

# Health Net Vision

## MODIFIED SUPREME 010-2

*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. And coverage on lenses and frames from an expansive network of independent and optical retailers, including LensCrafters, America's Best and Target Optical. Plus service hours designed to fit your schedule – evenings, weekends and lunch hours. You get all this and more with our vision PPO plans.<sup>1</sup>



### An easier way to order contact lenses

You can now order contact lenses online using ContactsDirect at [www.contactsdirect.com](http://www.contactsdirect.com). With ContactsDirect, you can use your in-network benefit to help reduce your costs.

Our vision PPO plans also cover contact lenses and offer discounts on LASIK and PRK laser vision corrections from U.S. Laser Network.<sup>2</sup> To find a local eye care provider, call Health Net Vision Member Services toll-free at 866-392-6058, Monday through Saturday, 4:30 a.m. to 8 p.m. and Sundays, 8 a.m. to 5 p.m. Pacific time.

### Questions?

You can visit us online at [www.healthnet.com](http://www.healthnet.com).

#### Benefits and coverage

Vision care services	In-network member cost	Out-of-network member reimbursement
Exam with dilation as necessary	\$0 copay	Up to \$40
<b>Exam options<sup>3</sup></b>		
Standard contact lens fit and follow-up	Up to \$55 copay	N/A
Premium contact lens fit and follow-up	10% off retail	
<b>Standard plastic lenses</b>		
Single vision	\$10 copay	Up to \$40
Bifocal	\$10 copay	Up to \$60
Trifocal	\$10 copay	Up to \$80
Lenticular	\$10 copay	Up to \$80
Standard progressive lenses	\$75 copay	Up to \$60
Premium progressive lenses	\$75 copay plus 80% of charge less \$120 allowance	Up to \$60

(continued)

Benefits and coverage		
Vision care services	In-network member cost	Out-of-network member reimbursement
<b>Frames</b> Any frame available at a provider location	\$0 copay, \$120 retail allowance for any frame plus 20% discount off balance over allowance	Up to \$45
<b>Lens options<sup>3</sup></b> UV coating	\$15 copay	N/A
Tint (solid and gradient)	\$15 copay	
Standard scratch-resistant	\$15 copay	
Standard polycarbonate	\$40 copay	
Standard anti-reflective	\$45 copay	
Other add-ons and services	20% discount	
<b>Contact lenses</b> (includes materials only)	\$120 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>2</sup></b> LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
<b>Frequency</b> Examination	Once every 12 months	
Lenses or contact lenses	Once every 12 months	
Frames	Once every 24 months	

**Note:** This is only a summary of your benefits. Please refer to your *Certificate of Insurance* for terms and conditions of coverage including which services are limited or excluded from coverage.

<sup>1</sup>Health Net Vision plans are underwritten by Health Net Life Insurance Company and serviced by Envolve Vision Inc. and EyeMed Vision Care, LLC. Discounts on vision care services and products are made available by EyeMed. EyeMed is not affiliated with Health Net Life Insurance Company. Obligations of EyeMed are not the obligations of or guaranteed by Health Net Life Insurance Company.

<sup>2</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 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.

<sup>3</sup>**Please note:** Discounts are not insured benefits. 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, and the discount does not apply to provider's 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 for terms and conditions of coverage.

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## Nondiscrimination Notice

Health Net Life Insurance Company (Health Net) complies with applicable federal civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, 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 **1-800-522-0088 (TTY: 711)**

If you believe that Health Net has failed to provide these services or discriminated in another way, 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 grievance by mail, fax or online at:

Health Net Life Insurance Company Appeals & Grievances

PO Box 10348

Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Email: [Member.Discrimination.Complaints@healthnet.com](mailto:Member.Discrimination.Complaints@healthnet.com) (Covered Persons) or [Non-Member.Discrimination.Complaints@healthnet.com](mailto:Non-Member.Discrimination.Complaints@healthnet.com) (Applicants)

You may submit a complaint by calling the California Department of Insurance at 1-800-927-4357 or online at <https://www.insurance.ca.gov/01-consumers/101-help/index.cfm>. If you believe you have been discriminated against because of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the OCR Complaint Portal, 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 or call **1-866-392-6058 (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، أو اتصل على مركز الاتصال التجاري **1-866-392-6058 (TTY: 711)**

### Armenian

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### Chinese

免費語言服務。您可使用口譯員。您可請人使用您的語言將文件內容唸給您聽，並請我們將有您語言版本的部分文件寄給您。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡，或致電 **1-866-392-6058 (TTY: 711)**。

### Hindi

बनिा लागत की भाषा सेवाएँ। आप एक दुभाषयिा प्राप्त कर सकते हैं। आपको दस्तावेज पढ़ कर सुनाए जा सकते हैं। मदद के लिए, आपके आईडी कार्ड पर दिए गए सूचीबद्ध नंबर पर हमें कॉल करें, या **1-866-392-6058 (TTY: 711)**।

### Hmong

Kev Pab Txhais Lus Dawb. Koj xav tau neeg txhais lus los tau. Koj xav tau neeg nyeem cov ntaub ntauv kom yog koj hom lus los tau. Xav tau kev pab, hu peb tau rau tus xov tooj ntawm koj daim npav los yog hu **1-866-392-6058 (TTY: 711)**.

**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いただくか、1-866-392-6058、(TTY: 711)。

**Khmer**

សេវាកម្មភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូម ទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬ ទាក់ទងទៅមជ្ឈមណ្ឌលទំនាក់ទំនងពាណិជ្ជកម្ម នៃក្រុមហ៊ុន 1-866-392-6058 (TTY: 711)។

**Korean**

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 귀하가 구사하는 언어로 문서의 낭독 서비스를 받으실 수 있습니다. 도움이 필요하시면 보험 ID 카드에 수록된 번호로 전화하시거나 1-866-392-6058 (TTY: 711).

**Navajo**

Saad Bee Áká E'eyeed T'áá Jíík'e. Ata' halne'ígíí hóló. T'áá hó hazaad k'ehjí naaltsoos hach'í' wóltah. Shíká a'doowof nínízingo naaltsoos bee néiho'dólinígíí bikáa'gi béésh bee hane'í bikáa' áajj' hodíílnih éí doodaii' 1-866-392-6058 (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. دریافت راهنمایی، با ما به شماره ای که روی کارت شناسایی شما درج شده تماس بگیرید یا با مرکز تماس بازرگانی 1-866-392-6058 (TTY: 711).

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