



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