

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST VISION HARDWARE OPTICAL SERVICES RIDER

This rider is part of the *Evidence of Coverage (EOC)* to which it is attached. All provisions of this rider become part of the *EOC* “Copayments, Coinsurance, and Benefits” section, except for the “Rider Benefit Summary,” which becomes part of the *EOC* “Benefit Summary.” This entire rider is therefore subject to all the terms and provisions of the *EOC*.

We cover the Services listed in this rider at Participating Facility optical centers when prescribed by a Participating Provider or a Non-Participating Provider. The “Vision Hardware Optical Services” exclusion in the *EOC* “Exclusions and Limitations” section does not apply to Services we cover under this rider.

Eyeglasses and Contact Lenses

Every 24 months we provide an allowance toward the price of eyeglass lenses and a frame, or contact lenses. The allowance is listed in the “Rider Benefit Summary.” We will not provide the allowance if we have covered a lens, frame, or contact lens (but not counting any that we covered under “Eyeglasses and Contact Lenses After Cataract Surgery”) within the previous 24 months under this or any other evidence of coverage (including riders) with the same group number printed on this *EOC*. The date we cover any of these items is the date on which you order the item.

If a Participating Provider determines that one or both of your eyes has had a change in prescription of at least .50 diopters within 12 months after the date of your last exam where the “Vision Hardware Optical Services Rider” benefit was used, we will provide an allowance toward the price of a replacement eyeglass lens or contact lens for each qualifying eye at the following maximum values:

- \$60 for single vision and cosmetic contact lenses
- \$90 for multifocal lenses

This replacement lens allowance is the same total amount whether you replace one lens or two. The replacement lenses must be the same type as the lenses you are replacing (eyeglass lenses or contact lenses).

An allowance can be used only when you order the item. If you do not use all of your allowance when you order the item, you cannot use it later.

Eyeglasses and Contact Lenses after Cataract Surgery

If you have cataract surgery and since that surgery we have never covered eyeglasses or contact lenses under any benefit for eyeglasses and contact lenses after cataract surgery (including any eyeglasses or contact lenses we covered under any other coverage), we cover your choice of one of the following (except that we will cover both of the following if, in the judgment of a Participating Provider, you must wear eyeglass lenses and contact lenses at the same time to provide a significant improvement in vision not obtainable with regular eyeglass lenses or contact lenses alone) without charge:

- One contact lens determined by your Participating Provider for each eye on which you had cataract surgery, and fitting and follow-up care for the lens.
- One pair of regular eyeglass lenses determined by your Participating Provider and a frame from a specified selection of frames.

Note: Refraction exams to determine the need for vision correction and to provide a prescription for eyeglass lenses are not covered under this “Vision Hardware Optical Services Rider” (see the “Benefits for Outpatient Services” section).

Vision Hardware Optical Services Exclusions

- Low vision aids.
- Non-prescription 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.
- Professional services for fitting and follow-up care for contact lenses, except that this exclusion does not apply to contact lenses we cover under “Eyeglasses and Contact Lenses Following Cataract Surgery” in this “Vision Hardware Optical Services Rider.”
- Replacement of lost, broken, or damaged lenses or frames.
- Vision therapy (orthoptics or eye exercises).

RIDER BENEFIT SUMMARY

Vision Hardware	You Pay
Single vision lenses, not more than once every 12 months	No charge up to \$58.50
Bifocal vision lenses, not more than once every 12 months	No charge up to \$86
Lenticular vision lenses, not more than once every 12 months	No charge up to \$86
Trifocal vision lenses, not more than once every 12 months	No charge up to \$109
Conventional contact lenses, not more than once every 12 months	No charge up to \$192.50
Disposable contact lenses, not more than once every 12 months	No charge up to \$192.50
Frames, not more than once every 12 months for children and 24 months for adults	No charge up to \$75