



Adult Dental and Vision Coverage with HMO Off-Marketplace Health Plans



Pam White
We are your Health Net.

Optional adult dental and vision coverage (ages 19 and older) with Health Net HMO Plus is available to you with no deductibles! A Health Net HMO Plus plan is a Health Net HMO health plan with Health Net adult dental and vision coverage included. Pediatric dental and vision (ages newborn to age 18) are automatically included when you purchase off-marketplace CommunityCare HMO medical coverage. Health Net offers adult dental benefits administered through Dental Benefit Providers of California, Inc. and vision benefits through EyeMed Vision Care, LLC.

These benefits include:

Dental	Vision
<ul style="list-style-type: none"> Established network of credentialed dentists Preventive dental care provided at set copays or at no charge Orthodontic benefits No annual maximums No waiting periods – benefits begin immediately 	<ul style="list-style-type: none"> A network-based provider selection at time of service Thousands of credentialed optometrists, ophthalmologists and opticians Vision exams for a set copay Competitive coverage for contacts and glasses (frames and lenses)

Available with all off-exchange CommunityCare HMO Plus plans

IFP Dental and Vision rate per adult¹

\$10.33

¹When adult dental and vision are purchased with a medical plan contract, all adults on the plan contract will be covered. The rate applies to each adult on the plan contract.

Please note: The HMO Plus plans are not available in all counties. Please see the Individual & Family Plans Rate Guide for details.

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Summary of dental benefits

<i>Covered benefits</i>		<i>Member pays¹</i>
Deductibles		None
Lifetime maximums		None
Professional services – Diagnostic		
D0120	Periodic oral evaluation – established patient	No charge
D0140	Limited oral evaluation – problem-focused	No charge
D0150	Comprehensive oral evaluation – new or established patient	No charge
D0210	X-rays intraoral – complete series (including bitewings)	No charge
D0220	X-rays intraoral – periapical first film	No charge
D0230	X-rays intraoral – periapical each additional film	No charge
D0240	X-rays intraoral – occlusal film	No charge
D0270	X-rays bitewing – single film	No charge
D0272	X-rays bitewings – two films	No charge
D0273	X-rays bitewings – three films	No charge
D0274	X-rays bitewings – four films Bitewing X-rays are limited to one series of four films in any 12-month period.	No charge
D0330	Panoramic film	No charge
D0350	Oral / facial photographic images	No charge
D0460	Pulp vitality tests	No charge
D0470	Diagnostic casts	No charge
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No charge
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	No charge
D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	No charge
Preventive		
D1110	Prophylaxis – (initial)	\$8
D1110	Prophylaxis – (second in same calendar year) Prophylaxis is limited to: (a) one initial treatment every 12 months, and (b) one “second” treatment every 12 months. An additional prophylaxis will be covered if determined to be dentally necessary consistent with professional practice. For example, for high-risk patients, such as women who are pregnant, enrollees undergoing cancer chemotherapy, or enrollees with compromising systemic diseases such as diabetes.	\$23

<i>Covered benefits</i>		<i>Member pays¹</i>
Preventive (continued)		
D1204	Topical application of fluoride (prophylaxis not included)	\$3
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$3
D1310	Nutritional counseling for control of dental disease	No charge
D1330	Oral hygiene instructions	No charge
D1510	Space maintainer – fixed – unilateral	\$75
D1515	Space maintainer – fixed – bilateral	\$155
D1520	Space maintainer – removable – unilateral	\$100
D1525	Space maintainer – removable – bilateral	\$170
D1550	Recementation of space maintainer	\$15
D1555	Removal of fixed space maintainer	\$15
Restorative		
D2140	Amalgam – one surface, permanent	\$25
D2150	Amalgam – two surfaces, permanent	\$32
D2160	Amalgam – three surfaces, permanent	\$41
D2161	Amalgam – four or more surfaces, permanent	\$49
D2330	Resin-based composite – one surface, anterior	\$35
D2331	Resin-based composite – two surfaces, anterior	\$45
D2332	Resin-based composite – three surfaces, anterior	\$55
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$65
D2391	Resin-based composite – one surface, posterior (permanent tooth)	\$55
D2392	Resin-based composite – two surfaces, posterior (permanent tooth)	\$70
D2393	Resin-based composite – three surfaces, posterior (permanent tooth)	\$85
D2394	Resin-based composite – four or more surfaces, posterior (permanent tooth)	\$85
Crowns – Single restorations only		
D2710	Crown – resin-based composite (indirect)	\$240 plus actual lab cost of noble or high noble metal
D2712	Crown – 3/4 resin-based composite (indirect)	\$240 plus actual lab cost of noble or high noble metal
D2720	Crown – resin with high noble metal	\$240 plus actual lab cost of noble or high noble metal
D2721	Crown – resin with predominantly base metal	\$240 plus actual lab cost of noble or high noble metal

