

Vision Plan Comparison

CARRIER:	VSP	Kaiser	MODA		
PLAN:	Choice Plan	Kaiser Plan	Quartz Plan	Pearl Plan	Opal Plan
Plan Year Maximum	N/A	\$250	\$250*	\$400*	\$600*
Routine Eye Exam	Plan pays 100% after \$10 copay	Covered under medical plan.	Plan pays 100% (up to plan maximum)	Plan pays 100% (up to plan maximum)	Plan pays 100% (up to plan maximum)
Frequency	Once per plan year	As needed	Once per plan year	Once per plan year	Once per plan year
Lenses (Either one pair of lenses or contacts)					
Basic Lens Benefit	\$20 copay (applied towards lenses & frame): Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses covered in full. Scratch resistant and UV coatings covered in full.	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 maximum)	Plan pays 100% (up to maximum)	Plan pays 100% (up to maximum)
Lens enhancements	\$0 copay for standard progressive lenses. Discounts for polycarbonate, anti-reflective coating premium/custom progressive lenses.				
Frequency	Once every 12 months	Once per plan year	Once per plan year	Once per plan year	Once per plan year
Frames / Contacts					
Benefit	Covered in full up to retail allowance of \$150; 20% off amount over retail allowance for frames.	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 maximum)	Plan pays 100% (up to maximum)	Plan pays 100% (up to maximum)
Frames Frequency	Once per plan year				
Contacts Frequency					
Age 0-16: Once per Plan Year Age 17 +: Once every 2 Years Up to the plan year maximum					
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Non-Prescription Benefit					
Benefit:	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. Visit vsp.com for details.	\$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

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.