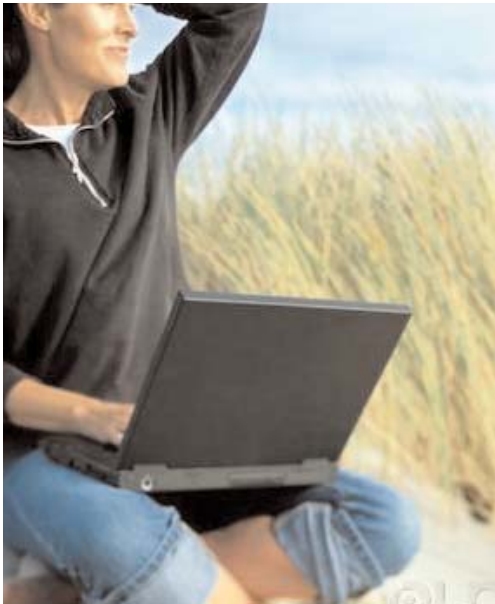


GETTING THE DENTAL COVERAGE THAT'S RIGHT FOR YOU

2006 – 2007 Dental Plans



A DENTAL PLAN to fit your needs



Health Net Dental makes getting quality dental care simpler than ever. Combined with a Health Net medical plan, Health Net dental plans offer your employees a complete package of health and dental options designed with their good health in mind.

We know that being healthy is more than just having a healthy body and mind, but healthy teeth and gums too. That's why Health Net offers a variety of dental plans, so your employees can count on good health, from their toes to their teeth. And good oral health leads to more than a great smile. Did you know that there's a correlation between gum diseases and strokes and heart attacks? So with Health Net Dental coverage, you're giving your employees the keys to better health, and a real reason to smile.

This document presents general information only. Refer to the plan contract for complete details, limitations and exclusions.

A CHOICE IN PLANS

Health Net has a dental plan designed to fit your needs. All Health Net Dental plans offer the benefit of a preferred dental network and with a wide range of benefits and deductibles, your employees will be able to smile confidently, knowing that their dental needs are covered.

HEALTH NET PLUS

Health Net Plus plans, our standard plans, are available with two deductible options. Health Net Plus plans include orthodontics and pay endodontic, periodontal and oral surgery services at the basic services benefit level.

HEALTH NET VALUE

With similar plan designs as Health Net Plus plans, Health Net Value plans offer a more economical option. Value plans do not include orthodontics and pay endodontic, periodontal and oral surgery services at the major services benefit level.

HEALTH NET FIFTY

Health Net Fifty is our most affordable plan. This plan offers a simple design and features a 50 percent cost share on all eligible services. The Fifty plan does not include orthodontics.

HEALTH NET PREFERRED

Health Net Preferred plans offer higher benefit levels when seeking care from in-network providers, but offer the flexibility to seek care at reduced benefit levels from out-of-network providers. We offer both a Preferred Plus and a Preferred Value plan giving you a choice of plan designs.

THE ONLINE TOOLS MEMBERS NEED

Because we know that members want to understand their benefits and have access to the most current dental information, Health Net Dental offers members convenient online access to information about their plan, our dentists and dental health. The site offers a complete listing of dentists and specialists so that members can easily find the provider that is right for them. With the *Treatment Cost Calculator* members can view detailed benefit information and explore various treatment costs before receiving care. Members can also find specific plan information including their current eligibility, copays, deductibles and out-of-pocket costs at www.healthnet.com.

HEALTH NET DENTAL PLANS OVERVIEW

	HEALTH NET PLUS		HEALTH NET VALUE		HEALTH NET FIFTY	HEALTH NET PREFERRED PLUS		HEALTH NET PREFERRED VALUE	
	D50-1855-1500/06	D100-1855-1000/06	D50-185-1500V/06	D100-185-1000V/06	D100-555-1000V/06	DP50-1855-1500/06		DP100-185-1000V/06	
Annual Deductible per Person	\$50	\$100	\$50	\$100	\$100	\$50		\$100	
Annual Deductible per Family	\$150	\$300	\$150	\$300	\$300	\$150		\$300	
Annual Plan Maximum per Person	\$1,500	\$1,000	\$1,500	\$1,000	\$1,000	\$1,500		\$1,000	
Lifetime Orthodontic Services per Person	\$1,500	\$1,000	Not Covered	Not Covered	Not Covered	\$1,500		Not Covered	
	In- and Out-of-Network	In- and Out-of-Network	In- and Out-of-Network	In- and Out-of-Network	In- and Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic and Preventive ¹	100%	100%	100%	100%	50%	100%	80%	100%	80%
Basic Services	80%	80%	80%	80%	50%	80%	60%	80%	60%
Endodontic, Periodontal and Oral Surgery	80%	80%	50%	50%	50%	80%	60%	50%	50%
Major Services	50%	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontic Services	50%	50%	Not Covered	Not Covered	Not Covered	50%	50%	Not Covered	

¹The deductible does not apply to diagnostic and preventive services.

