

**Dental. Vision. Life.** Helping employees gain and maintain healthier lifestyles is a key selling point! We offer the supplemental essentials to complement medical coverage and a variety of healthy life choices.

## Bundle and save

**Bundle and save with our multi-product bundling program!** Boost your sales by adding dental, vision and life, and your clients can save up to 2% on their medical premiums.

Bundled product	Discount on Health Net medical premium
Dental	1.0%
Vision	0.5%
Life	0.5%



Offered to new or renewing groups with a minimum of 101 employees and less than 500 enrolled members. Program is not available with voluntary plans.

Refer to the Large Group Dental and Vision Underwriting Guidelines for minimum enrollment, participation, contribution, and plan combination requirements.

Dental HMO and PPO plan choices provide clients with value, flexibility, simplicity, and a focus on prevention and wellness. These affordable dental plans offer comprehensive coverage and provide access to one of the largest dental networks in California.<sup>4</sup>

### Dental HMO (partial list): See rates on pages 2-3

Plan name	Member copayment <sup>1</sup>					
	DIAGNOSTIC CARE D0120 PERIODIC ORAL EVALUATION	PREVENTIVE CARE D1110 PROPHYLAXIS - ADULT	RESTORATIVE TREATMENT D2140 AMALGAM FILLING	COMPREHENSIVE ORTHODONTIC TREATMENT D8070-90 - ADULT OR CHILD	CROWNS AND PONTICS D2751 <sup>2</sup> CROWN PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	D6010 SURGICAL PLACEMENT OF IMPLANT BODY - ENDOSTEAL IMPLANT
DHMO 150	\$0	\$0	\$0	\$1,695	\$150	\$1,950
DHMO 185	\$0	\$0	\$0	\$1,695	\$185	\$1,950
DHMO 225	\$0	\$0	\$0	\$1,695	\$225	\$1,950

### Dental PPO: See rates on pages 2-3

Plan name	Insured responsibility <sup>3</sup>						
	DEDUCTIBLE (WAIVED ON P&D SERVICES)	MAXIMUM CALENDAR YEAR	COINSURANCE (P&D / BASIC / MAJOR)	LIFETIME ORTHODONTIA MAXIMUM	OUT-OF-NETWORK REIMBURSEMENT	WAITING PERIODS	
DPPO Essential 5 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50% / 50%	\$1,500	MAC	No	
DPPO Classic 3 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50% / 50%	\$1,500	80% HIAA	No	
DPPO Classic Plus 1 \$2,000 (includes implant coverage) <sup>5</sup>	\$50 / \$150	\$2,000	0% / 10% / 40% / 50%	\$1,500	80% HIAA	No	

Vision PPO insurance plans come standard with these key features: no or low copayments; provider choice, including optical retailers; frame choice; contact lenses by mail; discounted LASIK or PRK (if authorized); and secondary purchase plan.<sup>4</sup>

### Vision PPO: See rates on page 4, including a new rate guarantee!

Plan name	Insured responsibility <sup>3</sup>				
	EXAM COPAY	MATERIALS COPAY	FRAMES ALLOWANCE	EXAM/LENSES/CONTACT LENSES (IN LIEU OF LENSES) - FREQUENCY	FRAMES - FREQUENCY
Preferred Value 10-3	Not covered	\$10	\$100	Once every 24 months (exam not available)	Once every 24 months
Preferred 1025-2	\$10	\$25	\$100	Once every 12 months	Once every 24 months
Supreme 010-2	\$0	\$10	\$120	Once every 12 months	Once every 24 months

(continued)



## Life/AD&D

Health Net has a range of coverage options for term life/AD&D. Popular coverage amounts include \$15,000, \$25,000 and \$50,000. Other coverage amounts are available – Please contact your Health Net account executive.

## Dental 3-tier rates, groups 101-249: PPO

Plan name	Rate type	Coverage type	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
Classic Plus 1 2000 with MaxAdvantage	Voluntary	Employee only	76.77	74.19	75.90	49.87	67.73	63.10	77.90	65.98
		Employee plus one	152.08	147.00	150.42	99.11	134.31	125.18	154.36	130.87
		Employee plus family	276.19	267.11	273.66	183.13	245.20	228.96	280.58	239.14
Classic 3 1500	Voluntary	Employee only	67.47	64.99	66.00	44.74	58.89	56.05	67.01	59.46
		Employee plus one	134.13	129.25	131.24	89.29	117.21	111.60	133.24	118.33
		Employee plus family	248.34	239.67	243.17	168.58	218.24	208.26	246.73	220.23
Essential 5 1500	Voluntary	Employee only	45.36	44.66	42.76	33.09	40.42	39.63	43.35	40.70
		Employee plus one	90.51	89.12	85.37	66.29	80.75	79.20	86.54	81.32
		Employee plus family	170.78	168.32	161.63	127.68	153.42	150.66	163.71	154.42
Classic Plus 1 2000 with MaxAdvantage	Employer paid	Employee only	71.93	69.52	71.12	46.79	63.48	59.16	72.99	61.85
		Employee plus one	142.50	137.75	140.94	92.99	125.88	117.35	144.63	122.67
		Employee plus family	258.81	250.33	256.45	171.84	229.85	214.67	262.91	224.19
Classic 3 1500	Employer paid	Employee only	63.23	60.92	61.86	42.00	55.22	52.56	62.81	55.75
		Employee plus one	125.72	121.16	123.01	83.81	109.91	104.66	124.88	110.95
		Employee plus family	232.79	224.68	227.95	158.24	204.65	195.33	231.28	206.51
Essential 5 1500	Employer paid	Employee only	42.57	41.92	40.14	31.10	37.95	37.22	40.69	38.22
		Employee plus one	84.95	83.66	80.15	62.31	75.83	74.38	81.24	76.36
		Employee plus family	160.30	158.00	151.75	120.02	144.07	141.49	153.69	145.01

