



Pam White  
Health Net

# Vision PPO

Oregon/Washington Large Group

Preferred Plan 1025-3

| <i>Vision care services</i>                | <i>In-network insured cost</i>                                                               | <i>Out-of-network insured reimbursement</i> |
|--------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------|
| Exam with dilation as necessary            | \$10 copay                                                                                   | Up to \$40                                  |
| <b>Exam options</b>                        |                                                                                              |                                             |
| Standard contact lens fit and follow-up    | Up to \$55 copay                                                                             | No discount                                 |
| Premium contact lens fit and follow-up     | 10% off retail                                                                               | No discount                                 |
| <b>Standard plastic lenses</b>             |                                                                                              |                                             |
| Single vision                              | \$25 copay                                                                                   | Up to \$40                                  |
| Bifocal                                    | \$25 copay                                                                                   | Up to \$60                                  |
| Trifocal                                   | \$25 copay                                                                                   | Up to \$80                                  |
| Lenticular                                 | \$25 copay                                                                                   | Up to \$80                                  |
| Standard progressive lenses                | \$90 copay                                                                                   | Up to \$60                                  |
| Premium progressive lenses                 | \$90 plus 80% of total charges less \$120 allowance                                          | Up to \$60                                  |
| <b>Frames</b>                              |                                                                                              |                                             |
| Any frame available at a provider location | \$0 copay, \$100 retail allowance for any frame plus 20% discount off balance over allowance | Up to \$45                                  |
| <b>Lens options</b>                        |                                                                                              |                                             |
| 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                                 |
| <b>Contact lenses</b>                      |                                                                                              |                                             |
| Includes materials only                    | \$90 allowance                                                                               | N/A                                         |
| Conventional                               | \$0 copay, plus 15% discount off balance over allowance                                      | Up to \$105                                 |
| Disposables                                | \$0 copay, plus balance over allowance                                                       | Up to \$105                                 |
| Medically necessary                        | \$0 copay                                                                                    | Up to \$210                                 |
| <b>Laser vision correction<sup>1</sup></b> |                                                                                              |                                             |
| LASIK or PRK from U.S. Laser Network       | 15% off retail price or 5% off promotional price                                             | No discount                                 |
| <b>Frequency</b>                           |                                                                                              |                                             |
| Examination                                |                                                                                              | Once every 12 months                        |
| Lenses or contact lenses                   |                                                                                              | Once every 24 months                        |
| Frame                                      |                                                                                              | Once every 24 months                        |

<sup>1</sup> Insureds 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. Insureds must first call 1-877-5LASER6 for the nearest facility and to receive authorization for the discount.

## **Real convenience means you have choice.**

Like getting affordable eye care services from a network of ophthalmologists, optometrists and opticians. Coverage on lenses and frames includes a large network of independent opticians, including LensCrafters, Pearle Vision, Sears Optical, JCPenney Optical, and Target Optical. Service hours are designed to fit your schedule – evenings, weekends and lunch hours. Vision PPO plans also cover contact lenses and offer discounts on LASIK and PRK laser vision corrections from U.S. Laser Network.

For a list of local eye doctors, call us toll-free at 1-866-392-6058:

Monday–Saturday, 5:00 a.m. to 8:00 p.m. Pacific time (PT)

Sunday, 8:00 a.m. to 5:00 p.m. PT

Or visit us at [www.healthnet.com](http://www.healthnet.com) for an online provider search.

### *Plan limitations and exclusions*

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- 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

This is only a summary of your benefits. Limitations and exclusions apply. Please refer to your Certificate of Insurance for terms and conditions of coverage, including which services are limited or excluded from coverage.

Insureds 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. 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.

Health Net complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at 1-800-289-2818 (TTY: 711).

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**English**

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card. Employer group members please call 1-888-802-7001 (TTY: 711).

**Arabic**

خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية. يرجى من أعضاء مجموعة أصحاب العمل الاتصال على الرقم 1-888-802-7001 (TTY: 711).

