

*Health Net Life Insurance Company*

# INDIVIDUAL MEDICARE SUPPLEMENT PLANS OPTIONAL SUPPLEMENTAL BENEFIT PACKAGES 1 & 2 VISION BENEFITS RIDER

*This Health Net Life Insurance Company (Health Net Life) Vision Benefits Rider (the "Rider") contains details on vision benefits that are provided by Health Net Vision Program for Individual Medicare Supplement plans.*

## HEALTH NET LIFE MEMBER SERVICES:

For help or information, please call Health Net Life Member Services Monday through Friday 8:00 a.m. to 8:00 p.m., except holidays. Calls to this number are free: **1-800-926-4178** (TTY: **1-800-929-9955**).

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# VISION CARE

**NOTE: These benefits are available to Health Net Life Individual Medicare Supplement Plan members who have purchased the Optional Supplemental Benefits Package 1 or 2.**

## USING YOUR COVERAGE FOR VISION CARE

Routine eye exams and eyewear are administered by Health Net Vision, which is serviced by EyeMed Vision Care, LLC. EyeMed will pay your provider its share of the bill for routine eye exams and routine eyewear and let you know what, if anything, you must pay your provider.

Medicare-covered vision exams and eyewear are a covered benefit through your Medicare Supplement Medical Plan.

## HOW TO USE THE PLAN

- Make arrangements for your routine annual eye exam through the Health Net Vision Provider Network to utilize your in-network level of coverage or through an out-of-network provider which may have higher out-of-pocket cost sharing. For a list of Health Net Vision participating providers, please contact Health Net Vision at 1-866-392-6058 Monday through Saturday, 5:00 a.m.–8:00 p.m. and Sunday 8:00 a.m.–5:00 p.m. Pacific Time (or 1-866-308-5375 TDD/TTY for the hearing and speech impaired Monday through Friday from 5:00 a.m.–2:00 p.m. Pacific Time) or visit our website at [www.healthnet.com](http://www.healthnet.com).
- Go to your eye exam and if you require eyeglasses or contact lenses, a prescription will be written. Determine whether you want to access your in-network benefits for greater cost savings or your out-of-network level of coverage and have the vision prescription filled accordingly. For more information or a list of Health Net Vision participating eyewear providers, please contact Health Net Vision at 1-866-392-6058 Monday through Saturday, 5:00 a.m.–8:00 p.m. and Sunday 8:00 a.m.–5:00 p.m. Pacific Time (or 1-866-308-5375 TDD/TTY for the hearing and

speech impaired Monday through Friday from 5:00 a.m. to 2:00 p.m. Pacific Time) or visit our website at [www.healthnet.com](http://www.healthnet.com).

- When utilizing your in-network benefits for eyewear and/or a vision exam through a Health Net Vision participating provider, payment will be made directly to that Health Net Vision participating provider. Out-of-network providers may require payment in full at the time of service. To receive reimbursement you will need to submit your claim to:

Health Net Vision  
P.O. Box 8504  
Mason, OH 45040-7111

If you have questions about your Vision Care benefits or would like a list of Health Net Vision participating providers, you may call the Health Net Vision Customer Service Department at 1-866-392-6058. Normal business hours are Monday-Saturday, 5:00 a.m.–8:00 p.m. and Sunday, 8:00 a.m.–5:00 p.m. TDD/TTY services are available Monday-Friday from 5:30 a.m.–2:00 p.m. at 1-866-308-5375.

## HOW MUCH DO YOU PAY FOR ROUTINE EYEWEAR COVERED BY THIS PLAN?

You have the option to choose from in-network and out-of-network providers when purchasing routine eyewear. You may save money when using in-network providers (providers who are in Health Net Vision's network) or you may pay a little more to use providers who are out-of-network (providers who are not in the Health Net Vision's network).

Health Net will cover one eyewear purchase every two years (multi-year benefits may not be available in subsequent years.)

There is no copayment for routine eyewear; however, there are different benefit maximum amounts Health Net Vision will pay depending on where you purchase the eyewear (in-network or out-of-network) and the type of eyewear you purchase.

**PACKAGE 1**

*Schedule of Allowances*

	<b>PARTICIPATING VISION CARE PROVIDERS</b>	<b>NONPARTICIPATING VISION CARE PROVIDERS</b>
	<b>MEMBER COST/ ALLOWANCE IN-NETWORK</b>	<b>MEMBER REIMBURSEMENT OUT-OF-NETWORK</b>
<b>EYE EXAMINATION WITH DILATION AS NECESSARY</b>	\$10 copay	Up to \$45
<b>CONTACT LENS FIT AND FOLLOW-UP:</b> (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed)		
Standard*	\$0 copay, paid-in-full fit and two follow-up visits	Up to \$40
Premium**	\$0 copay, 10% off retail price, then apply \$55 allowance	Up to \$40
<b>FRAME AND LENS PACKAGE</b> (Any frame and lens available at provider location)	\$100 allowance for frame and lens package, 20% off balance over \$100	Up to \$100
<b>CONTACT LENSES</b> (Includes materials only)		
Conventional	\$0 copay; 15% discount off balance over \$100	Up to \$100
Disposable	\$0 copay; balance over \$100	Up to \$100

\*Standard Contact lens fitting – spherical clear contact lenses in conventional wear and planned replacement.

