

2025 Washington Dual Choice PPO™ vision hardware (pediatric)

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

Pediatric Vision Hardware and Optical Services	Members Pay	
	In-Network Providers	Out-of-Network Providers
Eyeglasses (limited to one pair per year*)	\$0	50% coinsurance
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	50% coinsurance

Members may use this benefit at:

- In-network optical providers, including Vision Essentials by Kaiser Permanente, First Choice Health optical providers, and First Health Network optical providers.
- Out-of-network optical 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). Some nonprescription products and add-on features may be purchased at in-network optical centers.
- 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.

*Limits apply to in-network and out-of-network benefits combined.

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

This is not a contract. This benefit summary does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. Please see your *Evidence of Coverage (EOC)* for complete details of benefits as well as exclusions and limitations. In the event of a conflict between this summary and the *EOC*, the *EOC* will control.