



2025–26 Benefits Comparison

Vision Plans







This is a **high-level vision plan** comparison. Please see plan documents for details.



| Vision | Kaiser Vision Plan ¹ Kaiser Permanente Facilities | Moda Opal Plan May use any licensed provider | Moda Pearl Plan May use any licensed provider | Moda 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 | Not applicable | Not applicable |
| Routine eye exam | | | | | | |
| Benefit | Covered under the Kaiser Permanente medical plan (does not apply to the vision plan year maximum) | 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 | Once per plan year | Once per plan year |
| 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 and 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 and frame): Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses covered in full. Scratch resistant and UV coatings covered in full. Polycarbonate lenses covered in full for dependent children |
| Lens enhancements | | | | | \$0 copay for standard progressive lenses \$15 copay for anti-reflective coating or premium/custom progressive lenses | \$0 copay for standard progressive lenses Discounts for polycarbonate for adults, anti-reflective coating or premium/custom progressive lenses |
| Frequency | Once per plan year | Once per plan year | Once per plan year | Once per plan year | Once per plan year | Once per plan year |
| Frames | | | | | | |
| Benefit | Under age 19: No charge for one pair of standard frames and lenses 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 after \$20 copay up to retail allowance of \$300; 20% off amount over retail allowance for frames | Covered in full after \$20 copay up to retail allowance of \$150; 20% off amount over retail allowance for frames |

Vision Plans – continued

 This is a **high-level vision plan** comparison. Please see plan documents for details.

| |  Kaiser Vision Plan¹ Kaiser Permanente Facilities |  Moda Opal Plan May use any licensed provider |  Moda Pearl Plan May use any licensed provider |  Moda Quartz Plan May use any licensed provider |  VSP Choice Plus Plan VSP Choice Network |  VSP Choice Plan VSP Choice Network |
|--|---|--|---|--|---|---|
| Frames | | | | | | |
| Frequency | Once per plan year | Age 0–16: Once per plan year Age 17+: Once every two plan years | Age 0–16: Once per plan year Age 17+: Once every two plan years | Age 0–16: Once per plan year Age 17+: Once every two plan years | Once per plan year | Once per plan year |
| Contacts (in lieu of frames and lenses) | | | | | | |
| Benefit | Under age 19: No charge for 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; up to \$60 copay for contact lens fitting and evaluation exam | Covered in full up to retail allowance of \$150; up to \$60 copay for contact lens fitting and evaluation exam |
| Frequency | Once per plan year | Up to the plan maximum | Up to the plan maximum | Up to the plan maximum | Once per plan year | Once per plan year |
| Non-Prescription Benefit | | | | | | |
| Benefit | \$100 of your annual \$250 allowance may be used toward non-prescription sunglasses and/or digital eye strain glasses | Not covered | Not covered | Not covered | OEBB members can use their frame allowance to pay for ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses, in lieu of prescription glasses or contacts | OEBB members can use their frame allowance to pay for ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses, in lieu of prescription glasses or contacts |

1 Must be enrolled in a Kaiser Medical Plan to enroll in the Kaiser Vision Plan.

This document is for comparison purposes only. It does not fully describe the benefits of each plan. Refer to the plan documents for more details. If there is a conflict between this comparison and the plan documents, the plan documents will prevail.



You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact OEBB Member Services at 888-4My-OEBB (888-469-6322) or email oebb.benefits@odhsoha.oregon.gov. We accept all relay calls or you can dial 711.