

# Vision Coverage

Your vision is an important part of your overall health. Whether it's 20/20 or not, everyone should receive regular vision checkups. That's why we're pleased to offer you Vision coverage\*—as part of our commitment to your total well-being.

Our vision coverage provides affordable, quality vision care through the United Optical provider network. With this program, you will receive complete eye examinations for only the cost of your *Kaiser Permanente for Individuals and Families* plan copayment.

## Vision Hardware Allowance

As a *Kaiser Permanente for Individuals and Families* plan member, you are eligible for a retail hardware allowance of \$100 every 24 months along with your vision hardware discounts (ranging from 20 to 50 percent off retail prices). The allowance can be used toward eyeglass lenses, frames, or contact lenses when prescribed by a Plan Physician or Plan Optometrist at a United Optical location. The 24-month period begins at the initial point of sale for each member. Any unused portion of the coverage allowance at the point of sale may not be used at a later time. If you use your allowance to purchase frames, we also cover mounting of eyeglass lenses in the frame, original fitting of the frame, and subsequent adjustment.

### Contact lenses

A contact lens examination is provided every 12 months upon payment of a \$50 charge by the member. Follow-up visits are provided at no additional charge. Your allowance can be used toward this examination charge and the purchase of contact lenses.

You also have the option to use \$78 of your retail hardware allowance to purchase the *Contact Lens Package*, which includes the evaluation, fitting, two follow-up visits, and up to two boxes of disposable contact lenses. The remaining balance of your allowance can be used to purchase additional contact lenses or other hardware accessories.

If you have a change in prescription of at least .50 diopter within 12 months of your initial exam, we will provide an allowance of:

- \$60 toward the price of a single vision or contact lens
- \$90 toward the price of multifocal lenses for the affected eye(s) without requiring you to wait 24 months. The replacement lens must be for the same product type as your original order.

## Out-of-Network Benefit

Under this plan there is no out-of-network benefit. In order to take advantage of your vision coverage you must obtain services from a conveniently located United Optical location.

## Exclusions

The following services and materials are excluded from coverage under the Policy:

1. Industrial and athletic safety frames.
2. Eyeglass lenses and contact lenses with no refractive value.
3. Replacement of lost, broken, or damaged lenses, frames, and contact lenses.
4. Lens adornment, such as engraving, faceting, or jewellery.
5. Low-vision devices.
6. Non-prescription products, such as eyeglass holders, eyeglass cases, and repair kits.
7. Non-prescription sunglasses.
8. Coverage for lenses, frames, and/or contact lenses if we have paid for these items in the previous 24 months under the *Evidence of Coverage*, unless the prescription changes as described above.

## UNITED OPTICAL FACILITIES

### Midway Point Shopping Center

174 Midway Boulevard  
Elyria, Ohio 44035  
(440) 324-5199

### Brookgate Shopping Center

5875 Smith Road  
Brookpark, Ohio 44094  
(440) 942-3677

### Lakewood Center West

14650 Detroit Avenue, Suite 125  
Lakewood, Ohio 44107  
(216) 226-9615

### Southgate USA

21596 Libby Road  
Maple Heights, Ohio 44137  
(216) 663-6067

### Strongsville Pointe

14401 Pearl Road  
Strongsville, Ohio 44136  
(440) 846-6481

### University Corners

2183 South Taylor Road  
University Heights, Ohio 44118  
(216) 932-9543

### Euclid Plaza

34302 Euclid Avenue  
Willoughby, Ohio 44094  
(440) 942-3677

### Chapel Hill Square

1464 Brittain Road  
Akron, Ohio 44310  
(330) 630-3574

### Miller Market Square

2955 West Market Street  
Fairlawn, Ohio 44333  
(330) 835-1619

\* Vision benefits are administered by Spectera®, Inc.  
Upon acceptance, you will receive an *Evidence of Coverage*, which includes complete coverage details.

## Delta Dental Plan of Ohio

In order to better suit your health care needs, we've arranged with Delta Dental Plan of Ohio to provide you with a preventive dental plan. The Standard DeltaPreferred Option is a preferred provider program\* that can reduce your out-of-pocket expenses if you receive care from one of the many DeltaPreferred Option (DPO) dentists. For covered services provided by a participating DPO dentist, you pay your applicable copayment. Delta Dental Plan of Ohio will then pay the remaining amount subject to the limitations and exclusions as covered in the *Certificate of Coverage*, which will be mailed to you from Delta Dental Plan of Ohio upon acceptance.

Covered Services** – Class I benefits	Plan Pays	You Pay
Diagnostic and Preventive Services†	70%	30%
Emergency and Palliative Treatment‡	70%	30%
Radiographs – X-rays	70%	30%

- Oral exams, prophylaxes (cleanings), and fluoride treatment (to age 19) are payable twice per calendar year.
- Bitewing X-rays are payable once per calendar year and full-mouth X-rays are payable once in any five-year period.

In addition to these savings possibilities, this program gives you the following major advantages in selecting a dentist:

- It's flexible. You can choose any dentist from the Delta Dental Plan of Ohio network of DeltaPreferred Option (DPO) dentists whenever you wish. They'll even help you find a DPO dentist near you. All you need to do is contact Delta Dental Plan of Ohio at **1-800-282-0749**, or go online at **deltadentaloh.com**.

You may send your claims to:

Delta Dental Plan of Ohio, P.O. Box 9085,  
Farmington Hills, MI 48333-9085

- It offers you freedom. You and your eligible dependents are not required to use the same dentist. Each family member can have a different DPO dentist, if desired.
- It's easy to use. You are not required to stay with your DPO dentist for a certain length of time. You can change dentists whenever you like.

### Coverage for non-DeltaPreferred Option member dentists

If you choose to see a dentist who is not a DeltaPreferred Option member, you're still covered! In this case you will incur higher out-of-pocket fees, but you and your dependents will enjoy the freedom to seek dental care from the dentist of your choice, located in Ohio. You'll be responsible to pay the difference between the covered reimbursement of Delta Dental Plan of Ohio (to your non-DeltaPreferred Option member dentist) and the dentist's total fee. You'll also be responsible for your copayment, coinsurance, and/or deductible for covered services.

\* Benefit levels and copayments are based on the Standard DeltaPreferred Option program administered by Delta Dental Plan of Ohio. For complete Plan details refer to the *Certificate of Coverage*, which will be mailed to you from Delta Dental Plan of Ohio upon enrollment in the plan. Participation in the Dental Plan is not optional for plan members of Kaiser Permanente for Individuals and Families.

\*\* Benefit Year—January 1, 2005 through December 31, 2005. Maximum Payment \$250 per member total per benefit year on Class I Benefits.

† Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings, and fluoride treatments).

‡ Used to temporarily relieve pain.