

Choose from two plan designs.

PLAN A

- Eye Exam** focuses on your eye health and overall wellness
- \$15 copay.....every 12 months
- Contact Lens Exam & Fitting**
- Standard and premium contact lens exam and fitting
- Up to \$60.....every 12 months
- Frames**
- Up to \$150 frame allowance.....every 12 months
- Contacts (in lieu of frames)**
- Up to \$150 allowance.....every 12 months
- Single/Bifocal/Trifocal Lenses**
- \$25 co-pay.....every 12 months

PLAN B

- Eye Exam** focuses on your eye health and overall wellness
- \$15 copay.....every 12 months
- Contact Lens Exam & Fitting**
- Standard and premium contact lens exam and fitting
- Up to \$60.....every 24 months
- Frames**
- Up to \$150 frame allowance.....every 24 months
- Contacts (in lieu of frames)**
- Up to \$150 allowance.....every 24 months
- Single/Bifocal/Trifocal Lenses**
- \$25 co-pay.....every 24 months

Frames, Glasses and Sunglasses.

- Receive 20% savings on frames over the frame allowance.
- Select a featured frame brand and receive an extra \$20 on the frame allowance.
- Savings of 20% on additional glasses and sunglasses.

Lens Enhancements.

- Lens enhancements co-pay applies to single and multi-focal vision lens enhancements with the exception of glass tints (\$44) and polycarbonate (\$35) which have higher multi-focal co-pays.

Additional benefits at no additional cost.*

Laser VisionCare ProgramSM

- Contracted laser centers provide discounts averaging 15% off laser surgery, including photorefractive keratectomy (PRK), laser-assisted in-situ keratomileusis (LASIK) and Custom LASIK.
- If the laser center is offering a price reduction, you'll receive an additional 5% off the promotional price.

Low Vision

- Low vision is vision loss sufficient enough to prevent reading and performing daily activities.
- With pre-approval from VSP, low vision supplemental testing and low vision aids up to \$1000 are covered every 2 years.

Out-of-network benefits.

Direct Vision also offers out-of-network benefits. Members will realize the biggest benefit savings when they utilize an in-network provider, but our plans reflect the understanding that it is not always possible. When an out-of-network provider is utilized, the member pays the provider the appropriate fees and then requests reimbursement from the plan. The plan will reimburse up to the amounts indicated in the schedule to the right.

ADDITIONAL STANDARD LENS ENHANCEMENTS	SINGLE VISION	MULTIFOCAL VISION
UV Protection Coating	\$16	\$16
Glass Tints Solid and Dyes (Except Pink I & II)	\$34	\$44
Solid Plastic Dye (Except Pink I & II)	\$15	\$15
Plastic Gradient Dye	\$17	\$17
Factory Applied Standard Scratch-Resistance Coating	\$17	\$17
Polycarbonate Lens	\$31	\$35
Anti-Reflective Coating	\$41	\$41
Photochromic Lens - Plastic	\$70	\$82
Standard Progressive	N/A	\$55
Other Add-Ons and Services	Available at Discount	Available at Discount

MAXIMUM ALLOWANCE OUT-OF-NETWORK	ALL STATES (Except MD)	MD ONLY
Exams	\$50	\$59
Frames	\$70	\$62
Single Vision Lens	\$50	\$23
Bifocal Lens	\$69	\$36
Progressive Lens	\$69	\$36
Trifocal Lens	\$85	\$48
Lenticular Lens	\$119	\$56
Elective Contact Lenses	\$105	\$120
Medically Necessary Contact Lenses	\$210	\$200

* These additional discounts and value-added features are not a part of the insurance plan and there is no affiliation or ownership between Security Life and these programs.

GENERAL INFORMATION

ELIGIBILITY

Individuals 18+ and their eligible dependents up to age 26.

WHEN WILL MY COVERAGE BEGIN

When you enroll online at directvisioninsurance.com your coverage may start as early as the next day. You will receive an email confirmation immediately after enrollment to verify this information. Your policy will arrive within 10 business days of enrollment. **Note: ID cards are not required – simply tell your VSP provider you have the VSP Choice Network plan or visit vsp.com to download an ID card.**

IMPORTANT NOTICE: Your application will take 2-3 business days before it becomes accessible to the VSP provider. If you have an appointment within several days of your effective date and your VSP provider indicates you are not yet in their system, please call Security Life customer service for assistance. Representatives are available Monday-Friday at 800.300.9566.

30-DAY CUSTOMER SATISFACTION GUARANTEE

Direct Vision Insurance comes with a 30-day Customer Satisfaction Guarantee. You have 30 days after your plan becomes effective to cancel your plan if you are not satisfied for any reason. Any premium paid, minus the enrollment fee*, will be fully refunded provided no covered services have been rendered. If services have been provided, you may still cancel your policy, however, the premium paid will not be eligible for reimbursement.

LIMITATIONS AND EXCLUSIONS

The cost of replacement frames will not be covered, unless the existing frame is not compatible with the replacement lenses.

We will not pay or provide alternate benefits for any of the following:

1. Items, treatments or services: (a.) not listed as an eligible expense; (b.) not prescribed by or performed by or under the direct supervision of a vision provider; (c.) not visually necessary to restore or maintain a patient's visual acuity and health; (d.) not meeting the accepted standards of vision practice; (e.) experimental in nature; or (f.) covered under any other insurance policy providing vision care.
2. Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing; Aniseikonic lenses.
3. Plano lenses and/or contact lenses (less than a $\pm .50$ diopter power).
4. Non-prescription sunglasses.
5. Two pair of glasses in lieu of bifocals or trifocals.
6. Medical and/or surgical treatment of the eye, eyes, or supporting structures.
7. Any eye or vision examination, or any corrective eyewear, required as a condition of employment; Safety eyewear.
8. Replacement of lenses, frames or contacts furnished under this policy that are lost or broken, except at the normal intervals when services are otherwise available.
9. Corneal refractive therapy or orthokeratology.
10. Artistically painted contact lenses.
11. Additional office visits for contact lens pathology.
12. Contact lens modification, polishing or cleaning.
13. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof.
14. Services rendered after the date an Insured ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the Insured are within 31 days from the date of such order.
15. Charges for service agreements or insurance policies.
16. Charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies.
17. Telephone consultations, charges for failure to keep a scheduled appointment, or charges for completion of a claim form.
18. Codes that are by report.
19. Ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of provider office space.

BENEFITS ARE LIMITED AS FOLLOWS:

(1) In the event you transfer from the care of one vision provider to that of another during the course of treatment, or if more than one vision provider performs services for one qualifying expense, we shall be liable for not more than the amount we would have been liable for had but one vision provider performed the service.

* Plan includes a one-time non-refundable enrollment fee of \$25. This charge will be made the time of purchase and may appear as a separate transaction from your vision insurance.

NOTICE: This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in Individual Vision Policy Form IP3000 (and any state specific). This policy is renewable at the option of the insured. This product may not be available in all states and is subject to individual state regulations.

For the Outline of Coverage and Replacement Notice, visit www.directvisioninsurance.com.



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