

Pediatric Dental and Vision

When you choose a Health Net EPO or PPO insurance plan directly through Cardinal Care, your medical plan includes pediatric dental and vision coverage (for members from birth through the end of the month in which the covered person turns age 19.)



Dental coverage benefits

- **Choose your own dental provider.**
- **No claim forms** when you use an in-network provider.
- **Save on covered dental services** when you use an in-network provider.

Dental Summary of Benefits

Benefit description		
Annual deductible	\$0	
Annual calendar year benefit maximum	None	
Insured responsibility		
	In-network	Out-of-network
Preventive		
Routine exams	0%	10%
Bitewing X-rays	0%	10%
Prophylaxis (cleanings)	0%	10%
Fissure sealants	0%	10%
Fluoride	0%	10%
Space maintainers	0%	10%
Basic		
Restorative	20%	30%
Periodontal maintenance	20%	30%
Major		
Oral surgery	50%	50%
Endodontics	50%	50%
Periodontics (other than periodontal maintenance)	50%	50%
Crowns	50%	50%
Cast restorations	50%	50%
Dentures and bridgework	50%	50%
Orthodontics		
Medically necessary orthodontics	50%	50%

(continued)



For more detailed information, contact Health Net Dental at **866-249-2382**, Monday through Friday, 5 a.m. to 8 p.m. Pacific time.



Vision coverage benefits

- **\$0 copayments** for vision exams and lenses when you use an in-network provider.
- **Large network of independent providers**, including optical retailers LensCrafters, Pearle Vision, and Target Optical.
- **Secondary purchase plan – Unlimited discounts up to 40%** on materials and services once initial benefit has been used when you use an in-network provider.

Vision summary of benefits

Benefit	Insured responsibility
Routine eye exam (limit: 1 per calendar year)	
Lenses (limit: 1 per calendar year), including: <ul style="list-style-type: none"> • Single vision, bifocal, trifocal, lenticular • Glass or plastic 	
Optional lenses and treatments , including: <ul style="list-style-type: none"> • UV treatment • Tint (fashion, gradient and glass-grey) • Standard plastic scratch coating • Standard polycarbonate • Photochromic / transitions plastic • Standard anti-reflective coating • Polarized • Standard progressive lenses • Hi-index lenses • Blended segment lenses • Intermediate vision lenses • Select or ultra-progressive lenses • Premium progressive lenses 	
Provider-selected contact lenses – A one-year supply is covered every calendar year (in lieu of eyeglass lenses): <ul style="list-style-type: none"> • Disposables • Conventional • Medically necessary¹ 	



For questions regarding vision coverage, call 866-392-6058, Monday through Friday, 4:30 a.m. to 8:00 p.m. Pacific time.

¹Medically 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.

Dental and vision benefits are underwritten by Health Net Life Insurance Company. Dental benefits are administered by Dental Benefit Administrative Services. Vision plans are underwritten by Health Net Life Insurance Company and serviced by Envolve Vision Inc. and EyeMed Vision Care, LLC. Dental Benefit Administrative Services and EyeMed Vision Care, LLC are not affiliated with Health Net Life Insurance Company.

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