

2025 Oregon Kaiser Permanente Plus™ vision hardware (pediatric)

This benefit covers vision hardware until the end of the month in which the member turns 19.

Standard benefit
Each calendar year, one pair of eyeglass lenses and a standard frame from a specified collection of frames or 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).
Enhanced benefit
With the enhanced benefit, the member may purchase frames outside of the specified collection. An allowance is provided toward the purchase of the eyeglass lenses/frame or contact lenses.
Allowance options for the enhanced benefit*
\$100, \$150, \$200, \$250, \$300, \$400, or \$500 every calendar year

Members may use this benefit at Vision Essentials by Kaiser Permanente and other participating providers.

Vision Essentials by Kaiser Permanente optical centers

Our Vision Essentials optical centers are located next to our optometry offices. We have our own lab, and we can fill most orders within 5 business days. From designer frames to value packages, we offer a selection that fits budgets and styles. We are pleased to offer a great selection of conventional and disposable contact lenses, the latest technology in eyeglass lenses, a broad selection of frames, and personal service to help our members find the right eyewear for their lifestyles. For more information, visit kp2020.org.

Vision hardware exclusions

- Nonprescription 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).
- No-line or progressive bifocal and trifocal lenses.
- Nonprescription sunglasses.
- Nonprescription contact lenses or glasses.
- Replacement of lost, broken, or damaged lenses or frames.
- Two pairs of glasses in lieu of bifocals.
- Does not apply to out-of-network coverage

*Refer to the medical benefits plan for coverage associated with related optical services, including routine eye exams.