

2017 Preventive/Comprehensive Dental HMO Plan

Health Net Medicare Advantage Plans

California



Josefina Bravo
Health Net

2017 Preventive/Comprehensive

Dental HMO Plan



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 or #8 for your Health Net Medicare Advantage plan.

With the exception of emergency and urgent dental care, all covered services must be provided by a contracted dentist. Most covered services will be available from and provided by your selected primary care general dentist.

The available election periods for the Optional Benefits are from October 15, 2016, through December 31, 2016, for a January 1, 2017, effective date; January 1, 2017, through January 31, 2017, for a February 1, 2017, effective date; or from May 15, 2017, through June 30, 2017, for a July 1, 2017, effective date.

You can also enroll in an Optional Supplemental Benefits package within 30 days of enrollment in a Health Net Medicare Advantage Plan.

Dental plan procedure codes and definitions are outlined on the following pages for reference; however, it is recommended that you discuss with your dental provider to confirm what procedures will be required and to obtain a pretreatment cost estimate. You can also refer to your *Evidence of Coverage* for a schedule of covered dental benefits.

<i>Code service</i>	<i>Member copayment</i>
Diagnostic	
D0120 Periodic oral evaluation – established patient	No charge
D0140 Limited oral evaluation – problem-focused	No charge
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver	No charge
D0150 Comprehensive oral evaluation – new or established patient	No charge
D0170 Re-evaluation – limited, problem-focused, (established patient; non-postoperative visit)	No charge
D0180 Comprehensive periodontal evaluation – new or established patient	No charge
D0210 Intraoral – complete series (includes bitewings)	No charge
D0220 Intraoral – periapical first film	No charge
D0230 Intraoral – periapical – each additional film	No charge
D0240 Intraoral – occlusal film	No charge
D0250 Extraoral – first film	No charge
D0260 Extraoral – each additional film	No charge
D0270 Bitewing – single film	No charge
D0272 Bitewings – two films	No charge
D0273 Bitewings – three films	No charge
D0274 Bitewings – four films	No charge
D0277 Vertical bitewings – seven to eight films	No charge
D0330 Panoramic film	No charge
D0350 Oral/facial photographic images	No charge
D0460 Pulp vitality tests	No charge
D0470 Diagnostic casts	\$15
D0472 Accession of tissue, gross examination preparation and transmission of written report	No charge

<i>Code service</i>	<i>Member copayment</i>
Diagnostic (cont.)	
D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No charge
D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	No charge
D0486 Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	No charge
Preventive	
D1110 Prophylaxis – adult	No charge
D1110 Prophylaxis – adult (in addition to 2 allowed every calendar year)	\$40
D1120 Prophylaxis – child	No charge
D1120 Prophylaxis – child (in addition to 2 allowed every calendar year)	\$25
D1203 Topical application of fluoride (prophylaxis not included) – child	No charge
D1204 Topical application of fluoride (prophylaxis not included) – adult	No charge
D1206 Topical fluoride varnish; therapeutic application for moderate to high risk patients	No charge
D1310 Nutritional counseling for control of dental disease	No charge
D1330 Oral hygiene instructions	No charge
D1351 Sealant – per tooth	\$12

<i>Code service</i>	<i>Member copayment</i>
Preventive (cont.)	
D1510 Space maintainer, fixed – unilateral	\$55
D1515 Space maintainer, fixed – bilateral	\$55
D1520 Space maintainer, removable – unilateral	\$55
D1525 Space maintainer, removable – bilateral	\$55
D1550 Recementation of space maintainer	\$10
D1555 Removal of fixed space maintainer	\$10
Restorative	
D2140 Amalgam – 1 surface, primary	\$10
D2150 Amalgam – 2 surfaces, primary	\$12
D2160 Amalgam – 3 surfaces, primary	\$16
D2161 Amalgam – 4 or more surfaces, primary	\$24
D2140 Amalgam – 1 surface, permanent	\$18
D2150 Amalgam – 2 surfaces, permanent	\$20
D2160 Amalgam – 3 surfaces, permanent	\$22
D2161 Amalgam – 4 or more surfaces, permanent	\$27
D2330 Resin-based composite – 1 surface, anterior	\$20
D2331 Resin-based composite – 2 surfaces, anterior	\$24
D2332 Resin-based composite – 3 surfaces, anterior	\$40
D2335 Resin-based composite – 4 or more surfaces or involving incisal angle, anterior	\$50
D2390 Resin-based composite crown, anterior (primary)	\$50

