

# COMPARISON OF BENEFITS FOR VISION PLANS

|                                | Primary Vision Care Services   |   | Superior Vision   |   |
|--------------------------------|--|---|---|---|
| Covered Services               | Network  | Non-Network   | Network   | Non-Network   |
| <b>Eye Exams</b>               | \$0 copay<br>No limit to frequency   | Plan reimburses up to \$40<br>Limit one exam  | \$10 copay<br>Limit one exam per calendar year  | Plan pays up to:<br>\$34 MD<br>\$26 OD  |
| <b>Lenses Per Pair</b>         | You pay wholesale cost<br>No limit to number of pairs                              | You pay normal doctor's fees, reimbursed up to \$60 for one set of lenses and frames per year         | \$25 copay<br>Limit one pair per calendar year<br>Single focal, lined bifocal, lined trifocal covered in full   | Plan pays up to:<br>\$26 single<br>\$39 bifocal<br>\$49 trifocal<br>\$49 standard progressive<br>\$78 lenticular  |
| <b>Frames</b>                  | You pay wholesale cost<br>No limit to number of frames                             | You pay normal doctor's fees, reimbursed up to \$60 for one set of lenses and frames per year         | \$25 copay then plan pays up to \$150 retail<br>Limit one per calendar year   | Plan pays up to \$81  |
| <b>Contact Lenses</b>          | You pay wholesale cost for annual supply of contacts                               | Limit of one set annually in lieu of eyeglasses<br>You pay normal doctor's fees reimbursed up to \$60 | \$25 copay for lens fitting exam, one per calendar year<br>Plan pays up to \$120 retail allowance<br>After exam copay, medically necessary contacts covered in full<br>Standard contacts covered in full;<br>Specialty contacts \$50 retail allowance | Plan pays up to \$100 all contacts<br>Plan pays up to \$210 medically necessary contact lenses<br>Contact lens fitting exam not covered (Standard not covered; specialty not covered) |
| <b>Laser Vision Correction</b> | Through nJoy Vision in Oklahoma City and Tulsa<br>Discount up to \$1,000 off Lasik | No benefit  | Discount available  | Discount available  |

Plan changes are indicated by **bold text**.  
For more information or details, contact each vision plan directly.

# COMPARISON OF BENEFITS FOR VISION PLANS

|                         | Vision Care Direct   |  | VSP  |  |
|-------------------------|--|--|--|--|
| Covered Services        | Network  | Non-Network  | Network  | Non-Network  |
| Eye Exams               | \$15 copay for full comprehensive exam including dilation  | Reimbursed up to \$50  | Covered in full after \$10 copay   | Reimbursed up to \$45 <b>after \$10 copay</b>  |
| Lenses Per Pair         | \$15 copay<br>Single vision, bifocal, trifocal, <b>lenticular</b> lenses;<br><b>PLUS free upgrades for high definition polycarbonate, premium anti-reflection, scratch and UV coatings, and no-line progressive lenses at any Plus Plan provider</b> | Reimbursed up to:<br>\$50 single<br><b>\$75 bifocal</b><br>\$100 trifocal<br>\$100 progressive | Covered in full after \$25 materials copay<br><br>Polycarbonate lenses covered in full for dependent children<br><br>Standard progressives covered in full | Reimbursed up to:<br>\$30 single<br>\$50 bifocal<br>\$65 trifocal<br>\$50 progressive<br><br><b>After \$25 materials copay</b> |
| Frames                  | Covered in full up to \$130 for any frame  | Reimbursed up to \$60  | Covered in full up to \$170 <b>or \$220 for featured frame brands</b><br>20% discount on any overage   | Reimbursed up to \$70 <b>after \$25 materials copay</b>  |
| Contact Lenses          | No copay for fitting fee<br><br>\$130 allowance, in lieu of glasses<br><br>\$250 allowance for medically necessary contacts  | \$80 allowance, in lieu of glasses   | \$120 allowance, in lieu of glasses<br><br><b>Up to \$60 copay for contact lens exam (fitting and evaluation)</b>  | Reimbursed up to \$105   |
| Laser Vision Correction | Up to \$1,000 discount at nJoy facilities in Oklahoma City and Tulsa   | No benefit   | <b>Average discount of 15% off regular price or 5% off promotional price</b>   | No benefit   |

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For more information or details, contact each vision plan directly.

