

Kaiser Vision Plan with Rates



Plan Option	OEBB Vision Plan 5
Plan Maximum	See allowances
Routine Eye Exam	100% up to \$64.50
Exam Frequency	12 months
Lenses	Either one pair of lenses or contacts
Single Vision	100% up to \$58.50 / year
Bifocal	100% up to \$86.00 / year
Lenticular	100% up to \$86.00 / year
Trifocal	100% up to \$109.00 / year
Contact Lenses	100% up to \$192.50 / year
Lens Frequency	12 months
Frames	100% up to \$75.00 / year
Frame Frequency	child: 12 months, adult: 24 months

Vision Kaiser Permanente OEBB Rates 2008 Contract Year (effective October 1, 2008)					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	
	Unit				
Vision Plan 5	\$ 7.56	\$ 16.64	\$ 14.38	\$ 23.45	\$ 18.00

There was an error between Kaiser's Employee + Child(ren) rates and Kaiser's Family rates. They have been corrected on May 22, 2008. Please disregard any previous Kaiser rate information.