

# VISION BENEFITS



VSP Coverage Effective Date: 01/01/2024

VSP Provider Network: VSP Choice



Oklahoma Higher Education Employees and VSP provide you with a choice of affordable vision plans – choose the plan that's right for you.

Base Option			Enhanced Option		
Benefit	Description	Copay	Benefit	Description	Copay
	<b>Your Coverage with a VSP Provider</b>			<b>Your Coverage with a VSP Provider</b>	
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$10	<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$10
<b>Prescription Glasses</b>		\$25	<b>Prescription Glasses</b>		\$25
<b>Frames</b>	<ul style="list-style-type: none"> <li>\$150 allowance of a wide selection of frames</li> <li>\$170 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses	<b>Frames</b>	<ul style="list-style-type: none"> <li>\$150 allowance of a wide selection of frames</li> <li>\$170 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal and lines trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses	<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal and lines trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$95-\$105 \$150-\$175	<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$95-\$105 \$150-\$175
<b>Contact (Instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for contacts, copay does not apply</li> <li>15% Discount Contact lenses exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>		<b>Contact (Instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for contacts, copay does not apply</li> <li>15% Discount Contact lenses exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	
<b>Diabetic Eyecare Plus Program</b>	<ul style="list-style-type: none"> <li>Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</li> <li>As needed.</li> </ul>	\$20	<b>Diabetic Eyecare Plus Program</b>	<ul style="list-style-type: none"> <li>Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</li> <li>As needed.</li> </ul>	\$20
			<b>Additional Pairs of Eyewear</b>		
			<b>Second Pair</b>	<ul style="list-style-type: none"> <li>This enhancement allows you to get a Glasses and Sunglasses Second Pair second pair of glasses or contacts, subject to the same copays as your first pair benefit</li> </ul>	

<b>Extra Savings</b>	<b>Glasses and Sunglasses</b>
	<ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>
	<b>Retinal Screening</b>
	<ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.</li> </ul>
	<b>Laser Vision Correction</b>
	<ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.</li> </ul>
<b>Your Coverage with Out-of-Network Providers</b>	
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.	

Coverage with a participating retail chain may be different. Once your benefit is effective, visit [vsp.com](http://vsp.com) for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

- Brands/Promotion subject to change.
- Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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