



Summary of Vision Benefits 2022-23 Plan Year



Dental	Kaiser Vision Plan ¹ Kaiser Permanente Facilities	Moda Opal Plan May use any licensed provider	Moda Pearl Plan May use any licensed provider	Moda Quartz Plan May use any licensed provider	VSP Choice Plus Plan VSP Choice Network	VSP Choice Plan VSP Choice Network
Plan Year Maximum	\$250	\$600	\$400	\$250	N/A	N/A
Routine Eye Exam:						
Benefit:	Covered under the Kaiser Permanente medical plan (does not apply to the vision plan year maximum)	Plan pays 100% (up to plan maximum)	Plan pays 100% (up to plan maximum)	Plan pays 100% (up to plan maximum)	Plan pays 100% after \$10 copay	Plan pays 100% after \$10 copay
Frequency:	As needed	Once per Plan Year	Once per Plan Year	Once per Plan Year	Once every 12 months	Once every 12 months
Lenses:						
Basic lens benefit:	Under age 19: No charge for one pair of standard frames and lenses or contacts Age 19+: Plan pays 100% (up to plan maximum)	Plan pays 100% (up to plan maximum)	Plan pays 100% (up to plan maximum)	Plan pays 100% (up to plan maximum)	\$20 copay (applied towards lenses & frame): Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses covered in full. Polycarbonate lenses, scratch resistant and UV coatings covered in full	\$20 copay (applied towards lenses & frame): Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses covered in full. Scratch resistant and UV coatings covered in full
Lens enhancements:					\$0 copay for standard progressive lenses \$15 copay for anti-reflective coating or premium/custom progressive lenses	\$0 copay for standard progressive lenses Discounts for polycarbonate, anti-reflective coating or premium/custom progressive lenses
Frequency:	Once per Plan Year	Once per Plan Year	Once per Plan Year	Once per Plan Year	Once every 12 months	Once every 12 months
Frames / Contacts:						
Benefit:	Under age 19: No charge for one pair of standard frames and lenses or contacts Age 19+: Plan pays 100% (up to plan maximum)	Plan pays 100% (up to plan maximum)	Plan pays 100% (up to plan maximum)	Plan pays 100% (up to plan maximum)	Covered in full up to retail allowance of \$300 ; 20% off amount over retail allowance for frames	Covered in full up to retail allowance of \$150 ; 20% off amount over retail allowance for frames
Frequency:	Frames or Contacts: Once per Plan Year	Frames: <i>Age 0-16:</i> Once per Plan Year <i>Age 17+:</i> Once every two Plan Years or Contacts: Up to the plan maximum	Frames: <i>Age 0-16:</i> Once per Plan Year <i>Age 17+:</i> Once every two Plan Years or Contacts: Up to the plan maximum	Frames: <i>Age 0-16:</i> Once per Plan Year <i>Age 17+:</i> Once every two Plan Years or Contacts: Up to the plan maximum	Frames or Contacts: Once every 12 months	Frames or Contacts: Once every 12 months
Non-Prescription Benefit						
Benefit:	\$100 of your annual \$250 allowance may be used toward non-prescription sunglasses and/or digital eye strain glasses.	Not Covered	Not Covered	Not Covered	OEBB members can use their frame allowance to pay for ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses, in lieu of prescription glasses or contacts.	OEBB members can use their frame allowance to pay for ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses, in lieu of prescription glasses or contacts.

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1 Must be enrolled in a Kaiser Medical Plan to enroll in the Kaiser Vision Plan

This document is for comparison purposes only and is not intended to fully describe the benefits of each Plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.

You can get this document in other languages, large print, braille or a format you prefer. Contact OEBB Member Services at 888-4My-OEBB (888-469-6322) or email oebb.benefits@state.or.us. We accept all relay calls or you can dial 711.