

## Discount Plan Detail

Your benefits are displayed below. You can also [locate a provider](#) for this discount plan.

### Discount for DELTA DENTAL OF OKLAHOMA as of Sep 24, 2008

Vision Care Services	Member Cost
Exam	
Exam with Dilation as Necessary	\$5 off comprehensive exam \$10 off contact lens exam
Complete Pair Glasses Purchase:	
<ul style="list-style-type: none"> <li>The following Frame, Lenses, and Lens Options discounts and fees apply only if a complete pair is purchased in same transaction</li> <li>Items purchased separately will be discounted 20% off of the retail price</li> </ul>	
Standard Plastic Lenses including Standard Scratch	
Single Vision	\$75
Bifocal	\$95
Trifocal	\$125
Frames	
Any frame available at provider location	30% off retail price
Lens Options	
UV Treatment	\$15
Standard Tint	\$15
Standard Polycarbonate	\$40
Standard Anti-reflective Coating	\$45
Standard Progressive (add-on to bifocal)	\$70
Add-Ons and Services	20% off retail price
Contact Lenses (discount applies to materials only)	
Conventional	15% off retail price
Disposable	0% off retail price
Laser Vision Correction	
LASIK or PRK**	15% off retail price or 5% off promotional price
Frequency	
All Services	Unlimited
THIS IS NOT INSURANCE	
**Since LASIK or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization, please call 1-877-5LASER6.	
Member will receive a 20% discount on those items purchased at participating providers that are not specifically covered by this Discount design. The 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed Provider's professional services, or contact lenses. Retail prices may vary by location. Please note, all dependents are eligible for discounts with all discount plans.	
Limitations/ Exclusions	
<ul style="list-style-type: none"> <li>Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing</li> <li>Medical and/or surgical treatment of the eye, eyes, or supporting structures</li> <li>Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan</li> <li>Services provided as a result of any Worker's Compensation law</li> <li>Discount is not available on those frames where the manufacturer prohibits a discount</li> </ul>	

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