

Health Net Vision

PLAN 6X

Eye care services at an affordable price

Health Net’s Vision 6X plan offers choice, convenience and personalized care. Choose affordable vision services from a vast network of ophthalmologists, optometrists and opticians. Our plan includes coverage for lenses and frames – including contact lenses – from a wide range of independent opticians, including †LensCrafters, Pearle Vision, America's Best, and Target Optical.

Finding a participating eye care provider is easy. Just call the Health Net Vision Member Services toll-free number at **1-866-392-6058**, Monday through Saturday, 4:30 a.m. to 8:00 p.m. Pacific time (PT) and Sunday, 8:00 a.m. to 5:00 p.m. PT, except major holidays. TTY users should call 711, Monday through Friday, 5:00 a.m. to 5:00 p.m. Or visit us online at healthnet.com, and click on *ProviderSearch/Find a Provider* to find participating eye care providers.



Overview of your coverage and benefits

This is only a summary of your benefits. Please refer to your *Evidence of Coverage* for terms and conditions of coverage, including which services are limited or excluded from coverage.

| Benefit description ¹ | Member cost |
|--|--|
| Routine Eye Exam | \$0-\$25 for 1 exam every year |
| Standard plastic lenses | |
| Single vision | \$0 copay |
| Bifocal | \$0 copay |
| Trifocal | \$0 copay |
| Standard progressive lenses | \$65 |
| Premium progressive lenses | \$65, plus 80% of the retail charge minus the \$120 plan allowance |
| Frames | |
| Any frame available at a provider location | \$0 copay, \$100 retail allowance for any frame, plus 20% off remaining balance over allowance |

(continued)

| Benefit description ¹ | Member cost |
|---|---|
| Lens options Tint (solid and gradient) | \$0 copay |
| Contact lenses² Conventional (in lieu of eyeglass lenses) | \$0 Copay \$100 Allowance 15% off remaining balance over allowance |
| Disposables | \$0 Copay \$100 Allowance Member pays remaining balance after allowance |
| Medically necessary | \$0 copay |
| Frequency Lenses or contact lenses | Once every 24 months |
| Frame | Once every 24 months |



**Health Net Vision Plan 6X
also covers contact lenses.**

¹Routine vision exams (refraction) are covered through your primary physician group. Please refer to your Summary of Benefits for further details.

²The allowance is in lieu of other eyeglass lenses. The contact lens benefit is limited to the allowance amount shown.

Health Net is contracted with Medicare for HMO plans. Enrollment in Health Net depends on contract renewal.

Discounts do not apply to benefits provided by other group benefit plans. Allowances are one-time-use benefits, with no remaining balance. Lost or broken materials are not covered. The products and services described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the grievance process.

†Other Providers are available in our network.