Health Net Life Insurance Company (Health Net)
University of California
Postdoctoral Scholar Benefit Program



Health Net Vision

SUPREME 010-2 (1B)

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.¹



An easier way to order contact lenses

You can now order contact lenses online using ContactsDirect at 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.² 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.

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	
Exam options ³ Standard contact lens fit and follow-up	Up to \$55 copay	N/A	
Premium contact lens fit and follow-up	10% off retail		
Standard plastic lenses 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	

Questions?
You can visit us

You can visit us online at www.healthnet.com.

(continued)

### Prames Any frame available at a provider location all allowance for any frame plus 20% discount off balance over allowance Lens options We coating Tint (solid and gradient) Standard scratch-resistant Standard polycarbonate Standard anti-reflective Other add-ons and services Contact lenses (includes materials only) Disposables ##### Po copay ###################################	Benefits and coverage			
Any frame available at a provider location \$ 0 copay, \$160 retail allowance for any frame plus 20% discount off balance over allowance Lens options³ UV coating \$ 15 copay Standard scratch-resistant \$ 15 copay Standard polycarbonate \$ 40 copay Standard anti-reflective Other add-ons and services Contact lenses (includes materials only) Conventional \$ 0 copay, plus 15% discount V/A Up to \$105 Copay plus balance over allowance Disposables \$ 0 copay, plus balance over allowance Wedically necessary Laser vision correction² LASIK or PRK from U.S. Laser Network Frequency Examination Once every 12 months Up to \$45 Up to \$45 Up to \$45 Up to \$45 Up to \$105 Once every 12 months	Vision care services		member	
allowance for any frame plus 20% discount off balance over allowance Lens options³ UV coating \$15 copay 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 Contact lenses (includes materials only) \$160 allowance N/A Conventional \$0 copay, plus 15% discount off balance over allowance Disposables \$0 copay, plus balance over allowance Disposables \$0 copay, plus balance over allowance Medically necessary \$0 copay Laser vision correction² LASIK or PRK from U.S. Laser Network off promotional price Frequency Examination Once every 12 months Once every 12 months	Frames			
UV coating \$15 copay Standard scratch-resistant \$15 copay Standard polycarbonate \$40 copay Standard anti-reflective \$45 copay Other add-ons and services 20% discount Contact lenses (includes materials only) \$160 allowance N/A Conventional \$0 copay, plus 15% discount off balance over allowance Disposables \$0 copay, plus balance over allowance Medically necessary \$0 copay Laser vision correction ² LASIK or PRK from U.S. Laser Network 15% off retail price or 5% off promotional price Frequency Examination Lenses or contact lenses Once every 12 months	Any frame available at a provider location	allowance for any frame plus 20% discount off	Up to \$45	
Tint (solid and gradient) Standard scratch-resistant Standard polycarbonate Standard anti-reflective Other add-ons and services Contact lenses (includes materials only) Disposables Disposables Medically necessary Laser vision correction ² LASIK or PRK from U.S. Laser Network Frequency Examination Lenses or contact lenses Standard scratch-resistant \$15 copay N/A N/A N/A N/A N/A N/A N/A N/	Lens options ³			
Standard scratch-resistant \$15 copay Standard polycarbonate \$40 copay Standard anti-reflective \$45 copay Other add-ons and services 20% discount Contact lenses (includes materials only) \$160 allowance N/A Conventional \$0 copay, plus 15% discount off balance over allowance Disposables \$0 copay, plus balance over allowance Medically necessary \$0 copay Up to \$105 Laser vision correction ² LASIK or PRK from U.S. Laser Network 15% off retail price or 5% off promotional price Frequency Examination Once every 12 months Once every 12 months	UV coating	\$15 copay	N/A	
Standard polycarbonate Standard anti-reflective Other add-ons and services Contact lenses (includes materials only) Conventional Conventional Disposables Medically necessary Laser vision correction ² LASIK or PRK from U.S. Laser Network Frequency Examination Sucopay S	Tint (solid and gradient)	\$15 copay		
Standard anti-reflective Other add-ons and services Contact lenses (includes materials only) Conventional So copay, plus 15% discount off balance over allowance Disposables So copay, plus balance over allowance Disposables So copay, plus balance over allowance Wedically necessary So copay Up to \$105 Up to \$105 Up to \$105 Ver allowance Medically necessary So copay Up to \$210 Laser vision correction ² LASIK or PRK from U.S. Laser Network To off retail price or 5% off promotional price Frequency Examination Once every 12 months Lenses or contact lenses Once every 12 months	Standard scratch-resistant	\$15 copay		
Other add-ons and services Contact lenses (includes materials only) \$160 allowance N/A Conventional \$0 copay, plus 15% discount off balance over allowance Disposables \$0 copay, plus balance over allowance Up to \$105 Wedically necessary \$0 copay Up to \$210 Laser vision correction ² LASIK or PRK from U.S. Laser Network T5% off retail price or 5% off promotional price Frequency Examination Once every 12 months Lenses or contact lenses Once every 12 months	Standard polycarbonate	\$40 copay		
Contact lenses (includes materials only) \$160 allowance N/A Conventional \$0 copay, plus 15% discount off balance over allowance Disposables \$0 copay, plus balance over allowance Medically necessary \$0 copay Up to \$105 Laser vision correction ² LASIK or PRK from U.S. Laser Network 15% off retail price or 5% off promotional price Frequency Examination Once every 12 months Lenses or contact lenses Once every 12 months	Standard anti-reflective	\$45 copay		
Conventional \$0 copay, plus 15% discount off balance over allowance Disposables \$0 copay, plus balance over allowance Up to \$105 Wedically necessary \$0 copay Up to \$210 Laser vision correction ² LASIK or PRK from U.S. Laser Network To off retail price or 5% off promotional price Frequency Examination Once every 12 months Lenses or contact lenses Once every 12 months	Other add-ons and services	20% discount		
discount off balance over allowance Disposables \$0 copay, plus balance over allowance Up to \$105 Medically necessary \$0 copay Up to \$210 Laser vision correction ² LASIK or PRK from U.S. Laser Network 15% off retail price or 5% off promotional price Frequency Examination Once every 12 months Once every 12 months	Contact lenses (includes materials only)	\$160 allowance	N/A	
over allowance Medically necessary \$0 copay Up to \$210 Laser vision correction ² LASIK or PRK from U.S. Laser Network 15% off retail price or 5% off promotional price Frequency Examination Once every 12 months Lenses or contact lenses Once every 12 months	Conventional	discount off balance	Up to \$105	
Laser vision correction ² LASIK or PRK from U.S. Laser Network 15% off retail price or 5% off promotional price Frequency Examination Once every 12 months Lenses or contact lenses Once every 12 months	Disposables		Up to \$105	
LASIK or PRK from U.S. Laser Network 15% off retail price or 5% off promotional price Prequency Examination Once every 12 months Lenses or contact lenses Once every 12 months	Medically necessary	\$0 copay	Up to \$210	
off promotional price Frequency Examination Once every 12 months Lenses or contact lenses Once every 12 months	Laser vision correction ²			
Examination Once every 12 months Lenses or contact lenses Once every 12 months	LASIK or PRK from U.S. Laser Network		N/A	
	Frequency Examination	Once every 12 months		
Frames Once every 24 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.