We're here to help you know what services are covered and how much your plan pays.

Whenever you have questions, call Health Net Dental at 1-877-410-0176. We're ready to help you make your Health Net Dental plan work for you.

YOUR PLAN BENEFITS ARE BASED ON WHO PROVIDES YOUR DENTAL SERVICES.

With Health Net Dental Plans, you can see any licensed dentist and receive benefits for covered services. You do not have to go to a specific provider. However, seeing a Participating Provider may save you money.

If you see an in-network Participating Provider, your Plan Benefits are based on a discounted fee negotiated between Health Net and the Participating Provider. There is usually a difference between the amount your Provider actually charges for a service, and how much of that billed charge the Provider has agreed to accept as payment in full for services under a Participating Provider contract. If you see a Participating Provider you are not responsible for any billed charge above the negotiated amount.

If you see an out-of-network provider, your Plan Benefits are based on UCR. UCR stands for Usual, Customary and Reasonable. There is usually a difference between the amount your provider actually charges for a service, and how much of that billed charge we allow as the Usual, Customary and Reasonable amount. Your plan pays a percentage of the UCR amount rather than a percentage of the billed charge. If your provider charges more than the UCR Allowance, you are responsible for the difference between the billed charge and the UCR Allowance.

www.healthnet.com

HEALTH NET DENTAL PLANS — *covered services and limitations*

WAITING PERIODS FOR ENROLLEES

Health Net Plus and Health Net Preferred Plus:	6 months on Major and Orthodontic Services
Health Net Value, Health Net Fifty and Health Net Preferred Value:	6 months on Endodontic, Periodontal, Oral Surgery and Major Services

DIAGNOSTIC AND PREVENTIVE SERVICES

Periodic Oral Examinations	2 times per consecutive 12 months
Dental Prophylaxis (cleaning)	2 times per consecutive 12 months
Bitewing X-Rays	1 series of films per Calendar Year
Full Mouth or Panoramic X-Rays	1 time per consecutive 36 months
Extraoral X-Rays	2 films per Calendar Year
Fluoride Treatments	Under age 16, 2 times per Calendar Year
Sealants	Under age 16, once per first or second permanent molar every 5 years

BASIC SERVICES

Space Maintainers	Under age 16, once per lifetime
Amalgam Restorations (fillings)	1 restoration per surface every 3 years
Composite Resin Restorations (fillings)	1 restoration per surface every 3 years
Sedative Filling	Covered as a separate benefit only if no services other than exam and x-rays were performed on the same tooth during the visit.
Palliative Treatment (relief of pain)	Covered as a separate benefit only if no services other than exam and x-rays were performed on the same tooth during the visit
General Anesthesia	Covered only for patients under age 7 or who are physically or developmentally disabled
Occlusal Guards	For habitual grinding, 1 per 60 consecutive months
Diagnostic Casts	1 time per 24 consecutive months
Pin Retention	2 pins per tooth, not covered in addition to cast restoration

PLAN EXCLUSIONS

- ◆ Services that are not Necessary Dental Care.
- ◆ Any procedure not performed in a dental setting.
- ◆ Benefits not stated; services and supplies not specifically listed as covered; Benefits in excess of the stated limits under the Agreement.
- ◆ Expenses for a Procedure in Progress begun prior to the Member's eligibility. Dental Services rendered after the date a Member's coverage terminates.
- ◆ Conditions caused by or arising out of war or acts of war, declared or undeclared. To the extent that a natural disaster, war, riot, civil insurrection, epidemic, or any other emergency or similar event not within our control results in our facilities, personnel, or financial resources being unavailable to provide or arrange for the provision of a basic or supplemental health service in accordance with the requirements of this Agreement, we are required only to make a good faith effort to provide or arrange for the provision of the service, taking into account the impact of the event. For purposes of this provision, an event is not within our control if we cannot exercise influence or dominion over its occurrence.
- ◆ Hospitalization or other facility charges.
- ◆ Services that are provided without cost to the Member.
- ◆ Supplies provided by a relative or person residing in the patient's household.
- ◆ Cosmetic Procedures.
- ◆ Non-emergency services provided in a foreign country.
- ◆ Reconstructive surgery, regardless of whether or not the surgery is incidental to a dental disease, injury, or congenital anomaly when the primary purpose is to improve physiological functioning of the involved part of the body.
- ◆ Placement, maintenance or removal of dental implants, implant-supported abutments, and implant-supported prostheses.
- ◆ Pharmacological regimens and restorative materials not accepted by the American Dental Association (ADA) Council on Dental Therapeutics.
- ◆ Procedures that are considered to be Experimental or Investigational. The fact that an Experimental or Investigational service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in coverage if the procedure is considered to be Experimental or Investigational for that particular condition.
- ◆ Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.

