

Price conscious? So are we.



Order your contacts
on kp2020.org

No need to shop around to save – great contact lens prices at Kaiser Permanente Optical Centers. Order contact lenses on kp2020.org, apply your benefit, and get shipping at no charge. Visit kp2020.org to check your benefit availability and details. Don't see your lenses? Log-in to see the price of your lenses.

Sample Contact Lenses	Price per box ¹	Price per box with our Contact Lens Savings Plan ²
1 Day Acuvue MOIST (30pk)	\$40	\$33
1 Day Acuvue MOIST (90pk)	\$69	\$62
1 Day Acuvue MOIST for Astigmatism (30pk)	\$42	\$35
1 Day Acuvue MOIST for Astigmatism (90pk)	\$91	\$84
1 Day Acuvue MOIST Multifocal (30pk)	\$55	\$48
1 Day Acuvue MOIST Multifocal (90pk)	\$101	\$94
Acuvue Oasys 1 day (90 pack)	\$91	\$84
Acuvue Oasys 1 day for Astigmatism (30 pack)	\$49	\$42
Acuvue Oasys 1 day for Astigmatism (90 pack)	\$110	\$103
Acuvue Oasys (12pk)	\$73	\$66
Acuvue Oasys (24pk)	\$112	\$105
Acuvue Oasys for Astigmatism (6pk)	\$44	\$37
Acuvue Oasys Multifocal (6pk)	\$49	\$42
Acuvue Oasys Max 1 day Multifocal (30 pack)	\$78	\$71
Acuvue Oasys Max 1 day Multifocal (90 pack)	\$158	\$151
Biofinity (6pk)	\$42	\$35
Biofinity XR (6pk)	\$54	\$47
Biofinity Toric (6pk)	\$62	\$55
Biofinity Toric XR (6pk)	\$126	\$119
Biofinity Multifocal (6pk)	\$77	\$70
Clariti 1 Day (90pk)	\$70	\$63
Clariti 1 Day Toric (30pk)	\$40	\$33
Clariti 1 Day Toric (90pk)	\$83	\$76
Clariti 1 Day Multifocal (90pk)	\$93	\$86
Ultra (6pk)	\$48	\$41
Ultra for Presbyopia (6pk)	\$75	\$68
Ultra for Astigmatism (6pk)	\$55	\$48
Ultra Multifocal for Astigmatism (6pk)	\$114	\$107

\$ With our two-year Contact Lens Savings Plan for \$25, you can save \$7 per box. The Savings Plan pays for itself when you purchase 4 boxes. Plus, get 25% off complete pairs of eyeglasses and non-prescription sunglasses and more with the Savings Plan!

¹All prices shown are per box and are subject to change. Prices exclude any manufacturer rebates.

²Prices listed require purchasing a Savings Plan. Prices updated 1/2025.

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 model, not actual patient. 1/2025 J