

Clackamas Community College OEBC 2018-2019 Plan Year

Summary of Vision Benefits

Plan Option	Kaiser **	Moda Pearl Plan	Moda Opal Plan	VSP Choice	VSP Choice Plus
Plan Year Maximum	\$250	\$400**	\$600*	N/A	N/A
Routine Eye Exams	See medical plan benefits **	100%- once per plan year	100%- once per plan year	Plan pays 100% after \$10 copay (every 12 months)	Plan pays 100% after \$10 copay (every 12 months)
Plan pays 100% (up to maximum) ❖ Basic Lenses	Once per plan year	Once per plan year	Once per plan year	\$20 copay (applied towards lenses & frames) Discounts for polycarbonate anti-reflective coating or progressive lenses Once every 12 months	\$20 copay (applied towards lenses & frames) \$15 copay for anti-reflective coating or progressive lenses Once every 12 months
Plan pays 100% (up to maximum) ❖ Frames OR Contacts	Under age 19: No charge for one pair of standard frames and lenses or contacts Age 19+: Plan pays 100% (to plan maximum)	Plan pays 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	Plan pays 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 \$150; 20% off amount over retail allowance for frames Frequency: once every 12 months	Covered in full up to retail allowance of \$300; 20% off amount over retail allowance for frames Frequency: 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 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.

	Kaiser Plan	Moda Pearl	Moda Opal	VSP Choice	VSP Choice Plus
Employee only	\$8.15	\$18.82	\$23.07	\$9.15	\$18.80
Employee + SP/DP	\$17.95	\$41.46	\$50.71	\$20.12	\$41.37
Employee + children	\$15.50	\$35.80	\$43.77	\$17.37	\$35.73
Employee + family	\$25.29	\$58.41	\$71.45	\$28.34	\$58.29