# ADULT VISION EXAM AND HARDWARE BENEFIT

## \$200 ALLOWANCE

#### **SERVICE**

- Lenses, frames, and contact lenses
- Routine annual eye exam for members ages 19 and older

#### **BENEFIT**

Office visit cost share per plan; please see Evidence of Coverage (EOC)

#### Adult vision benefit\*

Members ages 19 and older have a routine annual eye exam, and a \$200 allowance toward prescription lenses, frames, and contact lenses every 2 calendar years. If you use your allowance to purchase frames, we also cover mounting of the lenses in the frames, original fitting of the frames, and subsequent adjustments. Annual diabetic retinopathy screenings are available, and no appointment is needed.

## Change in vision\*

If a participating provider determines that one or both of your eyes has had a 0.50 diopter change within 12 months after the date of your last exam where this benefit was used, we will provide an allowance toward the price of a replacement eyeglass lens or contact lens at the following maximum values:

- \$60 credit for single vision eyeglass and contact lenses
- \$90 credit for multifocal eyeglass and contact lenses

This replacement lens allowance is the same total amount whether you replace one lens or two. The replacement lenses must be the same type as the lenses you are replacing (eyeglass lenses or contact lenses). Your benefit does not cover the cost of professional services for the fitting of contact lenses. Additional fees for this service may apply.

## Pediatric ACA-compliant vision benefit

All our small group plans include an ACA-compliant pediatric vision benefit for members aged 18 and younger.

#### Oregon

Annual routine eye exam, \$0 copay; no charge for one pair of standard frames and/or select list of frames and 6 months of contact lenses per calendar year. Please see EOC for details.

#### Washington

Annual routine eye exam, \$0 copay; no charge for one pair of standard frames and lenses or contact lenses per calendar year. Please see EOC for details.

### **Optical Centers/Vision Essentials**

From designer frames to value packages, our selection can accommodate your budget and your style. We have our own lab, located on our Sunnyside campus, that can fill most orders within 5 business days. We have a wide selection of contact lenses and offer the latest technology in eyeglass lenses. We offer a 50/50 Protection Plan at no additional cost if you damage your glasses. Enjoy personal service to help you find the right eyewear for your lifestyle needs. For more information, visit **kp2020.org**.

## **Contact lens fittings**

You must have a professional fitting and follow-up care to make sure your contact lenses fit properly. We cannot dispense contact lenses without these services. You will pay an additional fee for these services. You may not use the optical allowance for these additional fees.

Important: This summary is not a contract. It only briefly summarizes the major provisions of the Agreement between Kaiser Foundation Health Plan of the Northwest and your group. Please consult your *Evidence of Coverage (EOC)* for complete details of benefits as well as exclusions and limitations. In the event of ambiguity and/or conflict between this summary and your *EOC*, the *EOC* shall control.

\*Adult vision exam in an HSA-qualified high deductible plan is subject to the deductible. The adult hardware benefit is an allowance that does not apply to the deductible. Claim form will be required for Added Choice® POS, Added Choice Out of Area (OOA), and PPO Plus plan enrollees using out-of-network providers.