## Dental 3-tier rates, groups 101-249: HMO

Plan name	Rate type	Coverage type	Regions 1-8
DHMO Plus 150	Voluntary	Employee only	21.76
		Employee plus one	39.21
		Employee plus family	60.83
DHMO Plus 185	Voluntary	Employee only	19.25
		Employee plus one	34.66
		Employee plus family	53.91
DHMO Plus 225	Voluntary	Employee only	18.64
		Employee plus one	33.56
		Employee plus family	52.20
DHMO Plus 150	Employer paid	Employee only	20.62
		Employee plus one	37.16
		Employee plus family	57.62
DHMO Plus 185	Employer paid	Employee only	18.23
		Employee plus one	32.82
		Employee plus family	51.06
DHMO Plus 225	Employer paid	Employee only	17.66
		Employee plus one	31.79
		Employee plus family	49.44

Contact your Health Net account executive for rates for groups 250-500. Regions are determined by the employer's home office ZIP code. Rates apply to new dental groups with effective dates of 1/1/20-6/30/20.

- Region 1 contains the ZIP codes starting with 900-904, 945-948.
- Region 2 contains the ZIP codes starting with 905-908, 910-928, 930.
- Region 3 contains the ZIP codes starting with 931, 940-941, 943-944.
- Region 4 contains the ZIP codes starting with 932-933, 935-937.
- Region 5 contains the ZIP codes starting with 934, 939, 954-961.
- Region 6 contains the ZIP codes starting with 942.
- Region 7 contains the ZIP codes starting with 949-951.
- Region 8 contains the ZIP codes starting with 952-953.

**The following counties are excluded from DHMO:** Alpine, Del Norte, Humboldt, Kings, Lassen, Mendocino, Modoc, Mono, San Benito, Siskiyou, Yuba.

(continued)

**Dental 4-tier rates, groups 101-249: PPO**

Plan name	Rate type	Coverage type	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
<b>Classic Plus 1 2000 with MaxAdvantage</b>	Voluntary	Employee only	76.77	74.19	75.90	49.87	67.73	63.10	77.90	65.98
		Employee plus spouse	153.53	148.39	151.81	99.74	135.46	126.21	155.81	131.97
		Employee plus child(ren)	179.12	173.25	177.54	119.14	159.18	148.69	182.00	155.27
		Employee plus family	269.54	260.65	267.00	178.25	239.10	223.20	273.78	233.16
<b>Classic 3 1500</b>	Voluntary	Employee only	67.47	64.99	66.00	44.74	58.89	56.05	67.01	59.46
		Employee plus spouse	134.93	129.98	132.00	89.49	117.79	112.09	134.03	118.92
		Employee plus child(ren)	161.63	156.03	158.29	110.10	142.18	135.74	160.59	143.47
		Employee plus family	241.65	233.16	236.59	163.56	212.18	202.41	240.08	214.13
<b>Essential 5 1500</b>	Voluntary	Employee only	45.36	44.66	42.76	33.09	40.42	39.63	43.35	40.70
		Employee plus spouse	90.72	89.32	85.52	66.18	80.84	79.26	86.70	81.41
		Employee plus child(ren)	111.53	109.94	105.62	83.68	100.31	98.53	106.96	100.96
		Employee plus family	165.71	163.31	156.76	123.52	148.71	146.01	158.79	149.69
<b>Classic Plus 1 2000 with MaxAdvantage</b>	Employer paid	Employee only	71.93	69.52	71.12	46.79	63.48	59.16	72.99	61.85
		Employee plus spouse	143.85	139.04	142.24	93.58	126.96	118.31	145.98	123.70
		Employee plus child(ren)	167.86	162.37	166.38	111.80	149.22	139.41	170.54	145.57
		Employee plus family	252.57	244.27	250.20	167.26	224.13	209.27	256.54	218.58
<b>Classic 3 1500</b>	Employer paid	Employee only	63.23	60.92	61.86	42.00	55.22	52.56	62.81	55.75
		Employee plus spouse	126.47	121.84	123.72	84.00	110.44	105.12	125.62	111.50
		Employee plus child(ren)	151.51	146.28	148.39	103.35	133.33	127.31	150.54	134.53
		Employee plus family	226.52	218.58	221.78	153.53	198.97	189.84	225.04	200.79
<b>Essential 5 1500</b>	Employer paid	Employee only	42.57	41.92	40.14	31.10	37.95	37.22	40.69	38.22
		Employee plus spouse	85.14	83.84	80.29	62.21	75.91	74.44	81.39	76.44
		Employee plus child(ren)	104.68	103.20	99.16	78.66	94.20	92.53	100.41	94.80
		Employee plus family	155.54	153.29	147.17	116.11	139.65	137.13	149.07	140.57

