



Important Benefit Information

Dear University of California Postdoctoral Scholar:

Welcome to Health Net Vision*. Attached is your new Vision Insurance Identification Card. Please check all of the information. If you have questions regarding your benefits, contact Health Net Vision at the number listed on your ID card. Present this card to your vision plan provider's office before you receive vision care. If you lose your ID card, contact your Benefits Administrator for a replacement card. For the most current listing of participating providers, please contact Health Net Vision or you may visit our website at www.healthnet.com.

Appointments can be scheduled after your effective date of coverage. When scheduling an appointment, please inform the provider's office that you are insured under a Health Net Vision Insurance policy.

Plan Information:

EyeMed Plan: in-network - \$0 exam copay, \$10 lenses copay, \$120 frame allowance, \$105 contact lens allowance.

Vision PPO Plan - out-of-network benefits available but at reduced benefits.

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Plan: EyeMed
Group Name: UC Postdoctoral Scholar
Group #9794736
Benefits - \$0 exam, \$10 lens, \$120 frame, \$105 contacts
Vision PPO Plan - out-of-network covered at reduced benefits

Member Services: (866) 392-6058
www.healthnet.com

To minimize your out-of-pocket costs, use a participating provider listed in our printed or online directory.

Submit claims to:

Health Net Vision
Post Office Box 8504
Mason OH, 45040-7111

This card does not guarantee eligibility.

Customer Service - (866) 392-6058

If you have any questions, please call Health Net Vision Member Services at (866) 392-6058.