A	N/A
Lasik	N/A	N/A	N/A
Eye Exam (amount included after exam fee listed above)			
Comprehensive eye health examination including refraction and dilation	100%	100%	\$40
Flexible Exam Benefit			
In the event you have an eye exam included with another plan, Vision Care Direct allows you to use your exam benefit for other services or materials. A credit will be applied to your bill at time of service toward non-covered items.	\$65	\$65	\$0
Frames			
Frame allowance toward retail price of any frame in provider's office.	Not Included	Not Included	N/A
Lenses (amount included after glasses fee listed above)			
Single Vision: CR-39 in glass or plastic	N/A	N/A	N/A
Bifocal: CR-39 in glass or plastic	N/A	N/A	N/A
Trifocal: CR-39 in glass or plastic	N/A	N/A	N/A
Standard Progressive Lenses	N/A	N/A	N/A
Premium Progressive Lenses	N/A	N/A	N/A
Lens Options			
Scratch Resistant Coating	N/A	N/A	N/A
Ultraviolet Coating	N/A	N/A	N/A
Anti-Reflective Coating	N/A	N/A	N/A
Oil & Water Resistant Coating	N/A	N/A	N/A
Polycarbonate for Kids (after PK fee listed above)	N/A	N/A	N/A
Polycarbonate for Adults	N/A	N/A	N/A
Contacts			
Elective Contact Lenses: In lieu of glasses. Can be used toward multi-focal contacts and contact lens fitting fees.	Not Included	Not Included	N/A
Medically Necessary Contact Lenses: Requires prior authorization from your doctor to the Vision Care Direct Medical Director. Medically necessary is defined as 1) Keratoconus; or 2) monocular and/or binocular aphakia	Not Included	Not Included	N/A
Lasik			
In lieu of glasses and contacts. Allowance of \$200 toward Lasik procedure in the form of a reimbursement directly to the member. To file for Lasik reimbursement, go to members.visioncaredirect.com/lasik			

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Gold Materials Only 130

Allowance Summary

Integrity Outsource, LLC

	VCD Standard Network	VCD PLUS Network	Out of Network
Benefit Frequency			
Eye Exam	N/A	N/A	N/A
Frames	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Contacts	12 Months	12 Months	12 Months
Member Fees			
Eye Exam	N/A	N/A	N/A
Glasses	\$10	\$10	\$0
Polycarbonate for Kids	\$0	\$0	\$0
Contacts	\$0	\$0	\$0
Lasik	\$0	\$0	\$0
Eye Exam (amount included after exam fee listed above)			
Comprehensive eye health examination including refraction and dilation	N/A	N/A	N/A
Flexible Exam Benefit			
In the event you have an eye exam included with another plan, Vision Care Direct allows you to use your exam benefit for other services or materials. A credit will be applied to your bill at time of service toward non-covered items.	N/A	N/A	N/A
Frames			
Frame allowance toward retail price of any frame in provider's office.	\$130	\$130	\$35
Lenses (amount included after glasses fee listed above)			
Single Vision: CR-39 in glass or plastic	100%	100%	\$30
Bifocal: CR-39 in glass or plastic	100%	100%	\$45
Trifocal: CR-39 in glass or plastic	100%	100%	\$55
Standard Progressive Lenses	Up to retail price of lined trifocal	Up to retail price of lined trifocal	\$60
Premium Progressive Lenses	Up to retail price of lined trifocal	Up to retail price of standard progressive	\$60
Lens Options			
Scratch Resistant Coating	Not Included	100%	\$0
Ultraviolet Coating	Not Included	100%	\$0
Anti-Reflective Coating	Not Included	100%	\$0
Oil & Water Resistant Coating	Not Included	100%	\$0
Polycarbonate for Kids (after PK fee listed above)	100%	100%	\$0
Polycarbonate for Adults	Not Included	Not Included	\$0
Contacts			
Elective Contact Lenses: In lieu of glasses. Can be used toward multi-focal contacts and contact lens fitting fees.	\$130	\$130	\$80
Medically Necessary Contact Lenses: Requires prior authorization from your doctor to the Vision Care Direct Medical Director. Medically necessary is defined as 1) Keratoconus; or 2) monocular and/or binocular aphakia	\$750	\$750	\$80
Lasik			
In lieu of glasses and contacts. Allowance of \$200 toward Lasik procedure in the form of a reimbursement directly to the member. To file for Lasik reimbursement, go to members.visioncaredirect.com/lasik			

