

# Vision - Compare Options



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This Vision Plan Comparison Chart includes the coverage levels for commonly used services. This comparison chart does not reflect all vision plan services, exclusions, limitations, or restrictions. It is not considered a contract or guarantee of coverage under the Plans. Refer to the [Summary Plan Document](#) located at [www.oraclebenefits.com](http://www.oraclebenefits.com) for more details on Plan provisions and limitations.

Select up to 2 plans to compare

☒ Vision Plan I

☒ Vision Plan II

	<div>Vision Plan I</div> <div>vsp</div>	<div>Vision Plan II</div> <div>vsp</div>
<u>Annual Co-Payment</u>	Network: Annual \$10 co-payment applicable to exam, frame, or lenses Non-Network: Annual \$10 co-payment applicable to exam, frame, or lenses	Network: Annual \$10 co-payment applicable to exam, frame, or lenses. Additional \$10 co-payment collected for 2nd Pair Benefit Non-Network: Annual \$10 co-payment applicable to exam, frame, or lenses. Additional \$10 co-payment collected for 2nd Pair Benefit
<u>Service Allowances</u>	Network: Not Covered Non-Network: All allowances are provided once every calendar year	Network: Not Covered Non-Network: All allowances (except the exam allowance which is provided once every calendar year) are provided twice every calendar year
<u>Retinal Screening</u>	Network: 100% after \$20 co-payment Non-Network: Not Covered	Network: 100% after \$20 co-payment Non-Network: Not Covered
<u>Diabetic Eye Care</u>	Network: 100% after \$20 co-payment Non-Network: Not Covered	Network: 100% after \$20 co-payment Non-Network: Not Covered
➤ Frames		
➤ Lenses		
➤ Lens Options		
➤ Contact Lenses (In Lieu of Glasses)		
➤ Additional Pair and Discount Programs		

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