

Vision Services and Optical Benefit^{1,2}



Overview for State of Colorado Members

What's covered

Get the care you need to keep your eyes healthy and your vision sharp. Your vision benefit covers exams and optical hardware, as outlined below. What you'll pay depends on your plan, the services you receive and whether or not you've met your deductible.

Vision Services and Optical Benefit

	HDHP	COPAY BASIC	COPAY PLUS
Pediatric (up to end of month he/she turns age 19)			
Routine eye exam and refraction test performed by an Optometrist (includes contact lens fitting, up to \$175)	25% Coinsurance ³	\$15 Copay	\$10 Copay
Covered services received during the visit		20% Coinsurance ³	20% Coinsurance ³
Routine eye exam and refraction test performed by an Ophthalmologist (includes contact lens fitting up to \$175)	25% Coinsurance ³	\$35 Copay	\$25 Copay
Covered services received during the visit		20% Coinsurance ³	20% Coinsurance ³
Optical hardware	25% Coinsurance every 24 months ³	20% Coinsurance every 24 months	20% Coinsurance every 24 months
Adult (members age 19 and over)			
Routine eye exam and refraction test performed by an Optometrist (includes contact lens fitting, up to \$175)	25% Coinsurance ³	\$15 Copay	\$10 Copay
Covered services received during the visit		20% Coinsurance ³	20% Coinsurance ³
Routine eye exam and refraction test performed by an Ophthalmologist (includes contact lens fitting up to \$175)	25% Coinsurance ³	\$35 Copay	\$25 Copay
Covered services received during the visit		20% Coinsurance ³	20% Coinsurance ³
Optical hardware	\$150 credit every 24 months ⁴	\$150 credit every 24 months ⁴	\$150 credit every 24 months ⁴

Questions?

Call KP COpilot. Representatives are available Monday - Friday, from 8 a.m. to 6 p.m.

1-888-413-0591

TTY 711

Finding providers and filling prescriptions

Ready for a checkup? Is it time for new glasses or contacts? You can schedule an exam at any of our medical office optometry or ophthalmology departments. You can fill a prescription for eyeglass lenses, frames, or contact lenses at any Vision Essentials by Kaiser Permanente optical center. Visit kp2020.org for information on locations, promotions, and exams.

If you're a member residing outside the Denver/Boulder area, you may get an exam, or fill a prescription for eyeglass lenses, frames, or contact lenses at an affiliated optometrist's or ophthalmologist's office. If you pay for your frames, lenses, or contact lenses out-of-pocket, you need to submit a claim for reimbursement for your benefit allowance amount.

Visit kp.org/searchdoctors for a listing of affiliated providers.

Optical Hardware Exclusions:

Replacement of lost or broken lenses and frames. For pediatric optical: (1.) cosmetic or specialty options, such as tints, trifocals, mirror coating, polarization, and progressive lenses; and (2.) daily contact lenses.

1. Colorado state law requires that an Access Plan be available that describes Kaiser Foundation Health Plan of Colorado's network provider services. To obtain a copy, please call Member Services or visit kp.org.
2. The information provided is a summary only. For a list of services available with your plan, see your *Summary of Benefits and Coverage*. Upon enrollment, your *Evidence of Coverage* will contain a description of your coverage, including benefits, exclusions, and limitations. Your *Evidence of Coverage* will prevail over this or any other plan summary.
3. Your cost share after you have met your deductible.
4. For adult optical hardware, your entire credit must be used at the initial point of sale. Any part of your credit that is not used at the initial point of sale may not be saved and used later.