







**Summary of Vision Benefits
2016-17 Plan Year**

| |  moda HEALTH |  moda HEALTH |  moda HEALTH |  KAISER PERMANENTE® |
|---|--|---|--|---|
| Vision | Opal Plan | Pearl Plan | Quartz Plan | Vision Plan** |
| Plan Year Maximum | \$600* | \$400* | \$250* | \$250 |
| Routine Eye Exam | 100% - Once per Plan Year | 100% - Once per Plan Year | 100% - Once per Plan Year | See medical plan benefits** |
| Lenses (Either one pair of lenses or contacts) | | | | |
| Plan pays 100% (up to plan maximum) | Once per Plan Year | Once per Plan Year | Once per Plan Year | Under age 19 No charge for one pair of standard frames and lenses or contacts every 12 months |
| | | | | Age 19 and older Once every 12 months |
| Frames | | | | |
| Plan pays 100% (up to plan maximum) | Under age 17 Once per Plan Year | Under age 17 Once per Plan Year | Under age 17 Once per Plan Year | Under age 19 No charge for one pair of standard frames and lenses every 12 months |
| | Age 17 and older: Once every two Plan Years | Age 17 and older: Once every two Plan Years | Age 17 and older Once every two Plan Years | Age 19 and older Once every 12 months |

* 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.