

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
Retinal Imaging	Up to \$39	Not Covered
Exam options		
Standard contact lens fit and follow-up	Not Covered	Not Covered
Premium contact lens fit and follow-up	Not Covered	Not Covered
Standard plastic lenses	Not Covered	Not Covered
Frames	Not Covered	Not Covered
Contact lenses	Not Covered	Not Covered
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	Not Covered
Frames	Not Covered	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.

Vision plans are underwritten by Health Net Health Plan of Oregon, Inc. and serviced by EyeMed Vision Care, LLC. Health Net Health Plan of Oregon, Inc., is a subsidiary of Health Net, LLC, and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.

1/2026