

# Health Net's Optional Dental and Vision Plans

*An essential part of your good health*

Good health is about more than making sure you have medical coverage. Your dental and vision care are just as important to your overall health. With Health Net's optional Dental and Vision Plan for Individual & Family Plan members, you get comprehensive dental and vision coverage that leaves you smiling!

Our dental and vision plans give you:

- A choice of dentists, optometrists and specialists from a wide variety of licensed providers.
- Affordable monthly premiums on coverage for basic and preventive services.
- Essential services that help reduce the risk of higher costs for you.

When you have health care coverage through Health Net Individual & Family Plans, you have the opportunity to enroll in our Optional Dental and Vision Plan. These added benefits make it easy to round out your benefit coverage for just a low monthly premium.

#### **Dental and Vision plan monthly rate**

*Cost per person*

All ages	\$20.00
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Round out your coverage with quality dental and vision benefits from Health Net!



**LaRae Littlefield,  
Health Net**

*We deliver the right  
coverage at the  
right price.*



# Health Net Dental

*Dental benefits that make you smile*

Our Health Net Dental Plan makes it easy to get quality dental care. You can visit providers that work best for you and your family. You can even access specialists without a referral. Comprehensive coverage and easy access to dental providers really gives you something to smile about!



**Josefina Bravo,**  
Health Net  
*We help members  
build healthy  
habits.*

Health Net Dental Plan advantages include:

- Access to any licensed dentist.
- No referrals to see specialists.
- \$50 deductible waived for diagnostic and preventive services.
- \$1,000 maximum per calendar year.
- No lifetime maximum.

- Reimbursement of eligible services up to the maximum allowed fee.

Health Net pays the maximum fee as shown in the sample dental plan schedule of benefits. The maximum fees vary by services. You are responsible for the remaining balance. Some services and associated allowed fees are shown. You'll receive the full Schedule of Benefits in your new member Welcome Packet.

## Sample schedule of benefits

Code	Description	Maximum reimbursement	Code	Description	Maximum reimbursement
D0120	Periodic oral evaluation	\$12	D5520	Replace missing or broken tooth – complete denture (each tooth)	\$7
D0270	Bitewing – single film	\$9	D6210	Pontic – cast high noble metal <sup>1</sup>	\$70
D0330	Panoramic film	\$28	D7111	Extraction, coronal remnants – deciduous tooth <sup>2</sup>	\$20
D1110	Prophylaxis – adult	\$29	D9220	Deep sedation/general anesthesia – first 30 minutes	\$25
D1120	Prophylaxis – child	\$23	D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$18
D2140	Amalgam – one surface, primary or permanent	\$20	D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	\$18
D2710	Crown – resin-based composite (indirect) <sup>1</sup>	\$115			
D2740	Crown – porcelain/ceramic substrate <sup>1</sup>	\$225			
D3110	Pulp cap – direct (excluding final restoration)	\$9			
D4210	Gingivectomy or gingivoplasty, four or more contiguous teeth or bounded teeth spaces, per quadrant <sup>2</sup>	\$90			
D5110	Complete denture – maxillary <sup>1</sup>	\$240			

<sup>1</sup>Subject to a 6-month waiting period.

<sup>2</sup>Subject to a 3-month waiting period.

Current Dental Terminology © American Dental Association.

# Health Net Vision



*Vision care to help you see clearly*

Your vision impacts everything you do in life. So keep your eyes healthy and strong with Health Net vision coverage. Our selection of in- and out-of-network providers and our comprehensive benefits give you what you need to keep your vision in tip-top shape.

Health Net Vision Plan advantages include:

- Low copays for services and lenses.
- \$120 retail plan allowance on frames.
- Access to in- and out-of-network providers.
- Set copays when you see in-network providers.

As part of your Health Net plan, you also have access to LASIK or PRK laser vision correction procedure discounts through our Decision Power® Healthy Discounts program. As a Health Net member, you can log on to [www.healthnet.com](http://www.healthnet.com) for more information.

