



Health Net Vision HMO

Plan N2

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 vast network of ophthalmologists, optometrists and opticians. Coverage on lenses and frames from an expansive network of independent opticians, including LensCrafters, the nation's #1 optical retailer, Pearle Vision, Sears Optical and Target Optical. And service hours designed to fit your schedule – evenings, weekends and lunch hours. For the names of local eye doctors, just call the Health Net Vision Member Services toll-free number at **1-866-392-6058 (TTY/TDD 1-866-308-5375)** Monday through Saturday, 5:00 a.m. to 8:00 p.m. Pacific time, and Sundays, 8:00 a.m. to 5:00 p.m. Or visit us online at www.healthnet.com and select *Shoppers* or *Members*. Click on *ProviderSearch* to find participating providers.

Herminia Escobedo
Health Net



Health Net Vision HMO also covers contact lenses. And it offers discounts on LASIK and PRK laser vision corrections from U.S. Laser Network.¹

Schedule of benefits and coverage

This is only a summary of your benefits. Please refer to your Evidence of Coverage for terms and conditions of coverage, including which services are limited or excluded from coverage.

<i>Benefit description²</i>	<i>Member cost</i>
Standard plastic lenses	
Single vision	\$0 copay
Bifocal	\$0 copay
Trifocal	\$0 copay
Standard progressive lenses	\$65
Premium progressive lenses	\$65, plus 80% of charge, less \$120 allowance
Frames	
Any frame available at a provider location	\$0 copay, \$100 retail allowance for any frame, plus 20% off balance over allowance
Lens options	
UV coating	Retail minus 20% discount
Tint (solid and gradient)	\$0 copay
Standard polycarbonate	Retail minus 20% discount
Standard anti-reflective	Retail minus 20% discount
Other add-ons and services	Retail minus 20% discount

(continued)

<i>Benefit description²</i>	<i>Member cost</i>
Contact lenses³	
Conventional (in lieu of eyeglass lenses)	\$100 allowance \$0 copay, 15% discount off balance over allowance
Disposables	\$0 copay, plus balance over allowance
Medically necessary	\$0 copay
Frequency	
Lenses or contact lenses	Once every 24 months
Frame	Once every 24 months
Laser vision correction¹	
LASIK or PRK from U.S. Laser Network	15% off retail price, or 5% off promotional price

¹Members 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 (TTY/TDD 1-866-308-5375) Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern time (ET), and Saturdays, 9:00 a.m. to 5:00 p.m. ET, for the nearest facility and to receive authorization for the discount.

²Refractive vision exams are covered through your primary physician group. Please refer to your Summary of Benefits for further details.

³The allowance is in lieu of other eyeglass lenses. The contact lens benefit is limited to the allowance amount shown.

Member will receive a 20 percent discount on the 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 providers' 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 or Evidence of Coverage for terms and conditions of coverage.

The products and services described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the grievance process.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium, and/or copayments/coinsurance may change on January 1 of each year.

This information is available for free in other languages. Please contact our Health Net customer service number at 1-866-392-6058. Our hours of operation are 8:00 a.m. to 8:00 p.m., seven days a week. TTY/TDD users call 1-866-308-5375.

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