

2025 Washington PPO Plus vision hardware (adult)

This benefit covers eyeglasses and contact lenses for members 19 and older.

Benefit allowance

We provide an allowance toward the price of prescription eyeglass lenses and a frame, or prescription contact lenses, including medically necessary contact lenses. When members use their allowance to purchase frames, we cover mounting of the lenses in the frames, original fitting of the frames, and subsequent adjustments.

Allowance options*

\$100, \$150, \$200, \$250, \$300, \$400, or \$500 every calendar year

or

\$100, \$150, \$200, \$250, \$300, \$400, or \$500 every 2 calendar years

Members may use this benefit at:

- PPO optical providers, including First Choice Health and First Health Network optical providers.
- Nonparticipating 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 members find the right eyewear for their lifestyles. For more information, visit kp2020.org.

Contact lens fittings

Members must have a professional fitting and follow-up care to make sure contact lenses fit properly. Contact lenses cannot be dispensed without these services. Members will pay an additional fee for these services. The optical allowance cannot be applied to these additional fees. There is no additional fee for evaluation, fitting, and follow-up for medically necessary contact lenses and contact lenses after cataract surgery.

Vision hardware exclusions

- Low vision aids.
- 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.
- Nonprescription sunglasses.
- Nonprescription contact lenses or glasses.
- Optometric vision therapy and orthoptics (eye exercises).
- Replacement of lost, broken, or damaged lenses or frames.

*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.