

DENTAL AND VISION CARE PLAN OVERVIEW

With Health Net, you'll be able to choose from a full line of affordable dental and vision coverage products. Plus, have access to some of the largest dental and vision networks in the state. It's never been simpler to get coverage for everything from medical, dental and vision to life insurance. You'll have a single point of contact whether for new business or service.

For coverage, claims, or other information please call Health Net Dental Member Services at **1-866-249-2382** and Health Net Vision Member Services at **1-866-392-6058**.

SCHEDULE OF BENEFITS AND COVERAGE

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

Health Net Dental plan overview

HEALTH NET DENTAL HMO (DHMO) PLAN¹

- Extensive network of providers
- Most dental procedures are covered at listed copayments
- Additional cleanings and adult fluoride are covered
- Nitrous oxide & IV sedation covered at copay
- Teeth whitening & veneers
- Adult & child orthodontics

SAMPLE OF COVERED PROCEDURES AND COPAYMENTS

HEALTH NET DENTAL HMO SERVICES	HN PLUS DHMO 150-S	HN PLUS DHMO 225-S
Office visits	\$5	\$5
Cleanings (2 per year)	No charge	No charge
Additional cleanings	\$15 child, \$20 adult	\$25 child, \$35 adult
Amalgam fillings	No charge	No charge
Crown – porcelain fused to precious metal	\$150	\$225
Root canal (molar-per tooth)	\$125	\$210
Periodontal scaling (per quad)	\$35	\$40
Complete denture (upper)	\$175	\$260
Extraction (erupted tooth or exposed root)	No charge	No charge

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Health Net Dental plan overview *(continued)*

HEALTH NET DENTAL HMO SERVICES	HN PLUS DHMO 150-S	HN PLUS DHMO 225-S
General anesthesia (first 30 minutes)	\$150	\$150
Orthodontics (braces) – children & adults	\$1,695	\$1,695
Teeth whitening (per arch)	\$125	\$125

HEALTH NET DENTAL PPO²

- Periodontics, endodontics and oral surgery covered as basic services
- Out-of-network benefits reimbursed at UCR³
- No waiting periods on major services
- May be purchased separately or as dual choice with DHMO when sold in conjunction with Health Net of California, Inc. or Health Net Life Insurance Company Medical coverage products

HEALTH NET DENTAL PPO SERVICES	HN PLUS DPPO COINSURANCE		HN PREFERRED VALUE DPPO COINSURANCE	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive services	100%	100%	100%	100%
Basic services	90%	80%	80%	80%
Major services	60%	50%	50%	50%
Annual maximum	Choice of \$1,000 or \$1,500		Choice of \$1,000 or \$1,500	
Deductible	\$50 ⁴	\$75 ⁴	\$50 ⁴	\$75 ⁴
Orthodontia (adults and children)	\$1,000 or \$1,500 (adult and children) or not covered		\$1,000 or \$1,500 (adult and children) or not covered	

HEALTH NET DENTAL PPO SERVICES	HN VALUE DPPO COINSURANCE	
	In-Network	Out-of-Network
Preventive services	100%	80%
Basic services	80%	80%
Major services	50%	50%
Annual maximum	Choice of \$1,000 or \$1,500	
Deductible	\$50 ⁴	\$75 ⁴
Orthodontia (adults and children)	\$1,000 or \$1,500 (adult and children) or not covered	

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Health Net Vision plan overview

HEALTH NET VISION PPO⁵

- One of the largest PPO vision networks in California
- Wide and diverse national network of independent providers including LensCrafters® – the nation’s #1 optical retailer, Pearl Vision®, Sears OpticalSM and Target OpticalSM
- Members can see any provider they choose – in-network or out-of-network coverage⁶
- Secondary Purchase Plan – scheduled discounts up to 45% once initial benefit is used
- Lens options covered at a scheduled discount
- Standard single, bifocal, trifocal and lenticular lenses covered at 100% when services are obtained from in-network providers
- Discounts off the retail price of LASIK and PRK procedures

HEALTH NET VISION PPO SERVICES	PREFERRED VALUE PPO PLAN 10-2	PREFERRED PPO PLAN 1025-2	PREFERRED PPO PLAN 1025-3
Exam copay	n/a	\$10	\$10
Materials copay	\$10	\$25	\$25
BENEFITS			
Vision examination (every 12 months)	In-Network: 100%; Out-of-Network: Maximum benefit allowance up to \$40		
Frames (one frame every 24 months)	\$0 Copay; Retail allowance: In-Network: \$100; Out-of-Network: Maximum benefit allowance up to \$45		
SPECTACLE LENSES (PER PAIR)	Every 12 months (10-2 and 1025-2 plans) or 24 months (1025-3 plan)		
Single	In-Network: 100%; Out-of-Network: Maximum benefit allowance up to \$40		
Bifocal	In-Network: 100%; Out-of-Network: Maximum benefit allowance up to \$60		
Trifocal	In-Network: 100%; Out-of-Network: Maximum benefit allowance up to \$80		
Lenticular	In-Network: 100%; Out-of-Network: Maximum benefit allowance up to \$80		
LENS OPTIONS			
UV coating tint (solid and gradient)	In-Network member cost: \$12; Out-of-Network: Not covered		
Standard (scratch-resistant)	In-Network member cost: \$15; Out-of-Network: Not covered		
Standard Polycarbonate	In-Network member cost: \$35; Out-of-Network: Not covered		
Standard Progressive (add-on to bifocal)	In-Network member cost: \$45; Out-of-Network: Not covered		
Standard Anti-reflective	In-Network member cost: \$45; Out-of-Network: Not covered		
Other add-ons and services	In-Network: 20% discount; Out-of-Network: Not covered		
CONTACT LENSES (PER PAIR)			
Conventional	In-Network: \$90 allowance; \$0 copay, plus 15% discount off balance over allowance; Out-of-Network: Up to \$105		
Disposables	In-Network: \$90 allowance; \$0 copay, plus balance over allowance; Out-of-Network: Up to \$105		
Medically necessary	In-Network: \$250 allowance; \$0 copay, plus balance over \$250; Out-of-Network: Up to \$210		

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¹Health Net Dental HMO plans are provided by Dental Benefit Providers of California, Inc. (“DBP”). Obligations of DBP are not the obligations of or guaranteed by Health Net, Inc. or its affiliates.

²Health Net Dental PPO and indemnity plans are underwritten by Unimerica Insurance Company. Obligations of Unimerica Insurance Company are not the obligations of or guaranteed by Health Net, Inc. or its affiliates.

³Usual, Customary, Reasonable (UCR) is the maximum allowable amount for a dental care service, determined by Unimerica Insurance Company on the basis of the fee usually charged by the provider and data obtained by Unimerica Insurance Company regarding fees charged by providers of similar training and experience for the same service within the same geographic area.

⁴Waived for preventive services. A maximum of three deductibles per family in a calendar year.

⁵Health Net Vision PPO plans are underwritten by Fidelity Security Life Insurance Company and serviced by EyeMed Vision Care, LLC (together, the “Fidelity Entities”). Discounts on vision care services and products are made available by EyeMed. Obligations of the Fidelity Entities are not the obligations of or guaranteed by Health Net, Inc. or its affiliates.

⁶Using out-of-network providers will result in reduced benefits.