<i>Code service</i>	<i>Member copayment</i>
Restorative (cont.)	
D2391 Resin-based composite – 1 surface, posterior (primary)	\$45
D2392 Resin-based composite – 2 surfaces, posterior (primary)	\$45
D2393 Resin-based composite – 3 surfaces, posterior (primary)	\$55
D2394 Resin-based composite – 4 or more surfaces, posterior (primary)	\$60
D2391 Resin-based composite – 1 surface, posterior (permanent)	\$80
D2392 Resin-based composite – 2 surfaces, posterior (permanent)	\$85
D2393 Resin-based composite – 3 surfaces, posterior (permanent)	\$90
D2394 Resin-based composite – 4 or more surfaces, posterior (permanent)	\$100
D2510 Inlay – metallic – one surface ¹	\$225
D2520 Inlay – metallic – two surfaces ¹	\$225
D2530 Inlay – metallic – three or more surfaces ¹	\$225
D2542 Onlay – metallic – two surfaces ¹	\$225
D2543 Onlay – metallic – three surfaces ¹	\$225
D2544 Onlay – metallic – four or more surfaces ¹	\$225
D2740 Crown – porcelain/ceramic substrate	\$300
D2750 Crown – porcelain fused to high noble metal ¹	\$225
D2751 Crown – porcelain fused to predominantly base metal	\$225
D2752 Crown – porcelain fused to noble metal ¹	\$225

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

<i>Code service</i>	<i>Member copayment</i>
Restorative (cont.)	
D2780 Crown – 3/4 cast high noble metal ¹	\$225
D2781 Crown – 3/4 cast predominantly base metal	\$225
D2782 Crown – 3/4 cast noble metal ¹	\$225
D2783 Crown – 3/4 porcelain/ceramic	\$225
D2790 Crown – full cast high noble metal ¹	\$225
D2791 Crown – full cast predominantly base metal	\$225
D2792 Crown – full cast noble metal ¹	\$225
D2794 Crown – titanium	\$225
D2910 Recement inlay, onlay or partial coverage restoration	\$10
D2915 Recement cast or prefabricated post and core	\$10
D2920 Recement crown	\$10
D2930 Prefabricated stainless steel crown – primary tooth	\$25
D2931 Prefabricated stainless steel crown – permanent tooth	\$35
D2940 Sedative filling	No charge
D2950 Core buildup, including any pins ¹	\$30
D2951 Pin retention, per tooth in addition to restoration ¹	\$15
D2952 Post and core in addition to crown indirectly fabricated ¹	\$75
D2953 Each additional indirectly fabricated post – same tooth ¹	\$40
D2954 Prefabricated post and core in addition to crown	\$55
D2955 Post removal (not in conjunction with endodontic therapy)	\$10

<i>Code service</i>	<i>Member copayment</i>
Restorative (cont.)	
D2970 Temporary crown (fractured tooth)	No charge
Endodontics	
D3110 Pulp cap, direct (excluding final restoration)	\$5
D3120 Pulp cap, indirect (excluding final restoration)	\$5
D3220 Therapeutic pulpotomy (excluding final restoration)	\$18
D3221 Pulpal debridement, primary and permanent teeth	\$18
D3230 Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$25
D3240 Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$25
D3310 Endodontic therapy – anterior (excluding final restoration)	\$85
D3320 Endodontic therapy – Bicuspid I (excluding final restoration)	\$145
D3330 Endodontic therapy – molar (excluding final restoration)	\$225
D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$85
D3346 Retreatment of previous root canal therapy – anterior	\$170
D3347 Retreatment of previous root canal therapy – bicuspid	\$245
D3348 Retreatment of previous root canal therapy – molar	\$275

