OEBB Vision Plans 2009

Plan Option	Vision Plan 1	Vision Plan 2	Vision Plan 3	Vision Plan 4	Vision Plan 5	Vision Plan 5
Vision	**ODS**	**ODS**	**ODS**	**ODS**	**ODS**	**Kaiser**
Plan Year Maximum	$250	$350	$450	$600	See allowances	See allowances
Routine Eye Exam	$10 copay	100%	100%	100%	100% up to $64.50	100% up to $64.50 after $5 office visit copay
Exam Frequency	Once per Plan Year	Once per Plan Year	Once per Plan Year	Once per Plan Year	Once per Plan Year	12 months
Lenses	Either one pair of lenses or contacts	Either one pair of lenses or contacts	Either one pair of lenses or contacts	Either one pair of lenses or contacts	Either one pair of lenses or contacts	Either one pair of lenses or contacts
Single Vision	100%	100%	100%	100%	100% up to $58.50 / year	100% up to $58.50 / year
Bifocal	100%	100%	100%	100%	100% up to $86.00 / year	100% up to $86.00 / year
Lenticular	100%	100%	100%	100%	100% up to $86.00 / year	100% up to $86.00 / year
Trifocal	100%	100%	100%	100%	100% up to $109.00 / year	100% up to $109.00 / year
Contact Lenses	100%	100%	100%	100%	100% up to $192.50 / year	100% up to $192.50 / year
Lens Frequency	Once per Plan Year	Once per Plan Year	Once per Plan Year	Once per Plan Year	Once per Plan Year	12 months
Frames	100%	100%	100%	100%	100% up to $75.00 / year	100% up to $75.00 / year
Frame Frequency	Child: Once per plan year	Child: Once per plan year,	Child: once every plan year	Child: once every plan year	Child: Once per plan year,	Child: 12 months
	Adult: once every two plan years	Adult: once every two plan years	Adult: once every two plan years	Adult: once every two plan years	Adult: once every two plan years	Adult: 24 months