# VISION PLAN NOTES

**PVCS:** The only Oklahoma owned and operated vision care plan with unlimited network services. Member must select either network or non-network for entire year. Network services are unlimited. Non-network services (one eye exam, one set of eyeglasses or contacts) are limited to once annually. A \$50 service fee applies to soft contact lens fittings; a \$75 service fee applies to rigid or gas permeable contact lens fittings or refittings; and a \$150 service fee applies to hybrid contact lens fittings or refittings. Simple replacements are not assessed with these fees. Limitations/exclusions include the following: 1) Medical eye care, 2) Vision therapy, 3) Non-routine vision services and tests, 4) Luxury frames, 5) Premium prescription lenses, and 6) Nonprescription eyewear. For more information or detail, call 888-357-6912.

**Superior Vision:** Materials copay applies to lenses and/or frames. Discounts for lens add-ons will be given by contracted providers with a “DP” in their listing. Online, network contact lens materials available at [www.svcontacts.com](http://www.svcontacts.com). Exams, lenses and frames are provided once per calendar year. Progressive lenses (no-line bifocals) – you pay the difference between the retail price of the selected progressive lens and the retail price of the lined trifocal. The difference may also be subject to a discount with provider offices that accept our discount plans. Standard contact lens fitting applies to an existing contact lens user who wears disposable, daily wear or extended wear lenses only. The specialty contact lens fitting applies to new contact lens wearers and/or members who wear toric, gas permeable or multifocal lenses.

**Vision Care Direct:** We are an Oklahoma-owned and operated company, which means customer service is here in the state to help you anytime you need help. It also means that you support your local community when you buy a plan based in Oklahoma! When you compare the total cost of your premium and what you spend in the doctors office, you will see in most cases we offer a plan that will cost you less money overall. With the VCD plan, you can get your exam, frames and lenses (upgraded to polycarbonate, premium anti-reflective coatings and UV coatings) for \$30, even if you wear progressive no-line lenses. We are not an insurance company and our focus is on delivering the very best patient care with quality materials at a very affordable price. Other plans may offer discounts for extra services, but we include the extras the doctor wants you to have, like polycarbonate lenses that are thinner, lighter and safer. We also include premium anti-reflection and UV coatings on our lenses because it’s better for you and the doctor wants you to have it. Choose any frame up to \$130 and simply pay the difference if you go over. No more Frame Kit or Unbundling Fees, we have simplified the process to improve your experience. What would normally cost you over \$300 for progressive lenses will cost you much less with VCD. Visit [www.okstate.vision](http://www.okstate.vision) for more information and inclusions/limitations, as well as a provider search. For our provider list, be sure to look for the VCD Plus logo to receive all the free options mentioned above. For more information, call 855-918-2020 or email [oklahoma@visioncaredirect.com](mailto:oklahoma@visioncaredirect.com).

**VSP:** Exam, lenses and frame benefit provided annually. The \$25 materials copay applies to lenses or frames, but not to both. Copays/prices listed are for standard lens options. Premium lens options will vary. If choosing a frame valued at more than the allowance, member saves 20 percent on out-of-pocket costs when using a VSP doctor. Member receives an extra \$50 toward frame allowance when selecting a Marchon frame. Contact lenses are in lieu of spectacle lenses and frame. The \$120 network allowance applies to the contact lenses. With a VSP provider, the contact lens exam (fitting and evaluation) is covered in full after a copay up to \$60. The \$105 non-network allowance applies to the contacts and contact lens exam. Contact lens exam is performed in addition to your routine eye exam to check for eye health risks associated with improper wearing or fitting of contacts. Prescription glasses – member receives an extra 20 percent off additional complete pairs of glasses, sunglasses or lens options at any VSP provider within last 12 months from exam. The 30 percent discount is not applicable. Contact VSP or visit [vsp.com](http://vsp.com) to learn more. VSP members can now use and integrate their benefits online, via [eyeconic.com](http://eyeconic.com). Oklahoma enrollees can virtually try on each pair in the extensive catalog of glasses and sunglasses. Members can order glasses and contacts while using their VSP benefit. In addition to your VSP vision insurance, any additional savings will automatically be applied at the time of purchase. Frames can be sent directly to your door, or your provider’s office for a final fitting, adjustment, and confirmation you are completely satisfied.