<i>Covered benefits</i>		<i>Member pays¹</i>
Crowns – Single restorations only (continued)		
D2722	Crown – resin with noble metal	\$240 plus actual lab cost of noble or high noble metal
D2750	Crown – porcelain fused to high noble metal	\$305 plus actual lab cost of noble or high noble metal
D2751	Crown – porcelain fused to predominantly base metal	\$305 plus actual lab cost of noble or high noble metal
D2752	Crown – porcelain fused to noble metal	\$305 plus actual lab cost of noble or high noble metal
D2780	Crown – 3/4 cast high noble metal	\$280 plus actual lab cost of noble or high noble metal
D2781	Crown – 3/4 cast predominantly base metal	\$280 plus actual lab cost of noble or high noble metal
D2782	Crown – 3/4 cast noble metal	\$280 plus actual lab cost of noble or high noble metal
D2790	Crown – full cast high noble metal	\$280 plus actual lab cost of noble or high noble metal
D2791	Crown – full cast predominantly base metal	\$280 plus actual lab cost of noble or high noble metal
D2792	Crown – full cast noble metal	\$280 plus actual lab cost of noble or high noble metal
D2794	Crown – titanium	\$280 plus actual lab cost of noble or high noble metal
D2910	Recement inlay, onlay or partial coverage restoration	\$15
D2915	Recement cast or prefabricated post and core	\$15
D2920	Recement crown	\$21
D2930	Prefabricated stainless steel crown – primary tooth	\$55
D2931	Prefabricated stainless steel crown – permanent tooth	\$65
D2940	Sedative filling	\$20
D2950	Core buildup, including any pins	\$23 plus actual lab cost of noble or high noble metal
D2951	Pin retention – per tooth, in addition to restoration	\$20 plus actual lab cost of noble or high noble metal
D2952	Post and core in addition to crown, indirectly fabricated	\$100 plus actual lab cost of noble or high noble metal
D2953	Each additional indirectly fabricated post – same tooth	\$100 plus actual lab cost of noble or high noble metal

<i>Covered benefits</i>		<i>Member pays¹</i>
Crowns – Single restorations only (continued)		
D2954	Prefabricated post and core	\$60 in addition to crown
D2957	Each additional prefabricated post – same tooth	\$60
D2970	Temporary crown (fractured tooth)	No charge
Endodontics		
D3110	Pulp cap – direct (excluding final restoration)	\$21
D3120	Pulp cap – indirect (excluding final restoration)	\$21
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocelestial junction and application of medicament	\$33
D3310	Anterior (excluding final restoration)	\$170
D3320	Bicuspid (excluding final restoration)	\$220
D3330	Molar (excluding final restoration)	\$290
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$170
D3346	Retreatment of previous root canal therapy – anterior	\$185
D3347	Retreatment of previous root canal therapy – bicuspid	\$240
D3348	Retreatment of previous root canal therapy – molar	\$315
D3410	Apicoectomy/periradicular surgery – anterior	\$155
D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	\$155
D3425	Apicoectomy/periradicular surgery – molar (first root)	\$155
D3426	Apicoectomy (each additional root)	\$75
D3430	Retrograde filling – per root	\$48
D3450	Root amputation – per root	\$85
D3920	Hemisection (including any root removal), not including root canal therapy	\$85
Periodontics		
D4210	Gingivectomy or gingivoplasty, four or more contiguous teeth or bounded teeth spaces, per quadrant	\$230
D4211	Gingivectomy or gingivoplasty, one to three contiguous teeth or bounded teeth spaces, per quadrant	\$33
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces, per quadrant	\$30
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth spaces, per quadrant	\$30
D4260	Osseous surgery, including flap entry and closure – four or more contiguous teeth or bounded teeth spaces, per quadrant	\$290
D4261	Osseous surgery, including flap entry and closure – one to three contiguous teeth or bounded teeth spaces, per quadrant	\$290
D4341	Periodontal scaling and root planing – four or more teeth, per quadrant	\$30
D4342	Periodontal scaling and root planing – one to three teeth, per quadrant	\$30
D4355	Full-mouth debridement to enable comprehensive evaluation and diagnosis	\$20
Prosthodontics (removable) – Dentures replaced within any five-year period are not covered		
D5110	Complete denture – maxillary	\$405
D5120	Complete denture – mandibular	\$405
D5130	Immediate denture – maxillary	\$420

