

Pediatric Vision

When you choose a Health Net EPO or PPO insurance plan through Covered California for Small Business, your medical plan includes pediatric vision coverage (for ages newborn through 18).

Vision coverage benefits

- \$0 copayments for vision exams and lenses when you use an in-network provider.
- Large network of independent providers, including optical retailers LensCrafters, Pearle Vision, Sears Optical, JCPenney Optical, and Target Optical.
- Secondary purchase plan – Unlimited discounts up to 40% on materials and services once initial benefit has been used when you use an in-network provider.

Pediatric vision summary of benefits

<i>Benefit</i>	<i>Copayment</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 • Premium progressive lenses 	\$0
Provider-selected contact lenses – A one-year supply is covered every calendar year (in lieu of eyeglass lenses): <ul style="list-style-type: none"> • Disposables • Conventional • Medically necessary¹ 	\$0



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Medically necessary contact lenses: Contact lenses may be determined to be medically necessary and appropriate in the treatment of patients affected by certain conditions. In general, contact lenses may be medically necessary and appropriate when the use of contact lenses, in lieu of eyeglasses, will result in significantly better visual and/or improved binocular function, including avoidance of diplopia or suppression.

Contact lenses may be determined to be medically necessary for the treatment of conditions, including, but not limited to keratoconus, pathological myopia, aphakia, anisometropia, aniridia, corneal disorders, post-traumatic disorders, and irregular astigmatism.

Medically necessary contact lenses are dispensed in lieu of other eyewear. Participating providers will obtain the necessary preauthorization for these services.

For Small Business Group, Health Net Vision plans are underwritten by Fidelity Security Life Insurance Company and serviced by EyeMed Vision Care, LLC. (the “EyeMed Entities”). Obligations of the EyeMed Entities are not the obligations of, or guaranteed by, Health Net, Inc. or its affiliates.

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