2025-26 **Vision plan** benefit table

| | Opal | Pearl | Quartz |
|--|--------------|-------|--------|
| Benefit maximum | \$600 | \$400 | \$250 |
| | What you pay | | |
| Eye examinations (including refraction) Frequency: Once per plan year | O%¹ | | |
| Lenses ² Frequency: Contacts (including disposable contacts) or one pair of lenses per plan year | O%¹ | | |
| Frames Frequency: One pair per plan year for members under 17 years old. One pair every two plan years for members 17 and older. | O%¹ | | |

Limitations and exclusions

- Vision exam and hardware benefits are all subject to the plan-year benefit maximum.
- Noncovered, excluded services are the member's responsibility and do not apply toward the plan-year maximum.

For more limitations and exclusions, visit modahealth.com/oebb/members and refer to your Member Handbook.

Subject to benefit maximum.

² Includes single vision, bifocal, trifocal or contacts.