

COMPARISON OF BENEFITS FOR VISION PLANS

	Primary Vision Care Services		Superior Vision	
Covered Services	Network	Non-Network	Network	Non-Network
Eye Exams	\$0 copay No limit to frequency	Plan reimburses up to \$40 Limit one exam	Covered in full after \$10 copay One per Calendar Year	\$10 copay Up to \$34 (MD) Up to \$26 (OD) One per Calendar Year
Lenses Per Pair	You pay wholesale cost 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 One pair per Calendar Year Standard Lenses: Single – covered in full Bifocal – covered in full Trifocal – covered in full Standard Progressives – Covered in full	\$25 copay One pair per Calendar Year Standard lenses: Single – up to \$26 Bifocal – up to \$39 Trifocal – up to \$49 Standard Progressives – up to \$39

This is only a sample of the services covered by each plan. For services not listed in this comparison chart, contact each plan. Refer to the Contact Information at the end of this guide.

	Vision Care Direct		VSP	
Covered Services	Network	Non-Network	Network	Non-Network
Eye Exams	\$15 copay Includes: Comprehensive exam, including dilation if necessary Retinal Fundus Image, no more than a \$39 fee	Reimbursed up to \$50	Covered in full after \$10 copay Limit one exam per calendar year	Reimbursed up to \$45 after \$10 copay Limit one exam per calendar year
Lenses Per Pair	\$15 copay Single vision, bifocal, trifocal, lenticular lenses At a PLUS PLAN Provider, you receive free upgrades for no-line progressive lenses with high quality anti-reflection, scratch and UV coatings Refer to Vision Notes at the end of this guide for more details	Reimbursed up to: \$50 Single \$75 Bifocal \$100 Trifocal \$100 Progressive	Standard lenses covered in full after \$25 material copay Polycarbonate lenses covered in full for dependent children Standard Progressives and UV protection covered in full Up to 30% savings on popular lens options	Reimbursed up to: \$30 Single \$50 Bifocal \$65 Trifocal \$100 Lenticular \$50 Progressive \$25 materials copay applies

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	Primary Vision Care Services		Superior Vision	
Covered Services	Network	Non-Network	Network	Non-Network
Frames	You pay wholesale cost 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 \$150 retail allowance One per Calendar Year	\$25 copay Up to \$81 One per Calendar Year
Contact Lenses	You pay wholesale cost for annual supply of contacts Members are eligible for prescription glasses and contact lenses in the same year	Limit of one set annually in lieu of eyeglasses You pay normal doctor's fees reimbursed up to \$60	\$25 CL Fit copay One allowance per Calendar Year \$150 Retail Allowance (Contact lenses are in lieu of eyeglass lenses and frames)	CL Fit Not Covered Up to \$100 One allowance per Calendar Year (Contact lenses are in lieu of eyeglass lenses and frames)
Laser Vision Correction	Through nJoy Vision in Oklahoma City and OMEG in Tulsa Discount up to \$1,000 off LASIK	No benefit	Discount available	N/A

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	Vision Care Direct		VSP	
Covered Services	Network	Non-Network	Network	Non-Network
Frames	Covered in full up to \$150 Choose from any frame at your provider's office No restrictions on brands	Reimbursed up to \$80	Covered in full up to \$170 or \$220 for featured frame brands and 20% discount on any overage \$95 frame allowance at Walmart/Sam's Club and Costco	Reimbursed up to \$70 \$25 materials copay applies
Contact Lenses	\$150 allowance, in lieu of glasses Contact lens allowance can be used to purchase contacts, pay for contact-fitting fee or the balance on either Refer to Vision Plan Notes at the end of this guide for more details	\$80 allowance, in lieu of glasses	\$120 allowance, in lieu of glasses Up to \$60 copay for contact lens exam (fitting and evaluation) Medically necessary contacts are covered in full after the \$25 material copay	Reimbursed up to \$105, in lieu of glasses Medically necessary contacts are covered up to \$210 after the \$25 copay
Laser Vision Correction	Up to \$1,000 discount at any of our LASIK providers In addition to the discount, \$200 LASIK Reimbursement in lieu of glasses or contacts Go to: ok.vision/lasik-discount-network	No benefit	Average discount of 15% off regular price or 5% off promotional price	No benefit

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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 copay applies to soft contact lens fittings; a \$75 copay applies to rigid or gas permeable contact lens fittings or refittings; and a \$150 copay 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 and details, call 888-357-6912 or visit our website at pvcs-usa.com/okstate.

Superior: Vision Plan information/detail is available at superiorvision.com/stateofoklahoma/benefits. Materials copay applies to lenses and/or frames. Discounts for lens add-ons will be given by contracted providers with DP in their listing. 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 of Oklahoma: Oklahoma-owned and -operated by optometrists. With VCD of OK, you get your exam, frames and lenses with free enhancements (progressive lenses with premium anti-reflective and UV coatings) for as little as \$30. Our Frames/Contact Lenses Allowance is \$150, and our Medically Necessary Contact Lenses Allowance is \$750. With our plan, you can use your Contact Lenses Allowance to pay for your Fitting Fee and/or to purchase contacts. This allows you to use your allowance to pay for your fitting and potentially a portion of your contacts, whichever makes the best financial sense for you. Other plans offer discounts for materials, such as UV, Scratch, UV Coatings and Progressive lenses, but VCD of OK takes a different approach and includes these extras at NO ADDITIONAL COST! When you compare the total cost of your premiums and what you spend in the doctor's office, in most cases, we offer a plan that will save you money. Choosing an OK company means your customer service is in state to help you. It also means that you support your local community and schools when you buy a plan based in Oklahoma! VCD of OK is not an insurance company, so our focus is on delivering the very best patient care with quality materials at a very affordable price because we want you to SEE THE DIFFERENCE. Visit okstate.vision for more information and to search for providers in your area. (To get the free upgrades mentioned above, look for the VCD Plus logo when searching for a provider.)

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, you save 20% on out-of-pocket costs when using a VSP doctor. You receive an extra \$50 toward frame allowance when selecting a Marchon or Altair frame brand. 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 – you receive an extra 20% off additional complete pairs of glasses, sunglasses or lens options at any VSP provider within last 12 months from your exam. Contact VSP or visit stateofok.vspforme.com to learn more. VSP members can now use and integrate their benefits online via eyeconic.com. You can virtually try on each pair in the extensive catalog of glasses and sunglasses. You can order glasses and contacts while using your 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 that you are completely satisfied.