

Pediatric Dental and Vision

When you purchase a Health Net HSP or HMO health plan directly through Health Net, your medical plan includes pediatric dental and vision coverage (for ages newborn through 18).

Kim Aung
Health Net

Dental coverage benefits

- No waiting periods.
- No annual limit.



Vision coverage benefits

- \$0 copays for vision exams and lenses.
- Large network of independent providers, including optical retailers LensCrafters, Pearle Vision, Sears Optical, JCPenney Optical, and Target Optical.

Pediatric dental summary of benefits¹

<i>Benefit description</i>	<i>Member cost</i>
Annual deductible	None
Annual calendar year benefit maximum	None
Preventive and diagnostic	
Oral evaluation	\$0
Bitewing X-rays	\$0
Prophylaxis (cleanings)	\$0
Sealants	\$0
Office visits	\$0
Basic services	
Basic restorative ²	\$25
Major services³	
Oral surgery	\$300
Endodontics	\$300
Periodontics	\$300
Crowns	\$300
Cast restorations	\$300
Prosthodontics	\$300
Orthodontics	
Medically necessary orthodontics	\$1,000

Pediatric dental HMO and vision benefits are provided by Health Net of California, Inc. Dental benefits are administered by Dental Benefit Providers of California, Inc. (DBP). DBP is a California licensed specialized dental plan and is not affiliated with Health Net of California, Inc. Health Net contracts with EyeMed Vision Care, LLC, a vision services provider panel, to provide and administer vision benefits. EyeMed Vision Care, LLC is not affiliated with Health Net of California, Inc.

Pediatric vision summary of benefits¹

<i>Benefit description</i>	<i>Member cost</i>
Routine eye exam (limit: 1 per calendar year)	\$0
Lenses (limit: 1 per calendar year), including: <ul style="list-style-type: none"> • Single vision, bifocal, trifocal, lenticular • Glass or plastic 	\$0
Provider-selected frames (limit: 1 per calendar year)	\$0
Optional lenses and treatments, including: <ul style="list-style-type: none"> • UV treatment • Tint (fashion, gradient and glass-grey) • Standard plastic scratch coating • Standard polycarbonate • Photocromatic / transitions plastic • Standard anti-reflective coating • Polarized • Standard progressive lenses • Hi-index lenses • Blended segment lenses • Intermediate vision lenses • Select or ultra-progressive lenses 	\$0
Provider-selected contact lenses (in lieu of eyeglass lenses): <ul style="list-style-type: none"> • Extended wear disposables: up to 6-month supply of monthly or 2-week disposable, single vision spherical or toric contact lenses • Conventional: 1 pair from selection of provider-designated contact lenses • Medically necessary⁴ 	\$0

¹This is a summary of benefits. It does not include all services, limitations or exclusions. Please refer to the EOC for terms and conditions of coverage.

²Copayments vary by procedure within this category. Based on a statistically significant set of claims data, the plan's average copayments charged for procedures in this category does not exceed this amount.

³Copayments vary by procedure within this category. Amounts listed are maximum copayments for any procedure in this category.

⁴Coverage of medically necessary contact lenses is subject to Medical Necessity, prior authorization from Health Net and all applicable exclusions and limitations. See the applicable EOC for details of limitations.