ENDODONTIC, PERIODONTAL AND ORAL SURGERY SERVICES

Root Canal Treatment	
Post and Core	Covered only for a tooth that has had root canal therapy
Scaling and Root Planing	1 time per quadrant per consecutive 24 months
Periodontal Surgery	1 time per consecutive 36 months per surgical area
Osseous Grafts	1 time per consecutive 36 months per quadrant or surgical site
Periodontal Maintenance	2 times per consecutive 12 months following active and adjunctive periodontal therapy within the prior 24 months, exclusive of gross debridement
Full Mouth Debridement	1 time per consecutive 36 months
Simple Extraction	
Surgical Extraction, including impacted wisdom teeth	

MAJOR SERVICES

Crowns, Inlays, Onlays	1 time per tooth per consecutive 60 months
Fixed Bridges	1 time per tooth per consecutive 60 months. Alternate benefits for a partial denture may be applied
Full Dentures	1 time per consecutive 60 months. No allowance for overdentures or customized dentures.
Partial Dentures	1 time per consecutive 60 months. No allowance for precision or precision attachments.
semi-	
Recement Crowns, Inlays, Onlays, Bridges	1 time per 6 months per restoration
Relining and Rebasing Dentures	1 time per consecutive 12 months, and more than 6 months after initial
initial	insertions
Repairs to Bridges, Full Dentures, Partial Dentures	Repairs and adjustments more than 12 months after initial insertion

ORTHODONTIC SERVICES

Diagnose and correct misalignment of the teeth or bite	Course of treatment is typically 24 months, with initial payment at banding of 20% and remaining payment spread equally over the course of treatment.
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PLAN EXCLUSIONS CONTINUED

- ◆ Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
- ◆ Placement of fixed bridgework solely for the purpose of achieving periodontal stability.
- ◆ Treatment of malignant or benign neoplasms, cysts or other pathology, except excisional removal. Treatment of congenital malformations of hard or soft tissue, including excision.
- ◆ Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
- ◆ Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery, including that related to the temporomandibular joint.
- ◆ Orthognathic surgery and jaw alignment; gnathologic recordings.
- ◆ Drugs and medications obtainable with or without a prescription, unless dispensed and utilized in the dental office during the patient visit.
- ◆ Occlusal guards prescribed for purposes other than habitual grinding, including those used as safety equipment or to affect performance or for protection in sports-related activities.
- ◆ Acupuncture, acupressure, and other forms of alternative treatment.
- ◆ Educational programs, services and supplies to teach nutritional and oral hygiene techniques.
- ◆ Charges for failure to keep a scheduled appointment.
- ◆ Replacement of appliances and repeated procedures that are related to Provider error. These replacements services are the responsibility of the Provider.
- ◆ Replacement of appliances and repeated procedures that are related to patient noncompliance, loss, or theft. These replacements and services are the responsibility of the patient.
- ◆ Any illness, condition, or injury occurring in or arising out of the course of employment.
- ◆ Services or supplies for any illness, injury or condition caused in whole or in part by or related to your use of a motor vehicle when tests show you had a blood alcohol level in excess of that permitted to legally operate a motor vehicle under the laws of the state in which the accident occurred.
- ◆ Orthodontic services, except extractions, unless specifically endorsed to the Agreement.
- ◆ Any dental procedure not directly associated with dental disease.

For more information
please contact:

Health Net Health Plan of Oregon, Inc.

13221 SW 68th Parkway

Tigard, Oregon 97223

1-888-802-7001

Dental Customer Contact Center

Monday–Friday 7:30 a.m. to 5:00 p.m.

1-877-410-0176

service@healthnet.com

Speech and Hearing Assistance:

Monday–Friday 8:00 a.m. to 5:00 p.m.

TTY 1-800-207-5909

service@healthnet.com

www.healthnet.com