

Effective date 1/1/27

Dental. Vision. 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.

Reduce premium costs with our multi-product bundling program!

Boost your sales by adding dental and vision, and your clients can get up to a 2.5% discount on their medical premiums.

Offered to new or renewing groups with 101 – 500 eligible employees. Program is not available with voluntary plans.

Bundled product	Discount on Health Net medical premium
Dental	2.0%
Vision	0.5%

Dental HMO and PPO plan choices provide clients with value, flexibility, simplicity, and a focus on prevention and wellness. These affordable dental plans provide access to our robust dental network in California.¹

Dental HMO

Plan name	Member copayment								
	Preventive & Diagnostic (P&D) copay	Restorative copay	Endodontics copay	Periodontics copay	Fixed prosthodontics copay	Dentures copay	Implants copay	Orthodontia (adult and children)	Waiting period
Plus 85	\$0	Up to \$350	Up to \$160	Up to \$255	\$85	Up to \$365	Up to \$1,950	\$1,450	No
Plus 100	\$0	Up to \$350	Up to \$160	Up to \$265	\$100	Up to \$365	Up to \$1,950	\$1,450	No
Plus 150	\$0	Up to \$350	Up to \$215	Up to \$265	\$150	Up to \$365	Up to \$1,950	\$1,695	No
Plus 185	\$0	Up to \$350	Up to \$275	Up to \$380	\$185	Up to \$365	Up to \$1,950	\$1,695	No
Plus 225	\$0	Up to \$350	Up to \$275	Up to \$380	\$225	Up to \$365	Up to \$1,950	\$1,695	No

Dental PPO

Plan name	Insured responsibility							
	Deductible (waived on P&D services)	Maximum calendar year	In-network coinsurance (P&D/Basic/Major)	Out-of-network coinsurance (P&D/Basic/Major)	Lifetime orthodontia maximum	Out-of-network reimbursement	Orthodontia	Waiting periods
Classic Plus 1 \$2,000 ¹	\$50 / \$150	\$2,000	0% / 10% / 40%	0% / 20% / 50%	\$1,500	80% HIAA	50% after deductible	No
Classic 1 \$1,500	\$50 / \$150	\$1,500	0% / 10% / 40%	0% / 20% / 50%	\$1,500	80% HIAA	50% after deductible	No
Classic 3 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50%	0% / 20% / 50%	\$1,500	80% HIAA	50% after deductible	No
Classic 6 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50%	20% / 20% / 50%	Not covered	80% HIAA	Not covered	No
Classic 7 Unlimited	\$50 / \$150	Unlimited	0% / 20% / 50%	0% / 20% / 50%	Not covered	N/A	Not covered	No

(continued)

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Dental PPO (continued)

Plan name	Insured responsibility							
	Deductible (waived on P&D services)	Maximum calendar year	In-network coinsurance (P&D/Basic/Major)	Out-of-network coinsurance (P&D/Basic/Major)	Lifetime orthodontia maximum	Out-of-network reimbursement	Orthodontia	Waiting periods
Essential 1 \$1,000	\$50 / \$150	\$1,000	0% / 20% / 50%	0% / 20% / 50%	\$1,000	MAC	50% after deductible	No
Essential 4 \$1,000	\$50 / \$150	\$1,000	0% / 20% / 50%	20% / 20% / 50%	Not covered	MAC	Not covered	No
Essential 5 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50%	0% / 20% / 50%	\$1,500	MAC	50% after deductible	No
Essential 6 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50%	0% / 20% / 50%	Not covered	MAC	Not covered	No
Essential 10 \$3,000	\$25 / \$75	\$3,000	0% / 20% / 50%	\$0 / 20% / 50%	\$3,000	MAC	60%	No
Essential 11 \$5,000	\$25 / \$75	\$5,000	0% / 20% / 50%	\$0 / 20% / 50%	\$5,000	MAC	60%	No
Basic \$500	\$50 per person	\$500	0% / 40% / Not covered	20% / 50% / Not Covered	Not covered	MAC	Not covered	No

Vision

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.¹ Contact your Health Net account executive for more details!

Plan name	Insured responsibility					
	Vision exam copay	Retail frames allowance	Contact lens allowance	Standard single-vision plastic lenses	Frequency in months (Exam / lenses or contact lenses / frame)	Laser vision correction (LASIK or PRK from U.S. Laser Network)
Elite 1010-1	\$10	\$150	\$120	\$10	12 / 12 / 12	15% off retail price or 5% off promotional price
Supreme 010-2	\$0	\$120	\$105	\$10	12 / 12 / 24	15% off retail price or 5% off promotional price
Preferred 1025-2	\$10	\$100	\$90	\$25	12 / 12 / 24	15% off retail price or 5% off promotional price
Preferred 1025-3	\$10	\$100	\$90	\$25	12 / 24 / 24	15% off retail price or 5% off promotional price
Preferred Value 10-3	Not covered	\$100	\$90	\$10	Not covered / 24 / 24	15% off retail price or 5% off promotional price
Plus 20-1	\$20	35% discount off retail price	N/A	\$50	12 / Unlimited / Unlimited	15% off retail price or 5% off promotional price
Exam Only	\$0	Not covered	N/A	Not covered	24 / Not covered / Not covered	15% off retail price or 5% off promotional price

Refer to the Large Group Dental & Vision Underwriting Guidelines for minimum enrollment, participation, contribution, and plan combination requirements. This is a brief summary of benefits. It is not meant for contractual purposes. Refer to the *Evidence of Coverage* for conditions of coverage, covered procedures and services, exclusions and limitations, and/or full list of terms.

¹Classic Plus 1 plan is available only to groups enrolling 10 or more employees on that plan, whether the plan is employer-paid or voluntary. Dental implants are covered at 50% deductible/\$1,500 calendar year maximum.

Vision plans, are underwritten by Health Net Life Insurance Company and administered by EyeMed Vision Care, LLC. Health Net Dental HMO and PPO plans, are offered and serviced by Dental Benefit Providers of California, Inc. (DBP). Obligations of DBP are neither the obligations of, nor guaranteed by, Health Net, LLC. or its affiliates.

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