

Vision rates and summary of benefits

	PPO VISION PLAN
MEMBER	\$13.66
MEMBER +1	\$26.65
MEMBER +2 OR MORE	\$38.25

Monthly Rates Effective 1/1/06. Rates subject to change.

	MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
EXAM WITH DILATION AS NECESSARY	\$10 copay	\$45
FRAMES Any available frame at provider location	\$0 copay; \$85 allowance for any frame plus 20% off balance over \$85	\$45
STANDARD PLASTIC LENSES		
Single Vision	\$0 copay	\$43
Bifocal	\$0 copay	\$58
Trifocal	\$0 copay	\$70
Lenticular	\$0 copay	\$125
LENS OPTIONS		
UV Coating	20% discount	Not covered
Tint (solid and gradient)	20% discount	Not covered
Standard Scratch-resistance	20% discount	Not covered
Standard Polycarbonate	20% discount	Not covered
Standard Progressive (add-on to Bifocal)	20% discount	Not covered
Standard Anti-reflective	20% discount	Not covered
Other Add-ons and Services	20% discount	Not covered
CONTACT LENSES (includes fit, follow-up and materials)		
Conventional	\$0 copay; 15% off balance over \$120	\$105
Disposables	\$0 copay; balance over \$120	\$105
Medically Necessary	\$0 copay; balance over \$250	\$250
LASER VISION CORRECTION Lasik or PRK from U.S. Laser Network	15% off retail price, or 5% off promotional price	Not covered
FREQUENCY		
Examination	Once every 12 months	
Frame	Once every 24 months	
Lenses or Contact Lenses	Once every 24 months	

Additional Purchases and Out-of-Pocket Discounts

Member will receive a 20% discount on remaining balance at Participating Providers beyond plan coverage; the discount does not apply to EyeMed's Providers' professional services or disposable contact lenses. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Allowances are one-time use benefits; no remaining balance. Lost or broken materials are not covered.

EyeMed's Premier-Plus Secondary Purchase plan provides up to a 45% discount on subsequent purchases at an unlimited frequency after the initial benefit has been used. After initial purchase, replacement contact lenses may be obtained via the Internet at competitive prices and mailed directly to the member. The contact lens discount above is not applicable to this service.

Health Net Vision plans are administered by EyeMed Vision Care, LLC. Insured plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri. Fidelity Security Life Insurance Company policy number VC-19 and VC-20; form number M-9004.