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Silver Complete 130

Allowance Summary

Integrity Outsource, LLC

	VCD Standard Network	VCD PLUS Network	Out of Network
Benefit Frequency			
Eye Exam	12 Months	12 Months	12 Months
Frames	24 Months	24 Months	24 Months
Lenses	12 Months	12 Months	12 Months
Contacts	12 Months	12 Months	12 Months
Member Fees			
Eye Exam	\$10	\$10	\$0
Glasses	\$10	\$10	\$0
Polycarbonate for Kids	\$0	\$0	\$0
Contacts	\$0	\$0	\$0
Lasik	\$0	\$0	\$0
Eye Exam (amount included after exam fee listed above)			
Comprehensive eye health examination including refraction and dilation	100%	100%	\$40
Flexible Exam Benefit			
In the event you have an eye exam included with another plan, Vision Care Direct allows you to use your exam benefit for other services or materials. A credit will be applied to your bill at time of service toward non-covered items.	\$65	\$65	\$0
Frames			
Frame allowance toward retail price of any frame in provider's office.	\$130	\$130	\$35
Lenses (amount included after glasses fee listed above)			
Single Vision: CR-39 in glass or plastic	100%	100%	\$30
Bifocal: CR-39 in glass or plastic	100%	100%	\$45
Trifocal: CR-39 in glass or plastic	100%	100%	\$55
Standard Progressive Lenses	Up to retail price of lined trifocal	Up to retail price of lined trifocal	\$60
Premium Progressive Lenses	Up to retail price of lined trifocal	Up to retail price of standard progressive	\$60
Lens Options			
Scratch Resistant Coating	Not Included	100%	\$0
Ultraviolet Coating	Not Included	100%	\$0
Anti-Reflective Coating	Not Included	100%	\$0
Oil & Water Resistant Coating	Not Included	100%	\$0
Polycarbonate for Kids (after PK fee listed above)	100%	100%	\$0
Polycarbonate for Adults	Not Included	Not Included	\$0
Contacts			
Elective Contact Lenses: In lieu of glasses. Can be used toward multi-focal contacts and contact lens fitting fees.	\$130	\$130	\$80
Medically Necessary Contact Lenses: Requires prior authorization from your doctor to the Vision Care Direct Medical Director. Medically necessary is defined as 1) Keratoconus; or 2) monocular and/or binocular aphakia	\$750	\$750	\$80
Lasik			
In lieu of glasses and contacts. Allowance of \$200 toward Lasik procedure in the form of a reimbursement directly to the member. To file for Lasik reimbursement, go to members.visioncaredirect.com/lasik			

