

FOR GROUPS OF 51+
FOR GROUPS OF 2-50



HEALTH NET VISION PPO

Elite 1010-2, Plan Code 2B

Health Net Vision PPO.¹ It's the vision coverage you want with the convenience you need.

Real convenience – meaning you have lots of choices. Like getting affordable eye care services from a network of ophthalmologists, optometrists and opticians. Coverage on lenses and frames from an expansive network of independent opticians, including LensCrafters,[®] Pearle Vision,[®] Sears Optical,SM JCPenney[®] Optical and Target Optical.[®] And service hours designed to fit your schedule – for evenings, weekends and lunch hours. Health Net Vision PPO also covers contact lenses. And it offers discounts on LASIK and PRK laser vision corrections from U.S. Laser Network.² For the names of local eye doctors, just call Health Net Vision Member Services toll-free at **1-866-392-6058** from 5:00 a.m. to 8:00 p.m. Pacific Time, Monday through Saturday, and 8:00 a.m. to 5:00 p.m. Sundays. Or visit us online at www.healthnet.com for an online provider search.

SCHEDULE OF BENEFITS AND COVERAGE

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.

BENEFIT DESCRIPTION	MEMBER COST	OUT-OF-NETWORK ALLOWANCE
EXAM WITH DILATION AS NECESSARY	\$10 copayment	Up to \$40
EXAM OPTIONS (fit and follow-up):		
Standard contact lenses	up to \$55	n/a
Premium contact lenses	10% off retail	n/a
STANDARD PLASTIC LENSES		
Single vision	\$10 copayment	Up to \$40
Lined bifocal	\$10 copayment	Up to \$60
Lined trifocal	\$10 copayment	Up to \$80
Lenticular lenses	\$10 copayment	Up to \$80
Standard progressive lenses	\$75	\$60
Premium progressive lenses	\$75, plus 80% of change less \$120 allowance	\$60
FRAMES		
Any frame available at a provider location	\$0 copayment, \$150 retail allowance for any frame plus 20% off balance over allowance	Up to \$45

(continued on back)

¹Health 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. The Fidelity Entities are not affiliated with Health Net of California, Inc. or Health Net Life Insurance Company (together, the "Health Net Entities"). Obligations of the Fidelity Entities are not the obligations of or guaranteed by the Health Net Entities.

²Members receive a 15 percent discount off the retail price or 5 percent off the promotional price of LASIK or PRK laser vision correction procedures. LASIK and PRK correction procedures are provided by the U.S. Laser Network, owned by LCA-Vision. Members must first call 1-877-5LASER6 for the nearest facility and to receive authorization for the discount.

BENEFIT DESCRIPTION	MEMBER COST	OUT-OF-NETWORK ALLOWANCE
LENS OPTIONS		
UV coating	\$15	n/a
Tint (solid and gradient)	\$15	n/a
Standard scratch-resistance	\$15	n/a
Standard polycarbonate	\$40	n/a
Standard anti-reflective	\$45	n/a
Other add-ons and services	20% discount	n/a
CONTACT LENSES (in lieu of eyeglass lenses)	\$120 allowance	n/a
Conventional	\$0 copayment, plus 15% discount off balance over allowance	Up to \$105
Disposables	\$0 copayment, plus balance over allowance	Up to \$105
Medically necessary	\$0 copayment	Up to \$210
LASER VISION CORRECTION		
LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	n/a
FREQUENCY		
Examination	Once every 12 months	
Lenses or contact lenses	Once every 12 months	
Frame	Once every 24 months	

Member will receive a 20 percent discount on remaining balance beyond plan coverage at participating providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to provider's professional services or to contact lenses. Retail prices may vary by location.

Discounts do not apply for benefits provided by other group benefit plans. Allowances are one-time use benefits; no remaining balance. Lost or broken materials are not covered.

Limitations and exclusions apply; please refer to the Certificate of Insurance for terms and conditions of coverage.