



**VISION  
INSURANCE**



# PSBP Vision PPO Plan

## EYEMED THROUGH HEALTH NET OF CALIFORNIA GROUP

### VISION BENEFITS

#### EXAM WITH DILATION AS NECESSARY:

#### STANDARD PLASTIC LENSES:

Single Vision  
Bifocal  
Trifocal  
Lenticular

#### FRAMES:

#### LENS OPTIONS:

UV Coating  
Tint (solid and gradient)  
Standard Scratch Resistant  
Standard Progressive

#### CONVENTIONAL CONTACT LENSES:

#### FREQUENCY:

Examination  
Lenses or Contact Lenses  
Frame

### HEALTH NET PPO (IN-NETWORK) POSTDOCTORAL SCHOLAR PAYS

\$0 Copay

\$10 Copay  
\$10 Copay  
\$10 Copay  
\$10 Copay

\$0 Copay, \$120 retail allowance  
for any frame, plus 20% off  
balance over allowance

\$15  
\$15  
\$15  
\$45

\$105 allowance toward contacts,  
plus 15% discount off balance over  
allowance

Once Every 12 Months  
Once Every 12 Months  
Once Every 24 Months

### HEALTH NET PPO (OUT OF NETWORK) POSTDOCTORAL SCHOLAR ALLOWANCE

Up to \$40

Up to \$40  
Up to \$60  
Up to \$80  
Up to \$80

Up to \$45

N/A  
N/A  
N/A  
N/A

Up to \$105

Once Every 12 Months  
Once Every 12 Months  
Once Every 24 Months