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	VCD Standard Network	VCD PLUS Network	Out of Network
Benefit Frequency			
Eye Exam	12 Months	12 Months	12 Months
Frames	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Contacts	12 Months	12 Months	12 Months
Member Fees			
Eye Exam	\$10	\$10	\$0
Glasses	\$10	\$10	\$0
Polycarbonate for Kids	\$0	\$0	\$0
Contacts	\$0	\$0	\$0
Lasik	\$0	\$0	\$0
Eye Exam (amount included after exam fee listed above)			
Comprehensive eye health examination including refraction and dilation	100%	100%	\$40
Flexible Exam Benefit			
In the event you have an eye exam included with another plan, Vision Care Direct allows you to use your exam benefit for other services or materials. A credit will be applied to your bill at time of service toward non-covered items.	\$65	\$65	\$0
Frames			
Frame allowance toward retail price of any frame in provider's office.	\$130	\$130	\$35
Lenses (amount included after glasses fee listed above)			
Single Vision: CR-39 in glass or plastic	100%	100%	\$30
Bifocal: CR-39 in glass or plastic	100%	100%	\$45
Trifocal: CR-39 in glass or plastic	100%	100%	\$55
Standard Progressive Lenses	Up to retail price of lined trifocal	Up to retail price of lined trifocal	\$60
Premium Progressive Lenses	Up to retail price of lined trifocal	Up to retail price of standard progressive	\$60
Lens Options			
Scratch Resistant Coating	Not Included	100%	\$0
Ultraviolet Coating	Not Included	100%	\$0
Anti-Reflective Coating	Not Included	100%	\$0
Oil & Water Resistant Coating	Not Included	100%	\$0
Polycarbonate for Kids (after PK fee listed above)	100%	100%	\$0
Polycarbonate for Adults	Not Included	Not Included	\$0
Contacts			
Elective Contact Lenses: In lieu of glasses. Can be used toward multi-focal contacts and contact lens fitting fees.	\$130	\$130	\$80
Medically Necessary Contact Lenses: Requires prior authorization from your doctor to the Vision Care Direct Medical Director. Medically necessary is defined as 1) Keratoconus; or 2) monocular and/or binocular aphakia	\$750	\$750	\$80
Lasik			
In lieu of glasses and contacts. Allowance of \$200 toward Lasik procedure in the form of a reimbursement directly to the member. To file for Lasik reimbursement, go to members.visioncaredirect.com/lasik			

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SIMPLE. FLEXIBLE. AFFORDABLE.



	BENEFITS	INCLUDED
FRAMES	Up to \$130	✓
CONTACTS	Up to \$130	✓
LENSES	Single Vision	✓
	Bifocal	✓
	Trifocal	✓
VCD PLUS EXTRAS*	HD Progressive	✓
	Anti-Reflective Coating	✓
	Scratch Resistance	✓
	UV Protection	✓
	Oil & Water Resistance	✓

COMPLETE PAIR OF GLASSES STARTING AT JUST \$10

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 providers in your area, 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!

OWNED BY ARIZONANS, FOR ARIZONANS

Vision Care Direct is proudly owned by private practice optometrists right here in the great state of Arizona. Revenue and tax dollars stay in Arizona to support your local communities and schools.

*Benefits available exclusively at VCD PLUS participating providers.
Contact lens benefit is in lieu of glasses.



MEMBER APPLICATION FORM

To enroll, simply complete the application below and return to your employer's Human Resources department. 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 EFFECTIVE DATE 7/1/2023		
PHYSICAL ADDRESS 4222 E Thomas Rd Suite 120		CITY Phoenix	STATE AZ	ZIP 85018

EMPLOYEE INFORMATION

EMPLOYEE FIRST NAME	MI	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	WORK PHONE	EMAIL		

DEPENDENTS TO BE ADDED Include only family members for whom membership is desired.

SPOUSE FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
DEPENDENT FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
DEPENDENT FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
DEPENDENT FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
DEPENDENT FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female

PLAN CHOICE

AVAILABLE PLAN OPTIONS (Check one)	Primary Only	Primary + 1	Primary + Children	Whole Family
<input type="checkbox"/> Platinum Complete 130	\$12.54	17.08	\$18.94	\$28.70
<input type="checkbox"/> Exam Only	\$7.56	\$9.10	\$9.72	\$13.04
<input type="checkbox"/> Gold Materials Only 130	\$12.56	\$17.10	\$18.96	\$28.74
<input type="checkbox"/> Silver Complete 130	\$12.52	\$17.04	\$18.90	\$28.62
<input type="checkbox"/> Gold Complete 130	\$15.12	\$21.20	\$23.70	\$36.78

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 _____