



DIRECT VISION INSURANCE

Network administered by
VSP® Vision Care

No Waiting Periods

National network of 31,000
private practice doctors

30 day Satisfaction
Guarantee

Underwritten by:



10901 Red Circle Drive
Minnetonka, MN 55343-9137

Marketed by:



325 Cedar Street, Suite 800 Saint Paul, MN 55101
651.649.3503 • www.directvisioninsurance.com

DIRECT VISION INSURANCE



Why enroll in a Direct Vision Insurance plan?

Because protecting your eyes starts with routine eye exams – and benefits for eye exams start on day one.

The Direct Vision Insurance plans include in-network and out-of-network benefits. The doctor network for the plan is provided by VSP which offers a national network of 31,000 private practice doctors.

In addition, the VSP Network also offers discounts on laser surgery including LASIK and coverage for low vision supplemental testing and low vision aids.*

DIRECT VISION BENEFIT PLAN RATES		
	PLAN A	PLAN B
Individual	\$15.97	\$12.22
Individual +1	\$29.38	\$22.48
Family	\$43.91	\$33.60

You'll like what you see with Direct Vision.

Protecting your eyes starts with having routine eye exams. With Direct Vision you'll be covered for one routine eye exam per year - starting on day one of your coverage!

Choice of Providers

When you see a VSP provider you maximize your benefits with low co-pays and overall lower out-of-pocket costs. To find a VSP provider, visit vsp.com (choose the Choice Network from the drop down box) or call **800.877.7195**.

* 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.

The Direct Vision Insurance plan is available in all states except: AK, CO, FL, MD, MA, NH, NM, NY, PA, VA and WA.

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INSURANCE COMPANY OF AMERICA

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**DIRECT
BENEFITS** INC.

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 (\$41) and polycarbonate (\$28) which have higher multi-focal co-pays.

Lens Enhancements

UV Coating	\$14
Single Lens Glass Tints	\$30
Multifocal Glass Tints	\$41
Standard Scratch Resistance	\$15
Polycarbonate Lenses	\$23
Anti-Reflective Coating	\$37
Standard Progressive	\$55 for multifocal
Other Add-Ons	Available at discount

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.

Maximum Allowance Out-of-Network

Exams	\$50
Frames	\$70
Single Vision	\$50
Bifocal Lenses	\$69
Progressive Lens	\$69
Trifocal Lenses	\$85
Lenticular	\$119
Elective Contact Lenses	\$105
Medically Necessary Contact Lenses	\$210

* 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 on line at www.directvisioninsurance.com your coverage may start as early as the next day.

Please note that your application may take 2-3 business days to be processed and be accessible through the network providers.

You will receive an email confirmation immediately after enrollment. You will receive your policy within 10 business days of enrollment. ID cards are not required – simply tell your vision provider you have the VSP Choice Network plan or visit vsp.com to download an ID card.

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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