









## Summary of Vision Benefits 2017-18 Plan Year

	 KAISER PERMANENTE®	 moda HEALTH	 moda HEALTH	 moda HEALTH	NEW for 2017-18  vsp	NEW for 2017-18  vsp
Vision	Kaiser Vision Plan** Kaiser Permanente Facilities	Opal Plan May use any licensed provider	Pearl Plan May use any licensed provider	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
<b>Routine Eye Exam:</b>						
Benefit:	Covered under the Kaiser Permanente medical plan	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	Every 12 months	Every 12 months
<b>Lenses:</b>						
Basic lens benefit:	<b>Under age 19:</b> No charge for one pair of standard frames and lenses or contacts <b>Age 19+:</b> 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. <b>Polycarbonate lenses, scratch resistant and UV coatings covered in full</b>	\$20 copay (applied towards lenses & frame): Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses covered in full. <b>Scratch resistant and UV coatings covered in full</b>
Lens enhancements					<b>\$15 copay for anti-reflective coating or progressive lenses</b>	Discounts for polycarbonate, anti-reflective coating or 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
<b>Frames / Contacts:</b>						
Benefit:	<b>Under age 19:</b> No charge for one pair of standard frames and lenses or contacts <b>Age 19+:</b> 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 <b>\$300</b> ; 20% off amount over retail allowance for frames	Covered in full up to retail allowance of <b>\$150</b> ; 20% off amount over retail allowance for frames
Frequency:	Once per Plan Year	<b>Frames:</b> Age 0-16: Once per Plan Year Age 17+: Once every two Plan Years <b>Contacts:</b> Once per Plan Year	<b>Frames:</b> Age 0-16: Once per Plan Year Age 17+: Once every two Plan Years <b>Contacts:</b> Once per Plan Year	<b>Frames:</b> Age 0-16: Once per Plan Year Age 17+: Once every two Plan Years <b>Contacts:</b> Once per Plan Year	Once every 12 months	Once every 12 months

\*Exam and hardware charges all apply to the plan year maximum on Moda Plans

\*\*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.**