**Dental 4-tier rates, groups 101-249: HMO**

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<b>DHMO Plus 150</b>	Voluntary	Employee only	21.76
		Employee plus spouse	39.21
		Employee plus child(ren)	41.27
		Employee plus family	60.83
<b>DHMO Plus 185</b>	Voluntary	Employee only	19.25
		Employee plus spouse	34.66
		Employee plus child(ren)	36.58
		Employee plus family	53.91
<b>DHMO Plus 225</b>	Voluntary	Employee only	18.64
		Employee plus spouse	33.56
		Employee plus child(ren)	35.44
		Employee plus family	52.20
<b>DHMO Plus 150</b>	Employer paid	Employee only	20.62
		Employee plus spouse	37.16
		Employee plus child(ren)	39.10
		Employee plus family	57.62
<b>DHMO Plus 185</b>	Employer paid	Employee only	18.23
		Employee plus spouse	32.82
		Employee plus child(ren)	34.65
		Employee plus family	51.06
<b>DHMO Plus 225</b>	Employer paid	Employee only	17.66
		Employee plus spouse	31.79
		Employee plus child(ren)	33.56
		Employee plus family	49.44

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## Vision rates

**New** for effective dates 1/1/20-12/31/20! Gain more vision clients with our **two-year vision rate guarantee** for new and renewing groups who enroll in vision for the first time.

### Vision PPO 3-tier rates, groups 101–500

Plan name	Rate type	Employee rate	EE+spouse rate	Family rate
Preferred 1025-2	Voluntary	\$10.37	\$19.70	\$29.04
	Employer paid	\$7.28	\$13.83	\$20.38
Preferred Value 10-3	Voluntary	\$8.22	\$15.62	\$23.02
	Employer paid	\$5.13	\$9.75	\$14.36
Supreme 010-2	Voluntary	\$11.76	\$22.34	\$32.93
	Employer paid	\$8.67	\$16.47	\$24.28

### Vision PPO 4-tier rates, groups 101–500

Plan name	Rate type	Employee rate	EE+spouse rate	EE+child(ren) rate	Family rate
Preferred 1025-2	Voluntary	\$10.37	\$19.70	\$20.74	\$31.11
	Employer paid	\$7.28	\$13.83	\$14.56	\$21.84
Preferred Value 10-3	Voluntary	\$8.22	\$15.62	\$16.44	\$24.66
	Employer paid	\$5.13	\$9.75	\$10.26	\$15.39
Supreme 010-2	Voluntary	\$11.76	\$22.34	\$23.52	\$35.28
	Employer paid	\$8.67	\$16.47	\$17.34	\$26.01

Rates apply to new vision groups with effective dates of 1/1/20–6/30/20. Contact your Health Net account executive for further details.

<sup>1</sup>Refer to your *Evidence of Coverage and Schedule of Benefits* for the full list of covered procedures, as well as for exclusions and limitations.

<sup>2</sup>There is a \$75 copayment per crown/bridge unit in addition to regular copayments for porcelain on molars.

<sup>3</sup>This is only a summary of benefits. Please refer to the Certificate of Coverage for terms and conditions of coverage, including which services are limited or excluded from coverage.

<sup>4</sup>Dental and vision rates include 10% broker commissions.

<sup>5</sup>The DPPO Classic Plus 1 plan is available only to groups enrolling 10 or more employees on that plan, whether the plan is employer paid or voluntary.

This is a brief summary of benefits. It does not include all covered services, limitations or exclusions, and is not meant for contractual purposes. Please refer to the plan-specific *Evidence of Coverage, Certificate of Insurance or Summary of Benefits and Coverage* for all terms and conditions of coverage.

Health Net Dental HMO plans are provided by Dental Benefit Providers of California, Inc. ("DBP"). Health Net Dental PPO and indemnity plans are underwritten by Unimerica Life Insurance Company. Health Net Vision plans are underwritten by Health Net Life Insurance Company and serviced by Envolve Vision, Inc. and EyeMed Vision Care, LLC. Obligations of DBP, and Unimerica Life Insurance Company are not obligations of, or guaranteed by, Health Net, LLC. or its affiliates.

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