oebb

Summary of Vision Benefits 2022-23 Plan Year

Vision	Moda Opal Plan May use any licensed	VSP Choice Plus Plan
Plan Year Maximum	$600	N/A
Routine Eye Exam:		
Benefit:	Plan pays 100% (up to plan maximum)	Plan pays 100% after $10 copay
Frequency:	Once per Plan Year	Once every 12 months
Lenses:		
Basic lens benefit:	Plan pays 100% (up to plan maximum)	$20 copay (applied towards lenses & 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
Lens enhancements:		$0 copay for standard progressive lenses $15 copay for anti-reflective coating or premium/custom progressive lenses
Frequency:	Once per Plan Year	Once every 12 months
Frames / Contacts:		
Benefit:	Plan pays 100% (up to plan maximum)	Covered in full up to retail allowance of $300; 20% off amount over retail allowance for frames

Frequency:	Frames: *Age 0-16:* Once per Plan Year *Age 17+:*	**Frames or Contacts:** Once every 12 months
Non-Prescription Benefit		
Benefit:	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.

1 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.
You can get this document in other languages, large print, braille or a format you prefer. Contact OEBB Member Services at 888-4My-OEBB (888-469-6322) or email oebb.benefits@state.or.us. We accept all relay calls or you can dial 711.