

2015 Preventive/Comprehensive Dental HMO Overview



The Health Net HMO Dental Plan provides convenient coverage for preventive, basic and major dental care and diagnostic services. All these dental services are coordinated by your primary care general dentist. There's no charge for preventive care, and additional services are provided at varying copayments.

The following information explains the dental benefits available as a core benefit for a Health Net Medicare Advantage plan that covers additional dental HMO benefits or if you purchased the Optional Supplemental Benefits Buy-up Package #1 for your Health Net Medicare Advantage plan.

In order to receive dental benefits, you must select a Health Net participating dental provider. Choose a Health Net participating dentist from the Health Net Dental Plan Provider Directory and complete the Health Net Dental Provider Selection form. The directory lists providers participating in the Health Net Dental HMO program.



Listed below are some common procedures and copayments:

<i>Procedure code</i>	<i>Procedure description</i>	<i>Member copayment</i>	<i>Frequency limitation</i>
Diagnostic – examinations and X-rays			
D0120	Periodic oral evaluation – established patient	No charge	N/A
D0150	Comprehensive oral evaluation – new or established patient	No charge	N/A
D0210	Intraoral – complete series (including bitewings)	No charge	N/A
Preventive – cleaning and fluoride			
D1110	Prophylaxis – adult	No charge	2 per calendar year
D1204	Topical application of fluoride (prophylaxis not included) – adult	No charge	N/A
Restorative – fillings and crowns			
D2140	Amalgam – one surface (primary)	\$10	N/A
D2330	Resin-based composite – one surface, anterior	\$20	N/A
D2390	Resin-based composite crown, anterior (primary)	\$50	N/A
D2391	Resin-based composite – one surface, posterior (primary)	\$45	N/A
D2751	Crown – porcelain fused to predominantly base metal	\$225	N/A
D2752	Crown – porcelain fused to noble metal	\$225 ¹	N/A
D2791	Crown – full cast predominantly base metal	\$225	N/A
D2792	Crown – full cast noble metal	\$225 ¹	N/A
Endodontics			
D3320	Endodontic therapy, Bicuspid I (excluding final restoration)	\$145	N/A
D3330	Endodontic therapy, molar (excluding final restoration)	\$225	N/A
Periodontics			
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$40	N/A
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	\$40	N/A
D4355	Full-mouth debridement to enable comprehensive evaluation and diagnosis	\$40	N/A

¹Dental copayments have an additional charge not to exceed the actual lab cost for precious and semiprecious metals.

<i>Procedure code</i>	<i>Procedure description</i>	<i>Member copayment</i>	<i>Frequency limitation</i>
Periodontics (cont.)			
D4910	Periodontal maintenance	\$35	N/A
Oral surgery – extractions			
D7111	Extraction, coronal remnants – deciduous tooth	\$15	N/A
D7140	Extraction, erupted tooth or exposed root (evaluation and/or forceps removal)	\$15	N/A
D7210	Surgical removal of erupted tooth requiring evaluation of mucoperiosteal flap and removal of bone and/or section of tooth	\$40	N/A
Bridges			
D6211	Pontic – cast predominantly base metal	\$225	N/A
Dentures			
D5110	Complete denture – maxillary	\$200	N/A
D5120	Complete denture – mandibular	\$200	N/A
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$200	N/A
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$225	N/A
Orthodontics and general services			
D8090	Comprehensive orthodontic treatment of the adult dentition	\$2,250	N/A
D9210	Local anesthesia not in conjunction with operative or surgical procedures	No charge	N/A
D9220	Deep sedation/general anesthesia – first 30 minutes	\$125	N/A
D9221	Deep sedation/general anesthesia – each additional 15 minutes	\$60	N/A
Emergency dental care (non-routine, non-medicare-covered)			
D9110	Palliative (emergency) treatment of dental pain – minor procedure	No charge	

In addition to the exclusions and limitations listed above, dental care benefits are subject to the plan's general exclusions and limitations. Additional services are provided at varying copayments. Please refer to your Evidence of Coverage for the complete schedule of copayments.



Andre Hamil,
Health Net
*We build doctor
networks to give
you choices.*

Liability for payment

You are responsible for paying for any services you receive from a dentist not affiliated with the Health Net Dental Plan. You also will be charged for any services you receive that exceed the benefits covered under this plan.

How to enroll in the Health Net Dental Plan

- Choose a Health Net participating dentist from the Health Net Dental Plan Provider Directory.
- Fill in the dental number of your primary care general dentist on the Health Net Dental Provider Selection form.
- Mail the completed Health Net Dental Provider Selection form to the following address:
Health Net Dental
M/S CA120-0351
PO Box 6044
Cypress, CA 90630-0044

That's all you need to do to enroll! If you have any questions, please contact us at: Prospective members should call 1-800-275-4737. TTY users should call 711. From October 1 through February 14, our office hours are 8:00 a.m. to 8:00 p.m., seven days a week, excluding certain holidays. However, after February 14, your call will be handled by our automated phone system on weekends and certain holidays.

Health Net of California, Inc. has a contract with Medicare to offer HMO and HMO SNP coordinated care plans. Enrollment in a Health Net Medicare Advantage plan depends on contract renewal.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium, and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium. Individuals must have both Part A and Part B to enroll. Medicare beneficiaries can only enroll in these plans during certain times of the year and must continue to pay their Medicare Part B premiums. Plan benefits and cost-sharing may vary by plan, county and region. Contact Health Net for more information.

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