




Portland Community College Vision Plans - October 1, 2024 - September 30, 2025

	 moda HEALTH	 KAISER PERMANENTE	 vsp
Vision	Moda Quartz Plan May use any licensed provider	Kaiser Vision Plan¹ Kaiser Permanente Facilities	VSP Choice Plus Plan VSP Choice Network
Plan Year Maximum	\$250	\$250	N/A
Routine Eye Exam			
Benefit	Plan pays 100% (up to plan max)	Covered under Kaiser medical plan (does not apply to the vision plan year max)	Plan pays 100% after \$10 copay
Frequency	Once per Plan Year	As needed	Once per plan year
Lenses			
Basic lens benefit	Plan pays 100% (up to plan maximum)	Under age 19: no charge for one pair of standard frames and lenses or contacts	\$20 copay (applied toward lenses & frame): Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses covered in full. Polycarbonate lenses, scratch resistant and UV coatings covered in full.
Lens enhancements		Age 19+: Plan pays 100% (up to plan maximum)	\$0 copay for standard progressive lenses; \$15 copay for anti-reflective coating or premium/custom progressive lenses
Frequency	Once per Plan Year	Once per Plan Year	Once per plan year
Frames/Contacts			
Benefit	Plan pays 100% (up to plan maximum)	Under age 19: no charge for one pair of standard frames and lenses or contacts Age 19+: Plan pays 100% (up to plan maximum)	Covered in full up to retail allowance of \$300; 20% off amount over retail allowance for frames.
Frequency	Frames: Age 0-16: Once per Plan Year Age 17+: Once every two Plan Years or Contacts: Up to the plan maximum	Frames or Contacts: Once per Plan Year	Frames or Contacts: Once every 12 months
Non-Prescription Benefit			
Benefit	Not Covered	\$100 of your annual \$250 allowance may be used toward non-prescription sunglasses and/or digital eye strain glasses.	OEBB members can use their frame allowance to pay for ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses, in lieu of prescription glasses or contacts.

¹ Must be enrolled in a Kaiser Medical Plan to enroll in the Kaiser Vision Plan

This document is for comparison purposes only and is not intended to fully describe the benefits of each Plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.