<i>Covered benefits</i>		<i>Member pays¹</i>
Prosthodontics (removable) (continued)		
D5140	Immediate denture – mandibular	\$420
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$290
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$290
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$385
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$385
D5410	Adjust complete denture – maxillary	\$15
D5411	Adjust complete denture – mandibular	\$15
D5421	Adjust partial denture – maxillary	\$15
D5422	Adjust partial denture – mandibular	\$15
D5510	Repair broken complete denture base	\$45
D5520	Replace missing or broken tooth – complete denture (each tooth)	\$53
D5610	Repair resin denture base	\$45
D5620	Repair cast framework	\$58
D5630	Repair or replace broken clasp	\$63
D5640	Replace broken teeth – per tooth	\$53
D5650	Add tooth to existing partial denture	\$58
D5660	Add clasp to existing partial denture	\$63
D5710	Rebase complete maxillary denture	\$185
D5711	Rebase complete mandibular denture	\$185
D5720	Rebase maxillary partial denture	\$185
D5721	Rebase mandibular partial denture	\$185
D5730	Reline complete maxillary denture – chairside	\$70
D5731	Reline complete mandibular denture – chairside	\$70
D5740	Reline maxillary partial denture – chairside	\$70
D5741	Reline mandibular partial denture – chairside	\$70
D5750	Reline complete maxillary denture – laboratory	\$120
D5751	Reline complete mandibular denture – laboratory	\$120
D5760	Reline maxillary partial denture – laboratory	\$120
D5761	Reline mandibular partial denture – laboratory	\$120
D5820	Interim partial denture – maxillary	\$135
D5821	Interim partial denture – mandibular	\$135
D5850	Tissue conditioning – maxillary	\$40
D5851	Tissue conditioning – mandibular	\$40
Prosthodontics (fixed)		
D6205	Pontic – indirect resin-based composite (excluding molars)	\$280 plus actual lab cost of noble or high noble metal
D6210	Pontic – cast high noble metal	\$280 plus actual lab cost of noble or high noble metal
D6211	Pontic – cast predominantly base metal	\$280 plus actual lab cost of noble or high noble metal

<i>Covered benefits</i>		<i>Member pays¹</i>
Prosthodontics (fixed) (continued)		
D6212	Pontic – cast noble metal	\$280 plus actual lab cost of noble or high noble metal
D6214	Pontic – titanium	\$305 plus actual lab cost of noble or high noble metal
D6240	Pontic – porcelain fused to high noble metal	\$305 plus actual lab cost of noble or high noble metal
D6241	Pontic – porcelain fused to predominantly base metal	\$305 plus actual lab cost of noble or high noble metal
D6242	Pontic – porcelain fused to noble metal	\$305 plus actual lab cost of noble or high noble metal
D6710	Crown – indirect resin-based composite	\$305 plus actual lab cost of noble or high noble metal
D6750	Crown – porcelain fused to high noble metal	\$305 plus actual lab cost of noble or high noble metal
D6751	Crown – porcelain fused to predominantly base metal	\$305 plus actual lab cost of noble or high noble metal
D6752	Crown – porcelain fused to noble metal	\$305 plus actual lab cost of noble or high noble metal
D6780	Crown – 3/4 cast high noble metal	\$280 plus actual lab cost of noble or high noble metal
D6781	Crown – 3/4 cast predominantly base metal	\$280 plus actual lab cost of noble or high noble metal
D6782	Crown – 3/4 cast noble metal	\$280 plus actual lab cost of noble or high noble metal
D6790	Crown – full cast high noble metal	\$280 plus actual lab cost of noble or high noble metal
D6791	Crown – full cast predominantly base metal	\$280 plus actual lab cost of noble or high noble metal
D6792	Crown – full cast noble metal	\$280 plus actual lab cost of noble or high noble metal
D6794	Crown – titanium	\$280 plus actual lab cost of noble or high noble metal
D6930	Recement fixed partial denture. Fixed bridgework will be covered only when a removable partial denture cannot satisfactorily restore the case.	\$23
D6970	Post and core addition to fixed partial denture retainer, indirectly fabricated	\$100 plus actual lab cost of noble or high noble metal
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$60
D6973	Core build up for retainer, including any pins	\$23 plus actual lab cost of noble or high noble metal

