

Summary of Vision Benefits for 2020-2021 Plan Year

Plan Option	Kaiser **	Moda Opal	VSP Choice Plus	VSP Choice
Plan Year Maximum	\$250	\$600*	N/A	N/A
Routine Eye Exam	Covered under Kaiser medical plan, as needed	100% (up to plan max), once per Plan Year	100% after \$10 copay, every 12 months	100% after \$10 copay, every 12 months
Lenses				
Basic Lens	Under age 19: No charge for one pair of standard frames and lenses or contacts	100% (up to plan maximum)	\$20 copay*** (applied towards lenses & frames) Polycarbonate lenses, scratch resistant and UV coatings covered in full	\$20 copay*** (applied towards lenses & frames) Scratch resistant and UV coatings covered in full
Lens enhancement	Age 19+: Plan pays 100% (up to plan maximum)		\$0 copay for standard progressive lenses \$15 copay for anti-reflective coating or progressive lenses	\$0 copay for standard progressive lenses Discounts for polycarbonate, anti-reflective coating or progressive lenses
Frequency	Once per Plan Year	Once per Plan Year	Once every 12 months	Once every 12 months
Frames or Contacts				
Benefit and Frequency	Under age 19: No charge for one pair of standard frames and lenses or contacts Age 19+: Plan pays 100% (to plan maximum) Once per Plan year	100% (up to plan maximum) Frames: Age 0-16: once per Plan Year Age 17+: once every two Plan Years Contacts: once per Plan Year	Covered in full up to retail allowance of \$300 ; 20% off amount over retail allowance for frames Once every 12 months	Covered in full up to retail allowance of \$150 ; 20% off amount over retail allowance for frames Once every 12 months
Non-Prescription Benefit				
Benefit	\$100 for non-prescription sunglasses or digital eyestrain computer glasses in lieu of \$250 hardware allowance	Not Covered	Members can use their \$300 frame allowance to pay for non-prescription sunglasses, in lieu of prescription glasses or contacts	Members can use their \$150 frame allowance to pay for non-prescription sunglasses, in lieu of prescription glasses or contacts

Plan Premium	Kaiser Plan	Moda Opal	VSP Choice Plus	VSP Choice
Employee Only	\$8.27	\$23.91	\$18.80	\$9.15
Employee + Spouse/Partner	\$18.18	\$52.55	\$41.37	\$20.12
Employee + Child(ren)	\$15.70	\$45.36	\$35.73	\$17.37
Employee + Family	\$25.62	\$74.05	\$58.29	\$28.34

The premiums listed above are not the amounts that you pay each month. Utilize the Monthly Benefits Calculator on the [HR Webpage](#) to calculate your monthly out-of-pocket cost.

* 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 Kaiser Vision Plan

*** Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses and scratch resistant and UV coatings covered in full

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.