



**SIMPLE.  
FLEXIBLE.  
AFFORDABLE.**

Get a complete pair of glasses for as low as **\$15**



#### Materials Benefits Prepared for: State of Oklahoma

FRAME/CONTACTS	Up to \$150	✓
LENSES	Single Vision	✓
	Bifocal	✓
	Trifocal	✓
Super charge your benefits at <b>VCD PLUS</b> providers*	<b>HD Progressive (No-Line)</b>	✓
	<b>Anti-Reflective Coating</b>	✓
	<b>Scratch Resistance</b>	✓
	<b>UV Protection</b>	✓
	<b>Oil &amp; Water Repellent</b>	✓

\*Benefits at no additional cost at VCD PLUS providers.



#### **OWNED BY OKLAHOMANS, FOR OKLAHOMANS.**

Vision Care Direct is proudly owned by private practice optometrists right here in the great state of Oklahoma. Revenue and tax dollars stay in Oklahoma to support your local schools and community.

(855) 918-2020 | [oklahoma@VisionCareDirect.com](mailto:oklahoma@VisionCareDirect.com) | [www.OKState.Vision](http://www.OKState.Vision)

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## ALLOWANCE SUMMARY

State of Oklahoma Employees  
Plan: OK State 150

	VCD Standard Network	VCD <sup>+</sup> PLUS Network	Out of Network
<b>Benefit Frequency</b>			
Eye Exam	12 Months	12 Months	12 Months
Frames	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Contacts	12 Months	12 Months	12 Months
<b>Member Fees</b>			
Eye Exam	\$15	\$15	N/A
Retinal Fundus Photo	\$39	\$39	N/A
Glasses	\$15	\$15	N/A
Polycarbonate for Kids	\$0	\$0	N/A
Standard Contact Lens Fitting	\$65	\$65	N/A
Contacts	\$0	\$0	N/A
Lasik	\$0	\$0	N/A
<b>Eye Exam</b> (amount included after exam fee listed above)			
Comprehensive eye health examination including refraction and dilation	100%	100%	\$50
Retinal fundus photography with interpretation and report	100%	100%	\$0
<b>Flexible Exam Benefit</b>			
In the event a member has an eye exam included with another plan, Vision Care Direct allows you to use your exam benefit for other services or materials. Amount listed here reflects a credit that would be applied to your bill at the time of service to be used toward non-covered items.	\$65	\$65	\$0
<b>Frames</b>			
Frame allowance toward retail price of any frame in provider's office.	\$150	\$150	\$80
<b>Lenses</b> (amount included after glasses fee listed above)			
Single Vision: CR-39 plastic	100%	100%	\$50
Bifocal: CR-39 plastic	100%	100%	\$75
Trifocal: CR-39 plastic	100%	100%	\$100
Standard Progressive Lenses: CR-39 plastic	Up to retail price of lined trifocal	100%	\$100
Premium Progressive Lenses: CR-39 plastic	Up to retail price of lined trifocal	Up to retail price of Standard Progressive	\$100
<b>Lens Options</b>			
Scratch Resistant Coating	Not Included	100%	N/A
Ultraviolet Coating	Not Included	100%	N/A
Anti-Reflective Coating	Not Included	100%	N/A
Oil & Water Resistant Coating	Not Included	100%	N/A
Polycarbonate for Kids (after PK fee listed above)	100%	100%	N/A
Polycarbonate for Adults	Not Included	Not Included	N/A
<b>Contacts</b>			
Standard Contact Lens Fitting: Evaluation and fitting for spherical soft contacts. Percentage listed is amount included after fitting fee above.	100%	100%	N/A
Elective Contact Lenses: In lieu of glasses. Can be used toward multi-focal contacts and contact lens fitting fees.	\$150	\$150	\$80
Medically Necessary Contact Lenses: Requires prior authorization from your doctor to the Vision Care Direct Medical Director. Medically necessary is defined as 1) keratoconus; or 2) monocular and/or binocular aphakia	\$750	\$750	\$80
<b>Lasik</b>			
In lieu of glasses and contacts. Allowance of \$200 toward Lasik procedure in the form of a reimbursement directly to the member. To file for Lasik reimbursement, go to <a href="https://members.visioncaredirect.com/lasik">members.visioncaredirect.com/lasik</a>			

### GENERAL LIMITATIONS AND EXCLUSIONS:

Vision Care Direct is a membership plan, not insurance. Benefits are guaranteed only for the products/services listed above. Contact lens benefit is in lieu of glasses. Any charges incurred for items not detailed here, or that are incurred after the membership ends, are the sole responsibility of the member. Out of network amounts above are benefits that are provided in the form of a reimbursement directly to the member. To file for an out of network reimbursement, visit [members.visioncaredirect.com/oon](https://members.visioncaredirect.com/oon).

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