Covered benefits		Member pays ¹
Prosthodontics (fixed) (continued)		
D6976	Each additional indirectly fabricated post – same tooth	\$100 plus actual lab cost of noble or high noble metal
D6977	Each additional prefabricated post – same tooth	\$60
D9120	Fixed partial denture sectioning	No charge
Oral and maxillofacial surgery		
D7111	Extraction, coronal remnants – deciduous tooth	\$35
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$35
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) – each additional tooth	\$27
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) (root removal – exposed roots)	\$43
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$50
D7220	Removal of impacted tooth – soft tissue	\$70
D7230	Removal of impacted tooth – partially bony	\$105
D7240	Removal of impacted tooth – completely bony	\$135
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$50
Orthodontics		
D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,800
D8210	Removable appliance therapy	\$115
D8220	Fixed appliance therapy	\$220
D8670	Routine orthodontic visits	\$17
Adjunctive general services		
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$14 (This copay is in addition to specific services copays.)
Other services		
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	\$11
D9951	Occlusal adjustment – limited (per quadrant)	\$27
D9952	Occlusal adjustment – complete (per quadrant)	\$27
D9999	Missed appointments without 24-hour prior notice <i>The copayment for missed appointments may not apply if: (a) the member canceled at least 24 hours in advance, or (b) the member missed the appointment because of an emergency or circumstances beyond the control of the member.</i>	\$20
D9999	Transfer of all materials with less than a full-mouth X-ray	No charge
D9999	Transfer of all materials with a full-mouth X-ray	No charge
D9999	Operatory preparation fee (payable per visit in addition to any applicable copayments for covered services rendered)	No charge

Occasionally, an instance arises where the general dentist deems that the services of a specialist are required. Health Net of California can assist the member with a referral to a specialist. However, there is no coverage under the plan for services rendered by a specialist except for orthodontic care.

Dental codes from Current Dental Terminology© American Dental Association.

¹Copayments for adult dental services do not apply toward the medical out-of-pocket maximum.

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Summary of vision benefits

<i>Covered benefits</i>	<i>Member pays</i>
Deductibles	None
Lifetime maximums	None
Professional services Examination with dilation, as medically necessary	\$10 copayment
Examination for contact lens Standard contact lens fit and follow-up	Up to \$55
Premium contact lens fit and follow-up	You receive 10% off retail
Materials Frames (once every 12 months; \$80 allowance)	\$0 copayment
Standard plastic eyeglass lenses (once every 12 months) Single vision	\$40 copayment
Bifocal	\$40 copayment
Trifocal	\$40 copayment
Lenticular	\$40 copayment
Standard progressive lenses	\$105 copayment
Premium progressive lenses	\$105 copayment, plus 80% of charge, less \$120 allowance
Lens options (in addition to standard lenses) UV coating	You receive 20% off retail price
Tint (solid and gradient)	You receive 20% off retail price
Standard plastic scratch-resistant	You receive 20% off retail price
Standard polycarbonate	You receive 20% off retail price
Standard anti-reflective	You receive 20% off retail price
Other add-ons and service	You receive 20% off retail price
Contact lenses (every 12 months) (in lieu of eyeglass lenses; includes material only): Medically necessary contact lenses ²	\$0
Nonmedically necessary contact lenses Conventional contact lenses (\$80 allowance)	\$0 copayment, plus 15% off of the balance over the allowance
Disposable contact lenses (\$80 allowance)	\$0 copayment, plus balance over the allowance

Limitation: In accordance with professionally recognized standards of practice, this Plan covers one complete vision examination once every 12 months. Benefits may not be combined with any discounts, promotional offerings or other group benefit plans. Allowances are one-time-use benefits. No remaining balance. Examination for contact lenses is in addition to the member's vision examination. There is no additional copayment for a contact lens follow-up visit after the initial fitting examination.

²Contact lenses are defined as medically necessary if the individual is diagnosed with one of the following conditions:

- Keratoconus where the patient is not correctable to 20/40 in either or both eyes using standard spectacle lenses.
- High ametropia exceeding -12 D or +9 D in spherical equivalent.
- Anisometropia of 3 D or more.
- Patients whose vision can be corrected two (2) lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses.