OEBB Summary of Licensed Vision Benefits 2018-19 Plan Year

Vision	**Kaiser Vision Plan**** Kaiser Permanente Facilities	**Opal Plan** May use any licensed	**Pearl Plan** May use any licensed	**Quartz Plan** May use any licensed	**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	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
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**	**$0 copay for standard progressive lenses** Discounts for polycarbonate,
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 Additional $50 or higher allowance for feature frame brands (i.e. Nike, Calvin Klein, Columbia Sportswear, Cole Haan, etc.) Available in-network at VSP doctor and participating retail chain locations (not applicable at Costco or Walmart) Not eligible to combine the Enhanced Featured Frame Allowance with Extra $20 or Extra $40 promotions.	Covered in full up to retail allowance of **$150**; 20% off amount over retail allowance for frames Additional $50 or higher allowance for feature frame brands (i.e. Nike, Calvin Klein, Columbia Sportswear, Cole Haan, etc.) Available in-network at VSP doctor and participating retail chain locations (not applicable at Costco or Walmart) Not eligible to combine the Enhanced Featured Frame Allowance with Extra $20 or Extra $40 promotions.
Frequency:	Once per Plan Year	**Frames:** *Age 0-16* : Once per Plan Year *Age 17+:* Once every two Plan Years **Contacts**: Once per Plan Year	**Frames:** *Age 0-16* : Once per Plan Year *Age 17+:* Once every two Plan Years **Contacts**: Once per Plan Year	**Frames:** *Age 0-16* : Once per Plan Year *Age 17+:* Once every two Plan Years **Contacts**: Once per Plan Year	Once every 12 months	Once every 12 months
Non-Prescription Benefit						
Benefit:	$100 benefit for non-prescription sunglasses or digital eyestrain computer glasses in lieu of $250 hardware allowance	Not Covered	Not Covered	Not Covered	OEBB members can use their frame allowance to pay for non-prescription sunglasses, in lieu of prescription glasses or contacts. Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details	OEBB members can use their frame allowance to pay for non-prescription sunglasses, in lieu of prescription glasses or contacts. Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details

*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.

v1 5/3/2018