

Pediatric Dental and Vision

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



Nicole daLomba
We are your 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	\$20
Basic services	
Basic restorative ²	\$95
Major services³	
Oral surgery	\$365
Endodontics	\$365
Periodontics	\$365
Crowns	\$365
Cast restorations	\$365
Prosthodontics	\$375
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 amounts 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.

