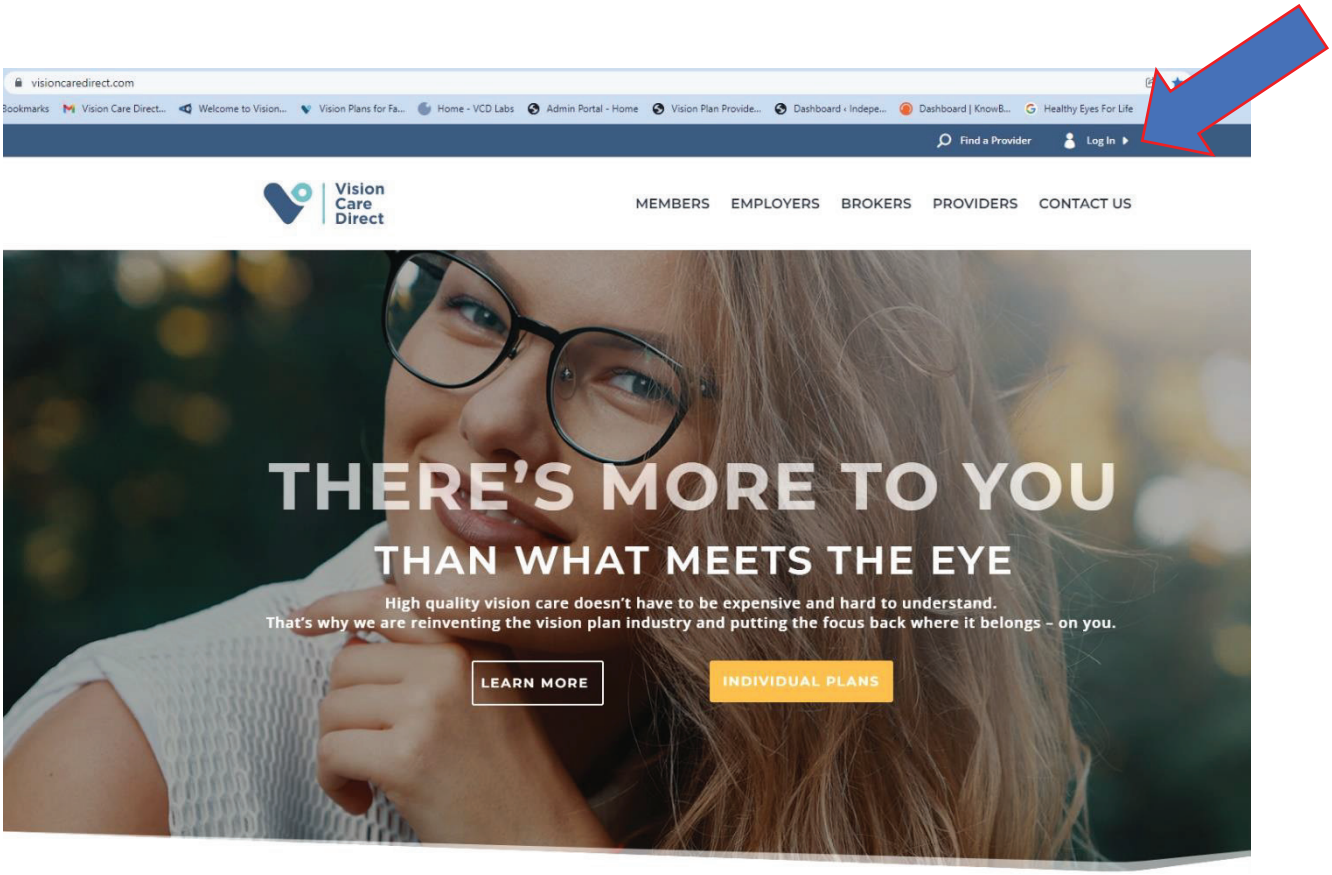
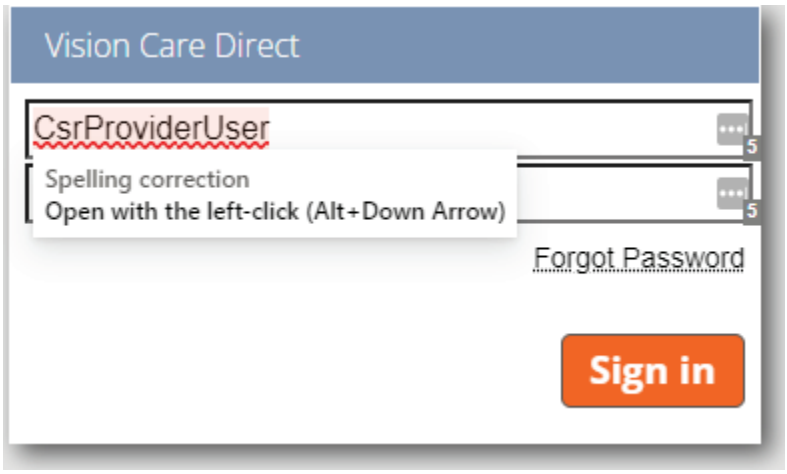
Checking Eligibility

