

# Price conscious? So are we.



No need to shop around to save - great contact lens prices at Kaiser Permanente Optical Centers. Order contact lenses on [kp2020.org](http://kp2020.org), apply your benefit, and get shipping at no charge<sup>1</sup>. Don't see your lenses? [Log-in](#) to see the price of your lenses.

Sample Contact Lenses	Price per box <sup>2</sup>	Price per box with Contact Lens Saving Plan <sup>3</sup>
1 Day Acuvue MOIST (30pk)	\$29	\$22
1 Day Acuvue MOIST (90pk)	\$64	\$57
1 Day Acuvue MOIST for Astigmatism (30pk)	\$42	\$35
1 Day Acuvue MOIST for Astigmatism (90pk)	\$89	\$82
1 Day Acuvue MOIST Multifocal (30pk)	\$51	\$44
1 Day Acuvue MOIST Multifocal (90pk)	\$96	\$89
Acuvue Oasys 1 day (90 pack)	\$86	\$79
Acuvue Oasys 1 day for Astigmatism (30 pack)	\$47	\$40
Acuvue Oasys 1 day for Astigmatism (90 pack)	\$105	\$98
Acuvue Oasys (12pk)	\$64	\$57
Acuvue Oasys (24pk)	\$103	\$96
Acuvue Oasys for Astigmatism (6pk)	\$40	\$33
Acuvue Oasys Multifocal (6pk)	\$47	\$40
Biofinity (6pk)	\$40	\$33
Biofinity XR (6pk)	\$51	\$44
Biofinity Toric (6pk)	\$60	\$53
Biofinity Toric XR (6pk)	\$118	\$111
Biofinity Multifocal (6pk)	\$72	\$65
Clariti 1 Day (90pk)	\$64	\$57
Clariti 1 Day Toric (30pk)	\$37	\$30
Clariti 1 Day Toric (90pk)	\$77	\$70
Clariti 1 Day Multifocal (90pk)	\$87	\$80



With our two-year [Savings Plan for Contact Lenses](#) for \$25, you can save \$7 per box.<sup>3</sup> 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!

<sup>1</sup>Check your optical benefit availability on [kp2020.org](http://kp2020.org).

<sup>2</sup>All prices shown are per box and are subject to change. Prices exclude manufacturer rebates.

<sup>3</sup>Prices listed require purchasing a Savings Plan for Contact Lenses. Click [here](#) for more details. Prices updated 10/2022.

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. 10/2022 VE