KAISER PERMANENTE®

Kaiser Foundation Health Plan of the Northwest

A nonprofit corporation
Portland, Oregon

Oregon Educators Benefit Board (OEBB)
Pediatric Vision Hardware and Optical Services

Group Name: Oregon Educators Benefit Board (OEBB)

Group Number: 18050

This *EOC* is effective October 1, 2019, through September 30, 2020

Printed: October 1, 2019

Member Services

Monday through Friday (except holidays)
8 a.m. to 6 p.m.
Portland area 503-813-2000
All other areas..... 1-800-813-2000

TTY

All areas..... 711

Language interpretation services

All areas..... 1-800-324-8010

kp.org

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST
PEDIATRIC VISION HARDWARE AND OPTICAL SERVICES RIDER

This rider is part of the *Evidence of Coverage (EOC)* to which it is attached. All provisions of this rider become part of the *EOC* "Benefits" section, except for the "Pediatric Vision Hardware and Optical Services Rider Benefit Summary," which becomes part of the *EOC* "Benefit Summary." This entire benefit rider is therefore subject to all the terms and provisions of the *EOC*.

Vision Services covered under this "Pediatric Vision Hardware and Optical Services Rider" are covered until the end of the month in which the Member turns 19 years of age. Vision Services for Members age 19 years and older are not covered under this rider, but are covered if your Group has purchased the "Adult Vision Hardware and Optical Services Rider."

We cover the Services listed in this rider at Participating Facility optical centers when prescribed by a Participating Provider or a Non-Participating Provider.

Examinations

We cover a comprehensive eye examination with refraction, including dilation when determined to be Medically Necessary, as shown in the "Pediatric Vision Hardware and Optical Services Rider Benefit Summary."

Standard Eyeglasses and Contact Lenses

We cover one pair of eyeglass lenses (single vision, bifocal, lenticular, or trifocal, including polycarbonate lenses and scratch-resistant coating) determined by your Participating Provider and a standard frame selected from a specified collection of frames, or contact lenses in lieu of eyeglasses. We will not provide benefits under this rider if we have already covered, in part or in full, a lens, frame, or contact lens (but not counting any that we covered under "Standard Eyeglasses and Contact Lenses after Cataract Surgery") within the same Year under this or any other evidence of coverage (including riders) with the same group number printed on this *EOC*. The date we cover any of these items is the date on which you order the item.

Standard Eyeglasses and Contact Lenses after Cataract Surgery

If you have cataract surgery and since that surgery we have never covered eyeglasses or contact lenses under any benefit for eyeglasses and contact lenses after cataract surgery (including any eyeglasses or contact lenses we covered under any other coverage), we cover your choice of one of the following, without charge, if obtained from a Participating Facility optical center. We will cover both of the following if, in the judgment of a Participating Provider, you must wear eyeglass lenses and contact lenses at the same time to provide a significant improvement in vision not obtainable with regular eyeglass lenses or contact lenses alone:

- One conventional contact lens, or a 6-month supply of disposable contact lenses, determined by your Participating Provider for each eye on which you had cataract surgery, and fitting and follow-up care for the lens.
- One pair of regular eyeglass lenses determined by your Participating Provider and a frame from a specified selection of frames.

Medically Necessary Contact Lenses

Contact lenses may be determined to be Medically Necessary and appropriate in the treatment of the following conditions:

- Keratoconus.
- Pathological myopia.

- Aphakia.
- Anisometropia.
- Aniseikonia.
- Aniridia.
- Corneal disorders.
- Post-traumatic disorders.
- Irregular astigmatism.

The evaluation, fitting, and follow-up is covered for Medically Necessary contact lenses. Medically Necessary contact lenses are subject to Utilization Review by Company using criteria developed by Medical Group and approved by Company.

Low Vision Aids

We cover low vision evaluations and follow-up care visits, as well as low vision aids and devices (high-power spectacles, magnifiers, and telescopes) as shown under the "Pediatric Vision Hardware and Optical Services Rider Benefit Summary." These Services are subject to Utilization Review by Company using criteria developed by Medical Group and approved by Company.

Pediatric Vision Hardware and Optical Services Exclusions

- Non-prescription products (other than eyeglass frames), such as eyeglass holders, eyeglass cases, repair kits, contact lens cases, contact lens cleaning and wetting solution, and lens protection plans; and lens add-on features such as lens coatings (other than scratch resistant coating or ultraviolet protection coating.) Some non-prescription products and add-on features may be purchased at Participating Facility optical centers.
- No-line or progressive bifocal and trifocal lenses.
- Non-prescription sunglasses.
- Optometric vision therapy and orthoptics (eye exercises).
- Plano contact lenses or glasses (non-prescription).
- Replacement of lost, broken, or damaged lenses or frames.
- Two pairs of glasses in lieu of bifocals.

Pediatric Vision Hardware and Optical Services Rider Benefit Summary

"Year" in this Benefit Summary is the twelve consecutive month plan year beginning on October 1 and ending at midnight on September 30 of the following year.

(*) If added to an HSA-qualified Deductible plan, this benefit is subject to the Deductible.

Pediatric Vision Hardware Optical Services (*)	**You Pay**
Comprehensive eye exam (limited to one exam per Year)	$0
Eyeglasses and Contact Lenses	**You Pay**
Standard eyeglasses (limited to one pair per Year)	$0
Conventional or disposable contact lenses, in lieu of eyeglasses (limited to one pair per Year for conventional contact lenses or up to a 12-month supply of disposable contact lenses per Year)	$0
Medically Necessary Contact Lenses (*)	**You Pay**
Medically Necessary contact lenses (limited to one pair per Year for conventional contact lenses or up to a 12-month supply of disposable contact lenses per Year, prior authorization required)	$0
Low Vision Aids (*)	**You Pay**
Low vision evaluation and/or follow up exams (evaluations limited to once every five years; follow up exams limited to four exams every five years)	$0
Low vision aids (limited to one device per Year, prior authorization required)	$0