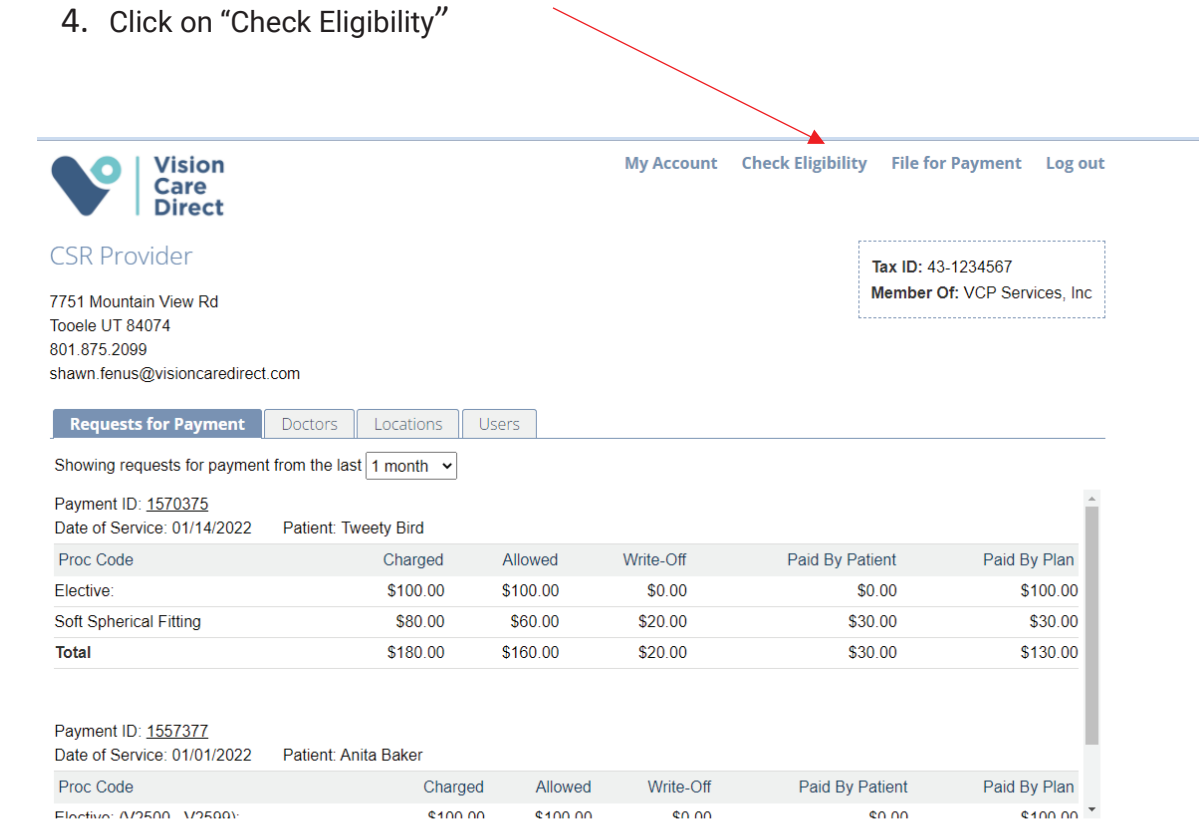
1. Go to https://visioncaredirect.com
2. Click on Doctor and Admin Login button upper right-hand corner of page



