



**SCHEDULE OF BENEFITS**  
Tulsa FOP 93 Health and Welfare Trust  
Plan: Silver Complete 130

	VCD Standard Network	VCD PLUS Network	Out of Network
<b>Single rates are \$6.95 and family is \$19.20.</b>			
<b>Benefit Frequency</b>			
Eye Exam	12 Months	12 Months	12 Months
Frames	24 Months	24 Months	24 Months
Lenses	12 Months	12 Months	12 Months
Contacts	12 Months	12 Months	12 Months
<b>Member Fees</b>			
Eye Exam	\$10	\$10	\$0
Glasses	\$25	\$25	\$0
Polycarbonate for Kids	\$25	\$25	\$0
Contacts	\$0	\$0	\$0
Lasik	\$0	\$0	\$0
<b>Eye Exam</b> (amount included after exam fee listed above)			
Comprehensive eye health examination including refraction and dialation	100%	100%	\$45
<b>Frames</b>			
Frame allowance toward retail price of any frame in provider's office.	\$130	\$130	\$70
<b>Lenses</b> (amount included after glasses fee listed above)			
Single Vision: CR-39 plastic	100%	100%	\$30
Bifocal: CR-39 plastic	100%	100%	\$50
Trifocal: CR-39 plastic	100%	100%	\$65
Standard Progressive Lenses: CR-39 plastic	Up to retail price of lined trifocal	100%	\$50
Premium Progressive Lenses: CR-39 plastic	Up to retail price of lined trifocal	Up to retail price of standard progressive	\$50
Lenticular	100%	100%	\$100
<b>Lens Options</b>			
Scratch Resistant Coating	Not Included	100%	\$0
Ultraviolet Coating	Not Included	100%	\$0
Anti-Reflective Coating	Not Included	100%	\$0
Oil & Water Resistant Coating	Not Included	100%	\$0
Polycarbonate for Kids (after PK fee listed above)	100%	100%	\$0
Polycarbonate for Adults	Not Included	Not Included	\$0
<b>Contacts</b>			
Elective Contact Lenses: In lieu of glasses. Can be used toward multi-focal contacts and contact lens fitting fees.	\$130	\$130	\$105
Medically Necessary Contact Lenses: Requires prior authorization from your doctor to the Vision Care Direct Medical Director. Medically necessary is defined as: (1) Aphakia (2) Nystagmus (3) Keratoconus (4) Corneal transplant (5) Corneal dystrophies (6) Anisometropia greater than or equal to 3.00 diopters difference in any meridian based on the spectacle prescription (7) High ametropia greater than or equal to ±10.00 diopters in either eye in any meridian based on the spectacle prescription (8) Irregular astigmatism – Astigmatism in which different parts of the same meridian have different degrees of curvature or the principal meridians are not perpendicular (9) Increase in best corrected visual acuity (BVA) by two lines or more when compared to BVA with spectacles.	100% after co-pay	100% after co-pay	\$210
<b>Laser Vision Correction</b>			
Get up to a \$1000 discount from our extensive network of Laser Vision Correction Facilities. Providers can be found at <a href="https://ok.vision/lasik-discount-network/">https://ok.vision/lasik-discount-network/</a>			

**GENERAL LIMITATIONS AND EXCLUSIONS:**

Vision Care Direct guarantees benefits only for the products/services listed above. 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 benefits are provided in the form of a reimbursement directly to the member. To file for an out of network reimbursement, visit [visioncaredirect.com/members/oon](http://visioncaredirect.com/members/oon).