Health Net Health Plan of Oregon, Inc., (Health Net)
Large Group

Vision Plus Plan 20-1

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	$20 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 Single vision	$50 copay	No discount
Bifocal	$70 copay	No discount
Trifocal	$105 copay	No discount
Lenticular	N/A	No discount
Standard progressive lenses	$135 copay	No discount
Premium progressive lenses	No discount	No discount
Frames Any frame available at a provider location	35% discount off retail price	No discount
Lens Options UV coating	$15 copay	No discount
Tint *(solid and gradient)*	$15 copay	No discount
Standard scratch-resistant	$15 copay	No discount
Standard polycarbonate	$40 copay	No discount
Standard anti-reflective	$45 copay	No discount
Other add-ons and services	20% discount	No discount

Benefits description	Plan benefits	
Contact lenses *(includes materials only)*	$0 allowance	No discount
Conventional	$0 copay, plus 15% discount off balance over allowance	No discount
Disposables	None	No discount
Medically necessary	N/A	No discount
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	No discount
Frequency Examination	Once every 12 months	Once every 12 months
Lenses or contact lenses	Unlimited	Unlimited
Frames	Unlimited	Unlimited

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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