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.

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
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.

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