



Pediatric Essential Health Benefit for Vision

Children under the age of 19¹ who are covered by the Pediatric Essential Health Benefit (EHB) can visit a Kaiser Permanente Optical Center for their vision needs.

Every 12 months, covered children can choose a pair of frames from our selected collection and add impact-resistant polycarbonate lenses for a fully covered pair of eyeglasses.

Or covered children who wish to receive prescription contact lenses instead of glasses can get a six-month supply of disposable contacts.

See the Benefit Summary on the back for full details.

Benefit Summary

Eye examination

Covered by your Kaiser Permanente Health Plan benefit. No charge for preventive screening.

Frequency - No limit

AND

Frames for prescription eyeglasses

Covered frames from our selected collection.²
Or, 20% off retail price of frames outside our selected collection.³

Frequency - 12 months

Lenses for prescription eyeglasses

One pair of eyeglass lenses will be covered at no charge - standard clear plastic or polycarbonate single vision, bifocals or no-line progressives. Plus, 20% off any lens enhancements you'd like to add.⁴

Frequency - 12 months

OR

Contact lenses instead of eyeglasses

Covered for a contact lens fitting. Six-month supply of disposable lenses or one pair of hard contact lenses will be covered at no charge.

Frequency - 12 months

¹Through the end of the month in which the child turns 19 years old.

²Includes frames \$80 & under.

³Not valid with any other offers, promotions, or eyewear packages.

⁴20% off the addition of anti-reflective, tints, and mirror coatings when applied to clear polycarbonate lenses. 20% off polarized or photochromic instead of clear lenses. Not valid with any other offers, promotions, or eyewear packages.

Kaiser Permanente members typically have coverage for medically necessary eye examinations, and some members, including those members with the pediatric vision benefit under their Affordable Care Act plan, may be able to apply a supplemental benefit to their purchases. Otherwise, the services and products described here are provided on a fee-for-service basis, separate from and not covered under your health plan benefits, and you are financially responsible to pay for them. For specific information about your covered health plan benefits, please see your Evidence of Coverage. Photo of models, not actual patients. 9/2023 |