

**OREGON EDUCATORS BENEFIT BOARD 2012-13 PLAN YEAR
SUMMARY OF VISION BENEFITS**

Plan Option	Vision Plan 1	Vision Plan 2	Vision Plan 3	Vision Plan 4	Vision Plan 5**
Vision	ODS	ODS	ODS	ODS	Kaiser
Plan Year Maximum	\$250*	\$350*	\$450*	\$600*	See allowances
Routine Eye Exam	100%	100%	100%	100%	\$5 office visit copay
Exam Frequency	Once per Plan Year	Once every 12 months			
Lenses	Either one pair of lenses or contacts				
Single Vision	100%	100%	100%	100%	100% up to \$58.50 per Plan Year
Bifocal	100%	100%	100%	100%	100% up to \$86.00 per Plan Year
Lenticular	100%	100%	100%	100%	100% up to \$86.00 per Plan Year
Trifocal	100%	100%	100%	100%	100% up to \$109.00 per Plan Year
Contact Lenses	100%	100%	100%	100%	100% up to \$192.50 per Plan Year
Lens Frequency	Once per Plan Year	Once every 12 months			
Frames	100%	100%	100%	100%	100% up to \$75.00 per Plan Year
Frame Frequency	Child: once per Plan Year	Child: once every 12 months			
	Adult: once every two Plan Years	Adult: once every 24 months			

* Exam and hardware charges all apply to the Plan Year maximum on ODS Plans 1 - 4.

** Must be simultaneously enrolled in a Kaiser medical plan to be enrolled in Kaiser Vision Plan 5.

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.