## Vision plan summary

<i>Vision care services</i>	<i>Member cost (in-network)</i>	<i>Allowance (out-of-network)</i>
<b>Exam with dilation as necessary:</b> Frequency: once every 12 months	\$10	Up to \$40
<b>Standard plastic lenses:</b> Frequency: once every 24 months		
Single vision	\$25	Up to \$40
Bifocal	\$25	Up to \$60
Trifocal	\$25	Up to \$80
Lenticular	\$25	Up to \$80
<b>Frames:</b> Frequency: once every 24 months Any frame available at a provider location	\$120 allowance plus 20% off balance over allowance <sup>3</sup>	Up to \$45
<b>Lens options:</b>		
UV coating	\$15	N/A
Tint (solid and gradient)	\$15	N/A
Standard scratch-resistance	\$15	N/A
Standard polycarbonate	\$40	N/A
Standard progressive (add-on to bifocal)	\$65	N/A
Standard anti-reflective	\$45	N/A
Other add-ons and services	20% discount <sup>3</sup>	N/A
<b>Contact lenses:</b> Includes materials only Frequency: once every 24 months, in lieu of standard plastic lenses		
Conventional	\$90 allowance, plus 15% off balance over allowance	Up to \$105
Disposable	\$90 allowance	Up to \$105
Medically necessary	\$0 allowance	Up to \$210

Discounts do not apply for benefits provided by other individual benefit plans. Allowances are one-time-use benefits; no remaining balance. Lost or broken materials are not covered.

<sup>3</sup>Member will receive a 20% discount on remaining balance beyond plan coverage at participating providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to provider's professional services, or contact lenses. Retail prices may vary by location.

### **Dental benefit limitations of covered services and supplies**

- Initial or periodic oral exams limited to one per 6-month period.
- Intraoral complete series X-rays, including 4 bitewings and up to 14 periapical X-rays, or panoramic film with 4 bitewings, either is limited to one per 36-month period.
- Bitewing X-rays series (two or four films), limited to one per 12-month period.
- Dental prophylaxis (cleaning and scaling), limited to one per 6-month period.
- Topical fluoride treatment is limited to one per 12-month period for dependent children under age 16.
- Sealants are limited to children under age 14.
- Space maintainers for primary teeth limited to dependent children under age 14.
- Root canal retreatment limited to one time on the same tooth per 12-month period.
- Periodontal scaling and root planing (per quadrant) limited to one time per 24-month period.
- Periodontal surgery limited to one time in any 36-month period.
- Oral surgery limited to simple and surgical extractions.
- Porcelain or porcelain fused to metal crowns are not covered on molar teeth.
- Crowns are covered only if more than 5 years have elapsed since last placement, and limited to persons over age 19.
- Full / partial dentures, one time per arch unless 5 years have elapsed since last placement, denture cannot be made serviceable, and 6 months have elapsed after the member's effective date.

### **Dental benefit general exclusions**

Health Net Life will not pay expenses incurred for any of the following:

- Treatment which: a) is not included in the list of covered services and supplies above, b) is not dentally necessary, or c) is experimental in nature.

- Services and supplies related to the change of vertical dimension, restoration or maintenance of occlusion and treatment for myofacial pain disorders (MPD) or temporomandibular joint dysfunction.
- Orthodontic services, supplies, or oral surgery procedures for the purposes of orthodontic treatment, inclusive of extractions.
- Services and supplies provided primarily for cosmetic purposes.
- Implants related procedures or services involving root form implants.
- Services or supplies received due to war or an act of war or riot.

### **Vision benefit general exclusions and limitations**

There are some plan limitations and exclusions. No benefits will be paid for services or material connected with or charges arising from:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing.
- Medical and/or surgical treatment of the eye, eyes, or supporting structures.
- Corrective eyewear required by an employer as a condition of employment.
- Services provided as a result of any workers' compensation law, or similar legislation.
- Plano nonprescription lenses and nonprescription sunglasses.
- Two pairs of glasses in lieu of bifocals.
- Excludes certain frame brands in which the manufacturer imposes a no-discount policy.

*This is not a complete list of exclusions and limitations. See plan documents for details.*