

Vision Exam Only Plan

FOR HEALTH NET MEMBERS

It's the vision coverage you want with the convenience you need.

Real convenience means you have choice. Like getting affordable eye care services from a network of ophthalmologists, optometrists and opticians.

Providers can be found online at eyemedvisioncare.com. This plan offers discounts on LASIK and PRK laser vision corrections from U.S. Laser Network.

Benefits description	Plan benefits	
	In-network member pays	Out-of-network member reimbursement
Exam with dilation as necessary	\$0 copay	Up to \$40
Exam options		
Standard contact lens fit and follow-up	Not covered	
Premium contact lens fit and follow-up	Not covered	
Standard plastic lenses		
Single vision	Not covered	
Bifocal		
Trifocal		
Lenticular		
Standard progressive lenses		
Premium progressive lenses		
Frames		
Any frame available at a provider location	Not covered	

Questions?
Call Centene Vision
at 1-866-392-6058

(continued)

Benefits description	Plan benefits	
Lens Options		
UV coating		
Tint (<i>solid and gradient</i>)		
Standard scratch-resistant		
Standard polycarbonate		
Standard anti-reflective		
Other add-ons and services		
Contact lenses (<i>includes materials only</i>)	Not covered	
Conventional		
Disposables		
Medically necessary		
Laser vision correction		
LASIK or PRK from U.S. Laser Network. Insureds must first call 1-877-5LASER6 for the nearest facility and to receive authorization for the discount.	15% off retail price or 5% off promotional price	Not covered
Frequency		
Examination	Once every 24 months	Not covered
Lenses or contact lenses	Not covered	
Frames	Not covered	

Plan limitations and exclusions

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing.
- Aniseikonic lenses.
- Medical and/or surgical treatment of the eye, eyes, or supporting structures.
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under the plan.
- Services provided as a result of any workers' compensation law.
- Plano (non-prescription lenses and non-prescription sunglasses) – except for a 20% discount.
- Two pairs of glasses in lieu of bifocals.
- Excludes certain frame brands in which the manufacturer imposes a no-discount policy.

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

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

This summary presents general information only and does not include all benefits, details and exclusions. Please refer to your Certificate of Insurance for terms and conditions of coverage, including which services are limited or excluded from coverage.

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