

2008 Full-time Medical Plans Routine Vision Care Coverage Comparison						
Coverage	Kaiser HMO	Kaiser Added Choice POS			VSP for Providence, Regence, Samaritan	
		HMO	Network	OON*	VSP Provider	OON* Provider
Routine Exam	\$5	\$10	15%	30%	\$10	\$10 + amount above \$42
Eyewear Allowance	\$200 ¹	\$200 ¹	\$200 ¹	\$200 ¹	\$200 ²	\$200 ²

¹ Eyewear benefit provided every 24 months or when vision changes 0.5 diopter within 12 months of initial exam. Available through Kaiser facilities and providers only.

² Every 24 months for adults (17 and older); every 12 months for children (up to age 17).

* OON = Out of Network

NOTE: PEBB Part-time and Retiree plans do not offer coverage for routine vision care, with the exception of the Kaiser Part-time and Retiree plans, which cover an annual exam (only through the Kaiser Permanente HMO).