

Pediatric Vision and Dental¹

FOR HEALTH NET MEMBERS

Vision coverage benefits:

- \$0 copayments for vision exams and lenses.
- Large network of independent providers, including LensCrafters, Pearle Vision and Target Optical. Providers can be found online at **eyemedvisioncare.com** or by calling 1-866-392-6058.
- Secondary purchase plan - Discounts up to 40% on all covered materials and services once initial benefit has been used.

Benefits description	Copayment
Routine eye exam (limit: 1 per calendar year)	\$0
Lenses (limit: 1 per calendar year): • Single vision, bifocal, trifocal, lenticular • Glass or plastic	\$0
Provider-selected frames (limit: 1 per calendar year)	\$0
Optional lenses and treatments: • UV treatment • Tint (fashion, gradient and glass-grey) • Standard plastic scratch coating • Standard polycarbonate • Photochromatic / transitions plastic • Standard anti-reflective coating • Polarized • Standard progressive lenses • Hi-index lenses • Blended segment lenses • Intermediate vision lenses • Select or ultra-progressive lenses	\$0
Provider-selected contact lenses (in lieu of eyeglass lenses): • Disposable: Daily wear – up to 3-month supply of daily disposable, single vision Extended wear – up to 6-month supply of monthly or 2-week disposable, single vision • Conventional: 1 pair from selection of provider-designated contact lenses • Medically necessary ²	\$0



Questions?
Call Envolve Vision at
1-866-392-6058

(continued)

Dental coverage benefits:

- Large statewide and national network of dental PPO providers can be found online at yourdentalplan.com/healthnet or by calling 1-877-410-0176.
- Budget your care - Find out your costs up front by using our convenient online treatment cost calculator.

Benefits description	In-network member pays	Out-of-network ³ member pays
Annual deductible	\$100 deductible applies to all services	
Annual calendar year benefit maximum	None	
Preventive	0%	0%
Routine exams		
Bitewing X-rays	0%	0%
Prophylaxis (cleanings)	0%	0%
Fluoride	0%	0%
Basic	50%	50%
Sealants		
Restorative	50%	50%
Space maintainers	50%	50%
Oral surgery	50%	50%
Endodontics	50%	50%
Periodontics	50%	50%
Major	50%	50%
Crowns		
Dentures and bridgework	50%	50%
Orthodontics	50%	50%
Medically necessary orthodontics		



Questions?
 Call Dental Benefit
 Providers, Inc. at
 1-877-410-0176

¹ The Affordable Care Act requires that pediatric dental services be covered as one of the 10 required Essential Health Benefits. You can purchase pediatric dental coverage through Health Net or any certified carrier. Please check with your employer.

² Medically necessary contact lenses: Contact lenses may be determined to be medically necessary and appropriate in the treatment of patients affected by certain conditions. In general, contact lenses may be medically necessary and appropriate when the use of contact lenses, in lieu of eyeglasses, will result in significantly better visual and/or improved binocular function, including avoidance of diplopia or suppression.

Contact lenses may be determined to be medically necessary for the treatment of conditions, including, but not limited to: keratoconus, pathological myopia, aphakia, anisometropia, aniridia, corneal disorders, post-traumatic disorders, and irregular astigmatism.

Medically necessary contact lenses are dispensed in lieu of other eyewear. Participating providers will obtain the necessary preauthorization for these services.

³ Maximum Allowable Amount (MAA) is the amount Health Net Health Plan of Oregon, Inc. uses to calculate what we pay for necessary dental care provided by a nonparticipating provider. The MAA is determined by Health Net Health Plan of Oregon, Inc. based on data obtained on fees usually charged by providers for the same services within the same geographic areas.