

Optical Benefit

\$150 CREDIT



Service

Lenses, frames, and contact lenses

You pay

\$150 credit every 24 months¹

Coverage includes

- ▶ A \$150 credit toward lenses, frames, or contact lenses every 24 months. The entire credit must be used at the initial point of sale.
- ▶ If you use your allowance to purchase frames, we also cover mounting of the lenses in the frame, original fitting of the frames, and subsequent adjustments.
- ▶ Applicable services and benefits prescribed by Kaiser Permanente physicians or optometrists (or a non-plan provider for eyeglasses only) and obtained at Kaiser Permanente facilities for members of Denver/Boulder-based plans; or applicable services and benefits prescribed by affiliated physicians or optometrists (or a non-plan provider for eyeglasses only) for members of Southern Colorado-based plans.
- ▶ For members of Southern Colorado-based plans only: If credit is used at an affiliated optometrist's office, the optometrist will bill Kaiser Permanente directly for the credit. If a non-affiliated facility is used for glasses or contact lenses, you are responsible for submitting a claim for reimbursement for the benefit credit amount.
- ▶ Credit for replacement lenses if you experience a .50 change in diopter within 12 months of your initial exam. The replacement lens must be for the same product type as your original order. The following credit applies:
 - \$60 credit for single vision or contact lenses.
 - \$90 credit for multifocal lenses.

Other services available

- ▶ Refraction eye exam to determine need for vision correction and provide prescription for eyeglasses and medically necessary contact lenses are provided at the applicable eye exam copayment/coinsurance.²
- ▶ Professional examinations and fittings of contact lenses that are not medically necessary are provided at an additional charge.

Any part of the benefit credit that is not used at the initial point of sale may not be used later.

To find out more, just turn this page over.



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- ¹ A benefit period is based on the 24-month period beginning when the benefit is first used.
- ² The amount you must pay for a covered service may be a specific dollar amount (copayment) or a percentage of charges (coinsurance), depending on your plan's provisions. Please consult your *Evidence of Coverage Summary Chart* to determine which applies to each service.

Important: This summary, effective January 1, 2012, is not a contract with Kaiser Permanente. It only briefly summarizes the major provisions of the Agreement between Kaiser Permanente and your group. Please consult your *Evidence of Coverage* for complete details of benefits as well as exclusions and limitations. In the event of ambiguity and/or conflict between this synopsis and your *Evidence of Coverage*, the *Evidence of Coverage* shall control.