

For groups of 51+

# Health Net Vision PPO

The Health Net Vision PPO plans are your keys to the extra coverage you want and need. You'll enjoy the same great quality and affordability as our health plans, including access to the largest vision network in California. For benefits, claims or other information, please call Health Net Vision Member Services at **1-866-392-6058**, or call your Health Net Sales Representative.

## Advantages of Health Net Vision PPO<sup>1</sup>

- One of the largest PPO vision networks in California with over 5,895 participating providers throughout the state<sup>2</sup> – with a wide and diverse choice of national independent providers and retail locations including LensCrafters® – the nation's #1 optical retailer, Pearle Vision®, Sears Optical,<sup>SM</sup> JCPenney® Optical, and Target Optical®
- Members can see any provider they choose – in-network or out-of-network coverage.<sup>3</sup>
- Secondary Purchase Plan – discounts up to 40% once initial benefit is used.
- Standard single, bifocal, and trifocal lenses are covered at 100% (after copayment) when obtained from in-network providers. Materials-only plans (no exam benefit) are also available.
- Discounts on the retail price of LASIK and PRK procedures.

## Elite Vision plans (\$150 frame allowance and \$120 contact lens allowance – in-network)

Plan name	Exam copayment	Materials copayment	Benefit frequency
Elite 00-1	\$0	\$0	Exam, lenses and frames: once every 12 months
Elite 010-1	\$0	\$10	
Elite 1010-1	\$10	\$10	
Elite 1025-1	\$10	\$25	Exam and lenses: once every 12 months Frames: Once every 24 months
Elite 00-2	\$0	\$0	
Elite 010-2	\$0	\$10	
Elite 1010-2	\$10	\$10	
Elite 1025-2	\$10	\$25	

(continued)

<sup>1</sup>Health Net Vision PPO plans are underwritten by Fidelity Security Life Insurance Company and serviced by EyeMed Vision Care, LLC (together, the "Fidelity Entities"). Discounts on vision care services and products are made available by EyeMed. Obligations of the Fidelity Entities are not the obligations of or guaranteed by Health Net, Inc. or its affiliates.

<sup>2</sup>Network data effective as of 4/12. Using out-of-network providers will result in reduced benefits.

<sup>3</sup>This is only a summary of your benefits. Please refer to your Certificate of Insurance for terms and conditions of coverage, including which services are limited or excluded from coverage.



Pam White  
Health Net



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**Supreme Vision plans (\$120 frame allowance and \$105 contact lens allowance – in-network)**

<i>Plan name</i>	<i>Exam copayment</i>	<i>Materials copayment</i>	<i>Benefit frequency</i>
Supreme 00-1	\$0	\$0	Exam, lenses and frames: once every 12 months
Supreme 010-1	\$0	\$10	
Supreme 1010-1	\$10	\$10	
Supreme 1025-1	\$10	\$25	
Supreme 00-2	\$0	\$0	Exam and lenses: once every 12 months
Supreme 010-2	\$0	\$10	
Supreme 1010-2	\$10	\$10	Frames: once every 24 months
Supreme 1025-2	\$10	\$25	

**Preferred Vision plans (\$100 frame allowance and \$90 contact lens allowance – in-network)**

<i>Plan name</i>	<i>Exam copayment</i>	<i>Materials copayment</i>	<i>Benefit frequency</i>
Preferred 00-1	\$0	\$0	Exam, lenses and frames: once every 12 months
Preferred 010-1	\$0	\$10	
Preferred 1010-1	\$10	\$10	
Preferred 1025-1	\$10	\$25	
Preferred 00-2	\$0	\$0	Exam and lenses: once every 12 months
Preferred 010-2	\$0	\$10	
Preferred 1010-2	\$10	\$10	Frames: once every 24 months
Preferred 1025-2	\$10	\$25	