**Chinese**

免費語言服務。您可使用口譯員。您可請人將文件內容唸給您聽。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡。雇主團體的會員請致電 1-888-802-7001 (TTY: 711)。

**Cushite (Oromo)**

Waa Lacag la'aan Adeegyada Luuqada. Waxaad heli kartaa turjubaan. Waxaad heli kartaa in waraaqaha laguu aqriyo. Wixii caawin ah, naga soo wac lambarka ku qoran kaarka Aqoonsigaaga. Xubnaha kooxda badrooniga fadlan soo wac 1-888-802-7001 (TTY: 711).

**French**

Services linguistiques sans frais. Vous pouvez obtenir un interprète. Les documents peuvent vous être lus. Pour obtenir de l'aide, appelez-nous au numéro indiqué sur votre carte d'identité. Membres du groupe employeur veuillez composer le 1-888-802-7001 (TTY: 711).

**German**

Kostenloser Sprachendienst. Dolmetscher sind verfügbar. Dokumente können Ihnen vorgelesen werden. Wenn Sie Hilfe benötigen, rufen Sie uns unter der Nummer auf Ihrer ID-Karte an. Arbeitgeber-Gruppenmitglieder rufen bitte unter 1-888-802-7001 (TTY: 711) an.

**Japanese**

無料の言語サービス。通訳をご利用いただけます。文書をお読みします。援助が必要な場合は、IDカードに記載されている番号までお電話ください。雇用主を通じた団体保険のメンバーの方は、1-888-802-7001 (TTY: 711) までお電話ください。

**Korean**

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 문서 낭독 서비스를 받으실 수 있습니다. 도움을 원하시면, 보험 ID에 수록된 번호로 전화해 주십시오. 고용주 그룹 가입자분은 1-888-802-7001 (TTY: 711)번으로 전화해 주십시오.

**Khmer**

សេវាភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូមទាក់ទងយើងខ្ញុំតាមរយៈទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក។ សមាជិកក្រុមនិយោជក សូមទាក់ទងទៅលេខ បេក្ខជន សូមទាក់ទងទៅលេខ 1-888-802-7001 (TTY: 711)។

**Romanian**

Servicii lingvistice gratuite. Puteți obține un interpret. Puteți avea documente citite pentru dvs. Pentru asistență telefonați-ne la numărul indicat pe cardul de membru. Membrii grupului angajatorilor să telefoneze la 1-888-802-7001 (TTY: 711).

**Persian (Farsi)**

خدمات زبان به طور رایگان. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید که اسناد برای شما قرائت شوند. برای کسب اطلاعات، با ما به شماره ای که در کارت شناسایی شما قید شده تماس بگیرید. اعضای گروه کارفرما لطفاً با شماره (TTY: 711) 1-888-802-7001 تماس بگیرید.

**Russian**

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочесть документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Если вы участник коллективного плана, предоставляемого работодателем, звоните по телефону 1-888-802-7001 (TTY: 711).

**Spanish**

Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación. Los afiliados del grupo del empleador deben llamar al 1-888-802-7001 (TTY: 711).

**Thai**

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้สามได้ คุณสามารถให้อ่านเอกสารให้ฟังได้ สำหรับความช่วยเหลือ โทรหาเราตามหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ สมาชิกกลุ่มนายจ้าง กรุณาโทร 1-888-802-7001 (TTY: 711)

**Ukrainian**

Безплатні послуги перекладу. Ви можете скористуватися послугами перекладача. Вам можуть прочитати ваші документи. Щоб отримати допомогу, телефонуйте нам за номером, який вказаний на вашій ідентифікаційній картці (ID). Учасників групового страхового плану від працедавця просимо телефонувати за номером 1-888-802-7001 (TTY: 711).

**Vietnamese**

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu. Để nhận trợ giúp, hãy gọi cho chúng tôi theo số được liệt kê trên thẻ ID của quý vị. Các thành viên thuộc chương trình theo nhóm của chủ sử dụng lao động vui lòng gọi số 1-888-802-7001 (TTY: 711).