Contact Us

Our team of knowledgeable customer service representatives are here to help with questions you may have.

Dedicated Member Services for UC Postdocs

HMO: 888-893-1572 (English & Spanish), TTY: 711

PPO CA: 800-676-6976

PPO Out-of-State: 800-861-7214

Monday through Friday, 8 a.m. to 5 p.m. (Pacific time)



healthnet.com/psbp

¹Health 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.

²Insureds 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.

3Please 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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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 (TTY: 711) 1-866-392-058.

Armenian

Անվձար լեզվական ծառայություններ։ Դուք կարող եք բանավոր թարգմանիչ ստանալ։ Փաստաթղթերը կարող են կարդալ ձեզ համար։ Օգնության համար զանգահարեք մեզ ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք 1-866-392-6058 (TTY: 711).

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

बिना लागत की भाषा सेवाएँ। आप एक दुभाषिया 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 ntawv 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

សេវាភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្ដាប់គេអានឯកសារឱ្យអ្នក។ 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'į' wóltah. Shíká a'doowoł nínízingo naaltsoos bee néího'dólzinígíí bikáa'gi béésh bee hane'í bikáá' áajį' 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. برای دریافت راهنمایی، با ما به شماره ای که روی کارت شناسایی شما درج شده تماس بگیرید یا با مرکز تماس بازرگانی (TTY: 711) -866-392-6058 .

Panjabi (Punjabi)

ਬਨਿਾਂ ਕਿਸੇ ਲਾਗਤ ਤੋਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ਿਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦੀਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਕਰਿਪਾ ਕਰਕੇ 1-866-392-6058 (TTY: 711).

Russian

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочитать документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Кроме того, вы можете позвонить в 1-866-392-6058 (ТТҮ: 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 figura en su tarjeta de identificación o comuníquese con el 1-866-392-6058 (TTY: 711).

Tagalog

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng isang interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo. Para sa tulong, tawagan kami sa nakalistang numero sa inyong ID card o tawagan ang 1-866-392-6058 (TTY: 711).

Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังได้ สำหรับความช่วยเหลือ โทรหาเราตาม หมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ หรือ โทรหาศูนย์ติดต่อเชิงพาณิชย์ของ 1-866-392-6058 (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 hoặc gọi 1-866-392-6058 (TTY: 711).