

Vision Plan Comparison

CARRIER:	Kaiser	MODA		
PLAN:	Kaiser Plan	Quartz Plan	Pearl Plan	Opal Plan
Plan Year Maximum	\$250	\$250*	\$400*	\$600*
Routine Eye Exam	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	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	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				
Frequency	Once per plan year	Once per plan year	Once per plan year	Once per plan year
Frames / Contacts				
Benefit	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	Age 0-16: Once per Plan Year Age 17 +: Once every 2 Years	Age 0-16: Once per Plan Year Age 17 +: Once every 2 Years	Age 0-16: Once per Plan Year Age 17 +: Once every 2 Years
Contacts Frequency		Up to the plan year maximum	Up to the plan year maximum	Up to the plan year maximum
Non-Prescription Benefit				
Benefit:	\$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