



PPO Plus Plan Adult Dental and Vision Coverage

Pam White
Health Net

Optional coverage for IFP PPO off-marketplace portfolio

When you choose a Health Net PPO off-marketplace insurance plan, your medical plan comes with pediatric dental and vision. You have the option to add adult dental and vision coverage.

Dental and Vision Plus options

A Health Net PPO Plus¹ plan is a Health Net PPO health insurance plan with Health Net adult dental and vision coverage included. **As an adult, adding dental and vision benefits** is a great way to boost your overall health coverage. And, with a PPO Plus plan, it's one-stop shopping.

*Available with all off-exchange PPO
Plus plans*

IFP Dental and Vision rate per adult² \$16.46

Dental coverage benefits

- Choose your own dental providers.
- Budget your care – Find out your costs up front with our convenient fee schedule.
- Save – The \$50 deductible is waived for diagnostic and preventive services.

Vision coverage benefits

- Single, bifocal, trifocal, and lenticular lenses covered at 100% in-network after copay.
- Freedom to take your prescription to any vision PPO provider.



- No or low copays for vision exams and lenses, and allowances for other services.
- Large network of independent providers, including optical retailers LensCrafters, Pearle Vision, Sears Optical, JCPenney Optical, and Target Optical.
- Secondary purchase plan – Unlimited discounts up to 40% on materials and services once initial benefit has been used.



Dental summary of benefits

<i>Benefit</i>	<i>PPO Plus plans: Dental³</i>
Calendar year maximum	\$1,000
Annual deductible (waived for diagnostic and preventive services)	\$50
	Maximum allowable fee
Diagnostic and preventive	
Diagnostic – periodic oral examination (up to 2 times per year)	\$13
Diagnostic – limited oral examination, problem-focused	\$17
Intraoral radiographs – complete series, including bitewings	\$40
Dental prophylaxis	\$32
Sealant (per permanent molar tooth)	\$4
Restorative – amalgam (permanent filling)	
One surface, permanent (amalgam)	\$22
Two surface, permanent (amalgam)	\$28
Crown (resin/porcelain)	\$127 resin ⁴ / \$248 porcelain ⁴
Endodontics – root canal (excluding final restorations)	
Anterior	\$121 ⁵
Molar	\$193 ⁵
Oral surgery (extractions)	
Single tooth, erupted	\$33 ⁵
Removal of impacted tooth (completely bony)	\$66 ⁵
Periodontics	
Periodontal scaling and root planing – 4 or more teeth per quadrant	\$20 ⁵
Prosthodontics	
Prosthetics/prosthodontics – denture (complete upper or lower)	\$264 each ⁴
Orthodontics	Not covered

(continued)

¹Dental and vision benefits are underwritten by Health Net Life Insurance Company. Dental benefits are administered by Dental Benefit Administrative Services. Vision benefits are administered by EyeMed Vision Care, LLC. Dental Benefit Administrative Services and EyeMed Vision Care, LLC are not affiliated with Health Net Life Insurance Company. For additional information on dental and vision coverage provided under the Plus option, see the Dental and Vision Summary of Benefits.

²When adult dental and vision are purchased with a medical policy, all adults on the policy will be covered. The rate applies to each adult on the policy.

³Deductible and copayments for adult dental services do not apply toward the medical out-of-pocket maximum.

⁴Subject to six-month waiting period

⁵Subject to three-month waiting period.



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Health Net

Vision summary of benefits

Benefits	PPO Plus plans: Vision	
	In-network you pay:	Out-of-network you pay:
Exam with dilation as necessary Once every 12 months	\$10 copayment	All charges over \$45
Exam options (fit and follow-up)		
Standard contact lenses	Up to \$55	Not covered
Premium contact lenses	You receive a 10% discount off retail price	Not covered
Frames		
Once every 24 months	\$85 allowance	Not applicable
Any available frame at provider location	\$0 copayment, plus 80% of balance over allowance	All charges over \$45
Standard plastic lenses		
Single vision	\$25 copayment	All charges over \$43
Bifocal	\$25 copayment	All charges over \$58
Trifocal	\$25 copayment	All charges over \$70
Lenticular	\$25 copayment	All charges over \$125
Standard progressive lens	\$90 copayment	All charges over \$58
Premium progressive lens	\$90 copayment, plus 80% of charge less \$120 allowance	All charges over \$58
Lens options		
UV treatment	You receive a 20% discount off retail price	Not covered
Tint (solid and gradient)	\$0 copayment	Not covered
Standard plastic scratch – coating	You receive a 20% discount off retail price	Not covered
Standard polycarbonate	You receive a 20% discount off retail price	Not covered
Standard anti-reflective coating	You receive a 20% discount off retail price	Not covered
Other add-ons	You receive a 20% discount off retail price	Not covered
Contact lenses		
Once every 24 months in lieu of eyeglass lenses (Contact lens allowance includes materials only.)	\$120 allowance	Not applicable
Conventional	\$25 copayment, plus 85% of charge over allowance	All charges over \$105
Disposable	\$25 copayment, plus balance over allowance	All charges over \$105
Medically necessary (requires preauthorization)	\$25 copayment	All charges over \$250
Laser vision correction LASIK or PRK from U.S. Laser Network	You receive 15% discount off retail price or 5% discount off promotional price	Not covered
Additional pairs benefit	You receive a 40% discount off complete (frames and lenses) pair eyeglass purchases and a 15% discount off conventional contact lenses once the benefit has been used.	Not covered

