

[You pay copay and coinsurance as indicated after deductible.](#)

You pay the listed copay or coinsurance and applicable deductible up to Out-of-Pocket max.

2021 Vision Coverage	Network	Routine Vision Exam		Vision Hardware		2021 Prescription Coverage	Annual Deductible	Annual Out-of-Pocket Maximum	Supply Quantity	Value / Low Cost Tier	Tier 1 Select	Tier 2 Preferred	Tier 3 Non-Formulary
		Adult	Children	Adult	Children								
Moda Performance - VSP	In-Network	\$0 copay	\$0 copay	Plan pays up to \$200 for frames every 2 yrs; 100% for standard lenses every year	Plan pays up to \$200 for frames and 100% for lenses every year	Moda Performance - WellDyneRx	None	\$2,000 per individual \$6,000 per family	30-day supply (retail/specialty)	N/A	20% to \$50 max per Rx		50%
	Out-of-Network	\$70 allowance	\$70 allowance						90-day supply (mail order)	N/A	20% to \$25 max	20% to \$100 max	50%
Moda Preferred VSP	In-Network	\$0 copay	\$0 copay	Plan pays up to \$200 for frames every 2 yrs; 100% for standard lenses every year	Plan pays up to \$200 for frames and 100% for lenses every year	Moda Preferred - WellDyneRx	None	\$2,000 per individual \$6,000 per family	30-day supply (retail/specialty)	N/A	20% to \$50 max per Rx		50%
	Out-of-Network	\$70 allowance	\$70 allowance						90-day supply (mail order)	N/A	20% to \$35 max	20% to \$150 max	50%
Moda Major Medical	In-Network	Not covered	Not covered	Not covered	Not covered	Moda Major Medical - WellDyneRx	\$300 per individual	Accrues toward Medical Max Out-of-Pocket	30-day supply (retail/specialty)	N/A	30% after deductible		
	Out-of-Network	Not covered	Not covered	Not covered	Not covered				90-day supply (mail order)	N/A	30% after deductible		
Kaiser Permanente	Services must be provided, prescribed, referred, or authorized by Kaiser Providers	\$10 copay	No charge	\$150 allowance once in a 2 calendar year period (lenses and frames or contacts)	No charge	Kaiser Permanente	None	Accrues toward Medical Max Out-of-Pocket	30-day supply (retail)	≤ \$10	\$10 copay	Same as Tier 2; requires physician approval	
									90-day supply (mail order)	≤ \$20	\$20 copay		
Kaiser Maintenance (Part-time employees only)		\$20 copay	No charge	Not covered	Not covered	Kaiser Maintenance (part-time employees only)	None	Accrues toward Medical Max Out-of-Pocket	30-day supply (retail)	≤ \$15	\$15 copay for generic; \$30 copay for brand	Same as Tier 2; requires physician approval	
									90-day supply (mail order)	≤ \$30	\$30 copay for generic; \$60 copay for brand		

Comparisons not intended to provide comprehensive plan information. Benefits and coverage subject to plan limitations and definitions. This summary is not a guarantee of coverage. Consult the Summary Plan Description, Evidence of Coverage, Summary of Benefits and Coverage for applicable health plan for coverage information.