\*\*Premium Contact lens fitting – all lens designs, materials and specialty fittings other than Standard contact lens

## PACKAGE 2

### *Schedule of Allowances*

	PARTICIPATING VISION CARE PROVIDERS	NONPARTICIPATING VISION CARE PROVIDERS
	MEMBER COST/ ALLOWANCE IN-NETWORK	MEMBER REIMBURSEMENT OUT-OF-NETWORK
<b>EYE EXAMINATION WITH DILATION AS NECESSARY</b>	\$10 copay	Up to \$45
<b>CONTACT LENS FIT AND FOLLOW-UP:</b> (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed)		
Standard*	\$0 copay, paid-in-full fit and two follow-up visits	Up to \$40
Premium**	\$0 copay, 10% off retail price, then apply \$55 allowance	Up to \$40
<b>FRAME AND LENS PACKAGE</b> (Any frame and lens available at provider location)	\$250 allowance for frame and lens package, 20% off balance over \$250	Up to \$250
<b>CONTACT LENSES</b> (Includes materials only)		
Conventional	\$0 copay; 15% discount off balance over \$250	Up to \$250
Disposable	\$0 copay; balance over \$250	Up to \$250
Medically necessary	\$0 copay, paid-in-full	Up to \$250

\*Standard Contact lens fitting – spherical clear contact lenses in conventional wear and planned replacement.

\*\*Premium Contact lens fitting – all lens designs, materials and specialty fittings other than Standard contact lens

## ADDITIONAL PURCHASES AND OUT-OF-POCKET DISCOUNTS

Member receive a 20% discount on items not covered by the plan at network providers, which cannot be combined with any other discounts or promotional offers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Retail prices may vary by location.

Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used. Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision. Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization please call between 8:00 a.m.–8:00 p.m. EST, Monday through Friday, 1-877-5LASER6 (1-877-552-7376) /or 711 to access your Telecommunications Relay Service (TRSS) for your State.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com). The contact lens benefit allowance is not applicable to this service.

### Notes:

- Eyewear benefits for Nonparticipating Vision Care Providers differ from others benefits under this plan in that no Copayment is specified. However, You must pay the difference between the retail price of Eyewear and the Eyewear allowance described above. Any charges exceeding the Schedule of Allowances are not covered charges and will be the responsibility of the Covered Person.
- Frequency:
  - **Examination** –Once every 12 months
  - **Frame and lenses or contact lenses** – Once every 24 months

## VISION CARE EXCLUSIONS AND LIMITATIONS

The following items and services are limited or excluded under Health Net Vision:

- Lenses that correct the vision defect known as aniseikonia are not covered.
- Medical or surgical treatment of the eye, eyes, or supporting structures are not covered.
- Orthoptics or vision training, subnormal vision aids, and any associated supplemental testing are not covered.
- Certain Frame brands in which the manufacturer imposes a no discount policy are not covered.
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear are not covered.
- Materials or services provided by any group benefit providing for vision care are not covered.
- Plano non-prescription lenses and non-prescription sunglasses are not covered except for a 20% discount.
- Services provided as a result of any Worker's Compensation law are not covered.
- Two pair of glasses in lieu of bifocals are not covered.

### QUESTIONS?

For up-to-date provider information, to obtain authorization to receive services, or if you have any questions concerning claims about vision care services, please contact Health Net Vision at 1-866-392-6058 Monday through Saturday, 5:00 a.m.–8:00 p.m. and Sunday 8:00 a.m.–5:00 p.m. Pacific Time (or 1-866-308-5375 TDD/TTY for the hearing and speech impaired Monday through Friday from 5:00 a.m.–2:00 p.m. Pacific Time). Or visit the Health Net Vision web site at [www.healthnet.com](http://www.healthnet.com) for a list of Health Net Vision participating providers in your area.

# DEFINITIONS

The list below contains terms that apply to the benefits described in this Rider.

**Contracted Eyewear Dispenser** – Is a licensed retail dispenser of Eyewear that has a contract in effect with Health Net Vision.

**Eyewear** – Is either Eyeglasses or Contact Lenses.