

Health Net Vision

PLAN 3S

Eye care services at an affordable price

Health Net’s Vision 3S plan offers choice, convenience and personalized care. Choose affordable vision services from a vast network of ophthalmologists, optometrists and opticians. Our plan includes coverage for lenses and frames – including contact lenses – from a wide range of independent opticians, including LensCrafters, Pearle Vision, America’s Best, and Target Optical.

Finding a participating eye care provider is easy. Just call the Health Net Vision Member Services toll-free number at **1-866-392-6058**, Monday through Saturday, 4:30 a.m. to 8:00 p.m. Pacific time (PT) and Sunday, 8:00 a.m. to 5:00 p.m. PT, except major holidays. TTY users should call 711, Monday through Friday, 5:00 a.m. to 5:00 p.m. Or visit us online at healthnet.com, and click on *ProviderSearch/Find a Provider* to find participating eye care providers.



Overview of your coverage and benefits

This is only a summary of your benefits. Please refer to your *Evidence of Coverage* for terms and conditions of coverage, including which services are limited or excluded from coverage.

Benefit description ¹	Member cost
Standard plastic lenses	
Single vision	\$0 copay
Bifocal	\$0 copay
Trifocal	\$0 copay
Standard progressive lenses	\$65
Premium progressive lenses	\$65, plus 80% of charge, less \$120 allowance
Frames	
Any frame available at a provider location	\$0 copay, \$100 retail allowance for any frame, plus 20% off balance over allowance

(continued)



Benefit description ¹	Member cost
Lens options	
UV coating	Retail minus 20% discount
Tint (solid and gradient)	\$0 copay
Contact lenses²	
Conventional (in lieu of eyeglass lenses)	\$100 allowance \$0 copay, 15% discount off balance over allowance
Disposables	\$0 copay, \$100 allowance, plus balance over \$100
Medically necessary	\$0 copay
Frequency	
Lenses or contact lenses	Once every 12-24 months ³
Frame	Once every 12 months



**Health Net Vision Plan 3S
also covers contact lenses.**

¹Routine vision exams (refraction) are covered through your primary physician group. Please refer to your Summary of Benefits for further details.

²The allowance is in lieu of other eyeglass lenses. The contact lens benefit is limited to the allowance amount shown.

³Contacts or eyeglass frames covered every 12 months; eyeglass lenses covered every 24 months.

Health Net is contracted with Medicare for HMO plans. Enrollment in Health Net depends on contract renewal.

Member 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, and the discount does not apply to providers' 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, with no remaining balance. Lost or broken materials are not covered. The products and services described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the grievance process.