

**OREGON EDUCATORS BENEFIT BOARD 2014-15 PLAN YEAR
SUMMARY OF VISION BENEFITS**

Plan Option	Vision Plan 1	Vision Plan 2	Vision Plan 3	Vision Plan 4	Vision Plan 5**
Vision	Moda Health	Moda Health	Moda Health	Moda Health	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
Frame Frequency	Child: once per Plan Year	Child under age 19: No charge for one pair of standard frames and lenses 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 Moda Health 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.