



Attention State Employees

You have a New Vision Plan Choice!

Low Co-Pays

Sunglasses if you don't wear glasses

Comprehensive Eye Exams Covered In Full

Frames and Contacts Every Year

No Restrictions on Lenses, Labs or Frames

Focused on Patient Care

Oklahoma Owned Company

Ask your Optometrist which plan he/she prefers

	In-Network	Out-of-Network
Eye Exams	\$15	Covers up to \$40
Lenses Per Pair	Single Vision Bifocal, Trifocal Lenticular	Single: \$30 Bifocal: \$45 Lenticular: \$75
	Paid in full	
Frames/Contact	\$160 Allowance	Up to \$35 frames/ Up to \$80 Contacts

Please Contact Vision Care Direct for further information on their plan.

Contact Information (855) 918-2020 or (877) 488-8900
www.visioncaredirect.com

Our vision plans center around providing the highest-quality eye exam while allowing employees to select the vision plan that best meets their personal needs.

Our plans provide:*

- Annual comprehensive eye-health examination covered in full
- Single, bifocal, trifocal or lenticular lenses covered in full
- Choice of contact lenses allowance in lieu of glasses

Plan Benefits from Participating In-Network Doctors

(After fee at time of service/Up to plan limits)

Eye Exam

Paid in full

Lenses (per pair)

Single

Paid in full

Bifocal

Paid in full

Trifocal

Paid in full

Lenticular

Paid in full

Progressive

Allowance equal to retail price of standard trifocal lens

Fees at time of service based on plan(s) selected:

Exam: \$15

Materials: \$15

No materials fee for contact lenses

Contact Lenses

Note: contact lens benefit can be chosen in lieu of glasses. Professional fees may be extra.

Elective – lenses only

Allowance of \$160

Medically necessary**

Allowance of \$250

Frame

Allowance of \$160

Gold Complete 160 Plan, Monthly Rates*

Employee Only	\$16.24
Spouse	9.74
One Child	9.74
Two or more Children	13.74

* The family monthly rate is calculated by adding the applicable tiers above.

Example: A family with Employee, Spouse & Two Children would be a monthly rate of \$39.72 (Employee Rate of \$16.24 + Spouse rate of \$9.74 + Two or more Children rate of \$13.74 = Family rate of \$39.72)

Locate a VCD provider in your area at www.VisionCareDirect.com

Out-of-network is available at a significantly reduced reimbursement amount.

For sales assistance contact James Ashford at (855) 918-2020 or james.ashford@visioncaredirect.com.

Vision Care Direct is a Membership Plan not insurance. There is no consumer risk.

* For a complete listing of benefits, exclusions and limitations, please reference the benefit summary.

**Medically necessary contacts require prior authorization from your Doctor to the Vision Care Direct Medical Director. Medically necessary is defined as 1) Keratoconus; or 2) monocular aphakia and/or binocular aphakia where the doctor certifies contact lenses are medically necessary.

Benefit Summary

Description of Benefits dependent on selection at time of enrollment.

EXAM BENEFIT (Every year)			
Description of Benefits	Plan Covers	Member Responsibility	Out-of-network Maximum
Comprehensive eye-health vision examination includes refraction, and dilation if indicated.	100% after exam fee	\$15	Up to \$40 after in-network exam fee is deducted
MATERIALS BENEFIT (Every year)			
Description of Benefits	Plan Covers	Member Responsibility	Out-of-network Maximum
Spectacle Lens	100% for glass or plastic (CR-39) for single vision, bifocal, trifocal (FT25-28) or lenticular	\$15	Up to maximum listed after in-network materials fee is deducted:
Progressive lens allowance	Up to retail price of standard trifocal lens regardless of Rx	Overage	Single: \$30 Bifocal: \$45 Trifocal: \$55 Lenticular: \$75
Cosmetic upgrades and add-ons	Not covered	Usual and customary fee	
Contact Lens			
In lieu of frames and spectacle lens (including multi-focal contacts) Allowance applies to fitting fees.	Elective: selected allowance Medically necessary: \$250	Overage above allowance Materials fee does not apply	Up to \$80 for elective or medically necessary
Frame Allowance	Any frame from provider's inventory	Overage above allowance	Up to \$35
ADDITIONAL BENEFITS - ALL PLANS			
LASIK/REFRACTIVE BENEFIT Ask your VCD provider for participating providers in your area or call 877-488-8900	Up to 15% discount	Cost after discount	Not applicable

GENERAL LIMITATIONS AND EXCLUSIONS

This vision plan is designed for routine eye care and materials expense incurred while the membership is in force. Plan benefits cannot be combined with any other discounts, promotional offers or other advertised specials including, but not limited to, discounts, coupons, or two-for-one materials specials offered by the providers at their individual offices. Members must choose between using their Vision Care Direct benefits or the provider's special offers. **Unused benefits do not roll over into next benefit period.** We do not provide benefits for the following:

- Services and materials not included on Benefit Summary including cosmetic items and add-ons
- Orthoptics or vision training and any associated supplemental testing
- Subnormal vision aids, non-prescription or aniseikonic lenses
- Contact lenses for cosmetic enhancement such as changing eye color except as covered in the Benefit Summary
- Oversized 61 and above lens or lenses
- Experimental or non-conventional treatment or device
- Medical or surgical treatment of the eyes other than qualifying discount on refractive surgery
- Any injury or illness covered by Workers Compensation or similar law
- Two pairs of glasses in lieu of bifocals, trifocals, or progressives
- Care for services or materials received while traveling in a foreign country without a detailed receipt in English
- Charges incurred after membership ends

CONTACT INFORMATION

National Sales, Claims & Administration Office Ph: (877) 488-8900 Fx: (801) 466-4113 Email: admin@visioncaredirect.com

Vision Care Direct is a provider-based plan. You can locate a provider at www.VisionCareDirect.com.