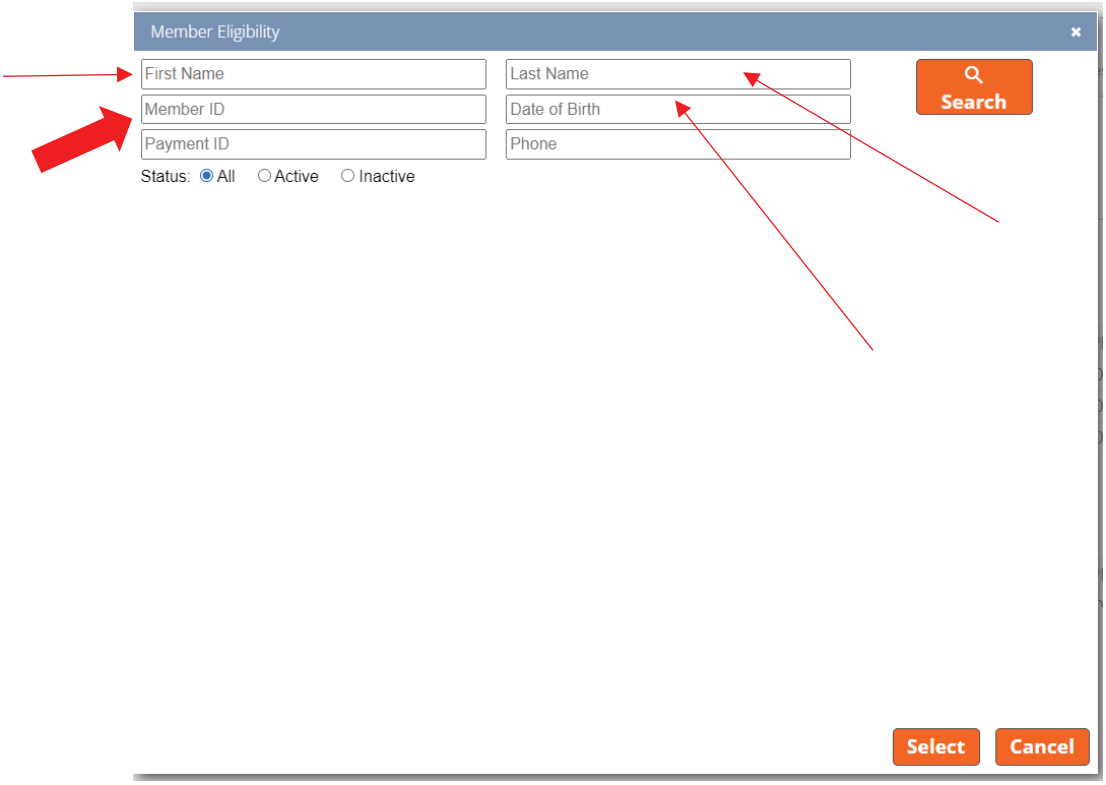
3. Enter username and password



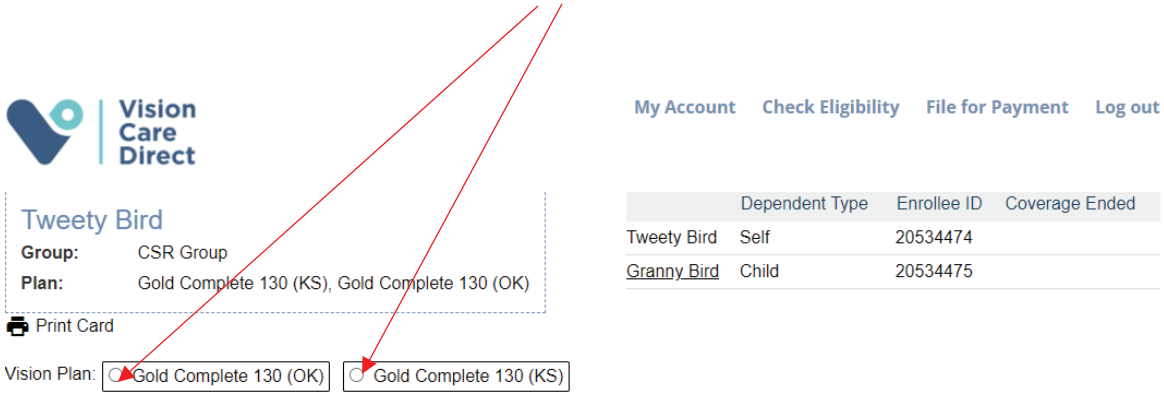
4. Click on “Check Eligibility”



