



**VISION
INSURANCE**

PSBP Vision PPO Plan

EYEMED THROUGH HEALTH NET OF CALIFORNIA GROUP

VISION BENEFITS	HEALTH NET PPO (IN-NETWORK) POSTDOCTORAL SCHOLAR PAYS	HEALTH NET PPO (OUT OF NETWORK) POSTDOCTORAL SCHOLAR ALLOWANCE
EXAM WITH DILATION AS NECESSARY:	\$0 Copay	Up to \$40
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
FRAMES:	\$0 Copay, \$120 retail allowance for any frame, plus 20% off balance over allowance	Up to \$45
LENS OPTIONS:		
UV Coating	\$15	N/A
Tint (solid and gradient)	\$15	N/A
Standard Scratch Resistant	\$15	N/A
Standard Progressive	\$45	N/A
CONVENTIONAL CONTACT LENSES:	\$105 allowance toward contacts, plus 15% discount off balance over allowance	Up to \$105
FREQUENCY:		
Examination	Once Every 12 Months	Once Every 12 Months
Lenses or Contact Lenses	Once Every 12 Months	Once Every 12 Months
Frame	Once Every 24 Months	Once Every 24 Months