



Pediatric Dental and Vision

When you choose a Health Net EPO or PPO insurance plan directly through Cardinal Care, your medical plan includes pediatric dental and vision coverage (for members from birth through the end of the month in which the covered person turns 19 years of age).

Dental coverage benefits

- Choose your own dental provider.
- No claim forms when you use an in-network provider.
- Save on covered dental services when you use an in-network provider.

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.



For more detailed information, contact
Health Net Dental at 1-866-249-2382,
Monday through Friday,
5:00 a.m. to 8:00 p.m.
Pacific time.

Pediatric dental summary of benefits

Benefit		
Annual deductible	\$0	
Annual calendar year benefit maximum	None	
	Insured responsibility	
	In-network	Out-of-network
Preventive		
Routine exams	0%	10%
Bitewing X-rays	0%	10%
Prophylaxis (cleanings)	0%	10%
Fissure sealants	0%	10%
Fluoride	0%	10%
Space maintainers	0%	10%
Basic		
Restorative	20%	30%
Major		
Oral surgery	50%	50%
Endodontics	50%	50%
Periodontics	50%	50%
Crowns	50%	50%
Cast restorations	50%	50%
Dentures and bridgework	50%	50%
Orthodontics		
Medically necessary orthodontics	50%	50%

Pediatric vision summary of benefits

Benefit	Copayment
Routine eye exam (limit: 1 per calendar year)	\$0
Lenses (limit: 1 per calendar year), including: • Single vision, bifocal, trifocal, lenticular • Glass or plastic	\$0
Provider-selected frames (limit: 1 per calendar year)	\$0
Optional lenses and treatments, including:	\$0



For questions regarding

vision coverage, call

1-866-392-6058, Monday

through Friday, 4:30 a.m.

to 8:00 p.m. Pacific time.

- UV treatment Tint (fashion, gradient and glass-grey)
- Standard plastic scratch coating
- Standard polycarbonate
- Photochromic / 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

Provider-selected contact lenses – A one-year supply is covered every calendar year \$0 (in lieu of eyeglass lenses):

- Disposables
- Conventional
- Medically necessary¹

¹Medically 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.



Dental and vision benefits are underwritten by Health Net Life Insurance Company. Dental benefits are administered by Dental Benefit Administrative Services. Vision benefits are administered by EyeMed Vision Care, LLC. Dental Benefit Administrative Services and EyeMed Vision Care, LLC are not affiliated with Health Net Life Insurance Company.

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