

SIMPLE. FLEXIBLE.
AFFORDABLE.



VCD PLUS PLAN

	BENEFITS	INCLUDED
FRAME/CONTACTS	Up to \$130	✓
LENSES	Single Vision	✓
	Bifocal	✓
	Trifocal	✓
PLUS PLAN * EXTRAS	Anti- Reflective Coating	✓
	Scratch Resistance	✓
	UV Protection	✓
	Oil & Water Repellent	✓
	HD Progressive (No-Line)	✓

**OKLAHOMA
PROUD**



(855) 918-2020



oklahoma@visioncaredirect.com



(405) 500-3105



1209 S Frankfort Ave Tulsa,
OK 74120

*Benefits at no additional cost at Plus Plan provider

LASIK Discount Program:

Vision Care Direct has contracted to give you up to a **\$1000 discount on your LASIK procedure.** Simply call (855) 918-2020 for details.

ALLOWANCE SUMMARY

To access VCD PLUS lens options, look for providers with this logo:



EXAM	PLAN ALLOWANCE	MEMBER RESPONSIBILITY	OPEN ACCESS MAXIMUM
Comprehensive eye-health vision examination includes refraction and dilation	100% after exam fee	\$15	Up to \$50
FLEXIBLE EXAM OPTION: In the event that a member has an eye exam included with another plan, Vision Care Direct applies a credit to be used for other services or materials in lieu of a Vision Care Direct eye exam. An explanation will be provided to you by your provider at time of service in regards to the amount and how it was applied to your additional services or materials.			\$0

SPECTACLE LENSES	PLAN ALLOWANCE	MEMBER RESPONSIBILITY	OPEN ACCESS MAXIMUM
Standard Single Vision in CR-39	100% after exam fee	\$15	\$50
Lined Bi-focal (FT28) in CR-39	100% after exam fee	\$15	\$75
Lined Tri-focal (FT7x28) in CR-39	100% after exam fee	\$15	\$100
Progressive (no-line multi-focal) in CR-39	Up to retail price of lined tri-focal	\$15 + Overage above allowance	\$100
Upgrades and/or add-ons (anti-reflective coating high-index, photochromic, etc)	\$0	Standard retail price	\$0
POLYCARBONATE FOR KIDS (PK): Polycarbonate lenses for dependent children up to age 18	100% after exam fee	\$25	\$0

FRAMES	PLAN ALLOWANCE	MEMBER RESPONSIBILITY	OPEN ACCESS MAXIMUM
Frame allowance as indicated by desired plan toward standard retail price of any frame in the provider's office	Up to \$130	Overage above \$130 allowance	\$56

VCDPLUS LENS OPTION (In lieu of spectacle lens option above)	PLAN ALLOWANCE	MEMBER RESPONSIBILITY	OPEN ACCESS MAXIMUM
Single Vision in CR-39 with premium anti-reflective coating	100% after materials fee	\$15	\$0
Lined Bi-focal (FT28) in CR-39 with premium anti-reflective coating	100% after materials fee	\$15	\$0
Lined Tri-focal (FT7x28) in CR-39 with premium anti-reflective coating	100% after materials fee	\$15	\$0
Progressive (up to a digital free form full back surface) in CR-39 with premium anti-reflective coating	100% after materials fee	\$15	\$0
Upgrades and/or add-ons (polycarbonate, sun tint, high-index, photochromic, etc)	\$0	Standard retail price	\$0

CONTACT LENSES (In lieu of glasses)	PLAN ALLOWANCE	MEMBER RESPONSIBILITY	OPEN ACCESS MAXIMUM
ELECTIVE: Equal to frame allowance of desired plan, in lieu of frames and spectacle lenses. Can be used toward multi-focal contacts and contact lens fitting fees.	Up to \$130	Overage above \$130 allowance	Up to \$80
MEDICALLY NECESSARY: Requires 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	Up to \$250	Overage above \$250 allowance	Up to \$80

GENERAL LIMITATIONS AND EXCLUSIONS:

This vision plan is designed for routine eye care and materials expense incurred while the membership is in force. Plan allowances 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 allowances or the provider's special offers. Unused allowances do not roll over into next allowance period. We do not provide allowances for the following:

- Services and materials not included on Allowance 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 included in the Allowance Summary
- Oversized 61 and above lens or lenses
- Additional charge may apply for Rx above +/- 6 sphere and/or 6 cylinder
- Experimental or non-conventional treatment or device
- Medical or surgical treatment of the eyes
- 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