



Summary of Vision Benefits

	Kaiser Permanente	Health Net*
Eye Exam Benefit	<ul style="list-style-type: none"> • Vision exam copay – same as medical office visit copay. • No written referral required; must be performed at a Kaiser Permanente facility. 	<ul style="list-style-type: none"> • \$10 copay • No referrals are required.
Eyeglasses & Frames	<ul style="list-style-type: none"> • Vision Benefit provides coverage up to \$150 every 24 months for the following services: prescription lenses, frames and/or contact lenses. 	<ul style="list-style-type: none"> • \$25 copay for single vision lenses, lined bifocals, lined trifocals or lenticular lenses. • Frames covered up to \$100 allowance; you receive a 20% discount on the balance over your allowance.
Contact Lenses	<p>See benefit description above. Note: Fitting and follow-up care is required; members pay additional fees for these services (optical allowance may not be used for these fees).</p>	<ul style="list-style-type: none"> • Conventional: \$90 allowance, then 15% discount on the balance over your allowance. • Disposables: \$90 allowance. • Medically necessary: \$250 allowance
Restrictions & Exclusions	<p>Vision therapy (orthoptics or vision training) and low vision aids are not covered. Lenses and frames must be purchased at a Kaiser Permanente facility. Note: Multiple replacement eyeglasses and contact lenses are covered if there is a change in prescription of .50 dipoters or greater within 12 months of the initial exam. Replacement lenses are covered up to the following maximum values: \$60 for single vision and contact lenses; \$90 for multifocal lenses.</p>	<p>Any of the following services and supplies are not covered:</p> <p>orthoptics or vision training; subnormal vision aids; Plano (non-prescription lenses) glasses; aniseikonic lenses; non-prescription sunglasses; Medical or surgical treatment of the eyes or supporting structure</p>

Revised 1/07

*Benefits shown are for services from a Participating Provider. Please see the Health Net Vision Benefit Summary online at <http://aoihc.aoi.org> for a description of benefits provided by non-participating providers.

This summary gives a general description of benefits. A complete schedule of benefits, limitations and exclusions is included in the health plan's benefit booklet.