5. Enter first name, last name and date of birth OR member ID #



6. If member has only one plan the eligibility will render immediately. If member has more than one plan you will need to choose the plan that you wish to review by clicking in the “bubble” next to the plan name.



7. Once you have chosen the plan to review the eligibility page will open. See next page for example.

Ted Strange, O.D.
Bugs Bunny
3/7/2024

VCDPLUS

Review Eligibility | File Payment

Print Card
Initial ECP Letter

Gold Complete

EXAMS	Eligible	PLAN ALLOWANCE	MEMBER RESPONSIBILITY
Eye Exam *Comprehensive or Intermediate Eye Health Assessment including refraction and dilation when necessary*		100% after member responsibility	$15.00
Flexible Exam Benefit *In the event the eye exam is included with another plan, this benefit provides a credit to be used for other services and materials*		$65.00	$0.00

FRAMES	Eligible	PLAN ALLOWANCE	MEMBER RESPONSIBILITY
Frame *As indicated by desired plan toward standard retail price of any frame in the provider's office.*		Up to $130.00	Amount over $130.00 allowance

SPECTACLE LENSES	Eligible	PLAN ALLOWANCE	MEMBER RESPONSIBILITY
Single Vision *Standard single vision lenses in CR-39 plastic Standard AR is included in PLUS provider locations.*		100% after member responsibility	$15.00
Bifocal *Standard bifocal (FT-28) lenses in CR-39 plastic Standard AR is included in PLUS provider locations.*		100% after member responsibility	$15.00
Trifocal *Standard trifocal (FT-7x28) lenses in CR-39 plastic Standard AR is included in PLUS provider locations.*		100% after member responsibility	$15.00
Progressive *Allowance toward digital progressive lenses up to the providers retail charge for trifocal lenses Standard AR is included in PLUS provider locations.*		Up to provider's retail price of lined trifocal	$15.00
ENHANCED BENEFIT AT VCDPLUS LOCATIONS		VCDPLUS	
Progressive *Standard Progressive (no-line multi-focal) lenses in CR-39 yearly*		100% after member responsibility	$15.00
Anti-Reflective Coating *Standard anti-reflective coating including scratch resistance and UV protection*		100% after member responsibility	$0.00

LENS FEATURES	Not eligible	PLAN ALLOWANCE	MEMBER RESPONSIBILITY
Polycarbonate for Kids (PK) *Polycarbonate lenses for dependent children up to age 18* Not eligible due to member's age		100% after member responsibility	$25.00

CONTACT LENSES	Eligible	PLAN ALLOWANCE	MEMBER RESPONSIBILITY
Contacts *In lieu of glasses, allowance can be used toward retail price of elective contact lenses and contact lens fitting fees.* ***Medically Necessary Contacts:****Allowance of $750 toward provider's retail price. The following diagnosis will be considered with appropriate documentation: (1) Aphakia (2) Nystagmus (3) Keratoconus (4) Corneal transplant (5) Corneal dystrophies (6) Anisometropia greater than or equal to 3.00 diopters difference in any meridian based on the spectacle prescription (7) High ametropia greater than or equal to ±10.00 diopters in either eye in any meridian based on the spectacle prescription (8) Irregular astigmatism – Astigmatism in which different parts of the same meridian have different degrees of curvature or the principal meridians are not perpendicular (9) Increase in best corrected visual acuity (BVA) by two lines or more when compared to BVA with spectacles.*		Up to $130.00	Amount over $130.00 allowance

Previous | Next