

Health Net's Dental Portfolio

Health Net's portfolio of dental HMO and PPO plans gives your clients exactly what they're looking for – value, flexibility and simplicity. Our affordable dental plans offer comprehensive coverage and provide access to one of the largest dental networks in California.

HMO plans¹

Covered procedures (partial list)	Member copayment		
	Plus DHMO 100	Plus DHMO 150	Plus DHMO 185
Diagnostic care			
D0120 Periodic oral evaluation	\$0	\$0	\$0
D0210 Full-mouth X-rays	\$0	\$0	\$0
D9491 Office visit (including all fees for sterilization and infection control)	\$5	\$5	\$5
Preventive care			
D1110 Prophylaxis, adult	\$0	\$0	\$0
Restorative treatment			
D2140 Amalgam filling	\$0	\$0	\$0
D2331 Resin-based composite	\$0	\$0	\$0
Endodontics			
D3320 Root canal	\$65	\$95	\$115
Periodontics			
D4341 Periodontal scaling and root planing	\$25	\$35	\$40
Oral surgery			
D7240 Removal of impacted teeth	\$75	\$80	\$80
Crowns and pontics			
D2751 Crown porcelain fused to predominantly base metal	\$100	\$150	\$185
Orthodontics			
D8070 Complete orthodontic treatment (child through age 19)	\$1,450	\$1,695	\$1,695
D8080 Comprehensive orthodontic treatment (adult age 20 and older)	\$1,450	\$1,695	\$1,695

Key plan features

- More than 345 covered procedures with a copayment.
- Expanded preventive procedures, including cancer screenings and additional cleanings.
- Coverage for popular services:
 - Wellness and preventive procedures
 - Fluoride (children and adults)
 - Orthodontics for children and adults
 - Teeth whitening and veneers
 - Nitrous oxide and IV sedation
- May be purchased separately or as a dual choice with dental PPO.

(continued)

¹This is only a summary of benefits. Please refer to the *Evidence of Coverage* for terms and conditions of coverage, including which services are limited or excluded from coverage.

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Health Net



PPO plans²

Plan name	Deductible (individual/family)		Coinsurance (preventive and diagnostic/general/major)				
	In-network	Out-of-network	In-network	Out-of-network	Out-of-network reimbursement	Calendar year max	Ortho (lifetime max)
Classic Plus 1 2000 with ortho	\$50/\$150	\$75/\$225	100/90/60	100/80/50	80th percentile	\$2,000	50% up to \$1,500
Classic Plus 2 2000 with ortho	\$50/\$150	\$75/\$225	100/90/60	100/80/50	80th percentile	\$2,000	50% up to \$1,500
Classic 1 1500 with ortho	\$50/\$150	\$75/\$225	100/90/60	100/80/50	80th percentile	\$1,500	50% up to \$1,500
Classic 2 1500	\$50/\$150	\$75/\$225	100/90/60	100/80/50	80th percentile	\$1,500	Not covered
Classic 3 1500 with ortho	\$50/\$150	\$75/\$225	100/80/50	100/80/50	80th percentile	\$1,500	50% up to \$1,500
Classic 4 1500	\$50/\$150	\$75/\$225	100/80/50	100/80/50	80th percentile	\$1,500	Not covered
Classic 5 1500 with ortho	\$50/\$150	\$75/\$225	100/80/50	80/80/50	80th percentile	\$1,500	50% up to \$1,500
Classic 6 1500	\$50/\$150	\$75/\$225	100/80/50	80/80/50	80th percentile	\$1,500	Not covered
Essential 1 1000 with ortho	\$50/\$150	\$75/\$225	100/80/50	100/80/50	Limited fee schedule	\$1,000	50% up to \$1,000
Essential 2 1000	\$50/\$150	\$75/\$225	100/80/50	100/80/50	Limited fee schedule	\$1,000	Not covered
Essential 3 1000 with ortho	\$50/\$150	\$75/\$225	100/80/50	80/80/50	Limited fee schedule	\$1,000	50% up to \$1,000
Essential 4 1000	\$50/\$150	\$75/\$225	100/80/50	80/80/50	Limited fee schedule	\$1,000	Not covered
Essential 5 1500 with ortho	\$50/\$150	\$75/\$225	100/80/50	100/80/50	Limited fee schedule	\$1,500	50% up to \$1,500
Essential 6 1500	\$50/\$150	\$75/\$225	100/80/50	100/80/50	Limited fee schedule	\$1,500	Not covered
Basic 500	\$50 per person	\$50 per person	100/60	80/50	Limited fee schedule	\$500	Not covered

Key plan features

- Extra services for pregnant women (including additional prophylaxis and periodontal maintenance).
- Classic Plus 1 plan covers dental implants as a major service at 50% up to \$1,500 per calendar year.
- Members receive full amount of orthodontia lifetime maximum, even if treatment under another carrier's dental PPO plan (applies only to DPPO plans with orthodontia coverage).
- Essential and Basic plans reimburse out-of-network benefits on a limited-fee schedule.
- Oral surgery, periodontics and endodontics are covered as general services under Classic Plus, Classic and Essential plans.
- Deductible waived for preventive and diagnostic services, in- and out-of-network.



- No waiting periods for any covered services.
- May be purchased separately or as a dual choice with dental HMO.

MaxAdvantage Program

Classic Plus 2000 plans include MaxAdvantage, our benefit feature that allows members to save and carry forward a portion of their unused calendar year maximum for future use. MaxAdvantage gives members the option to save their dental benefits for when they need them most!

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