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<i>Code service</i>	<i>Member copayment</i>
Endodontics (cont.)	
D3351 Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$65
D3352 Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	\$65
D3353 Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	\$65
D3410 Apicoectomy/periradicular surgery – anterior	\$125
D3421 Apicoectomy/periradicular surgery – bicuspid (first root)	\$150
D3425 Apicoectomy/periradicular surgery – molar (first root)	\$160
D3426 Apicoectomy/periradicular surgery – (each additional root)	\$125
D3430 Retrograde filling – per root	\$95
D3450 Root amputation – per root	\$150
D3920 Hemisection (including any root removal), not including root canal therapy	\$125
Periodontics	
D4210 Gingivectomy or gingivoplasty, four or more contiguous teeth or bounded teeth spaces – per quadrant	\$100

<i>Code service</i>	<i>Member copayment</i>
Periodontics (cont.)	
D4211 Gingivectomy or gingivoplasty, one to three contiguous teeth or bounded teeth spaces – per quadrant	\$35
D4240 Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces – per quadrant	\$275
D4241 Gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth spaces – per quadrant	\$275
D4249 Clinical crown lengthening – hard tissue	\$160
D4260 Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces – per quadrant	\$350
D4261 Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces – per quadrant	\$350
D4270 Pedicle soft tissue graft procedure	\$375
D4271 Free soft tissue graft (including donor site surgery)	\$375
D4273 Subepithelial connective tissue graft procedures, per tooth	\$375
D4274 Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$50
D4341 Periodontal scaling and root planing – four or more teeth – per quadrant	\$40

<i>Code service</i>	<i>Member copayment</i>
Periodontics (cont.)	
D4342 Periodontal scaling and root planing – one to three teeth – per quadrant	\$40
D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis	\$40
D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	\$60
D4910 Periodontal maintenance	\$35
D4999 Unspecified periodontal procedure, by report	No charge
Prosthodontics (removable dentures/partials)	
D5110 Complete denture – maxillary	\$200
D5120 Complete denture – mandibular	\$200
D5130 Immediate denture – maxillary	\$200
D5140 Immediate denture – mandibular	\$200
D5211 Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$200
D5212 Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$225
D5213 Maxillary partial denture – cast metal framework, resin denture bases (including any conventional clasps, rests and teeth)	\$250
D5214 Mandibular partial denture – cast metal framework, resin denture base (including any conventional clasps, rests and teeth)	\$250
D5410 Adjust complete denture – maxillary	\$15

<i>Code service</i>	<i>Member copayment</i>
Prosthodontics (removable dentures/partials) (cont.)	
D5411 Adjust complete denture – mandibular	\$15
D5421 Adjust partial denture – maxillary	\$15
D5422 Adjust partial denture – mandibular	\$15
D5510 Repair broken complete denture base	\$25
D5520 Replace missing or broken tooth complete denture (each tooth)	\$25
D5610 Repair resin denture base	\$30
D5620 Repair cast framework	\$35
D5630 Repair or replace broken clasp	\$30
D5640 Replace broken teeth – per tooth	\$35
D5650 Add tooth to existing partial denture	\$35
D5660 Add clasp to existing partial denture	\$35
D5710 Rebase complete maxillary denture	\$100
D5711 Rebase complete mandibular denture	\$100
D5720 Rebase maxillary partial denture	\$100
D5721 Rebase mandibular partial denture	\$100
D5730 Reline complete maxillary denture (chairside)	\$45
D5731 Reline complete mandibular denture (chairside)	\$45
D5740 Reline maxillary partial denture (chairside)	\$45
D5741 Reline mandibular partial denture (chairside)	\$45
D5750 Reline complete maxillary denture (laboratory)	\$70
D5751 Reline complete mandibular denture (laboratory)	\$70

<i>Code service</i>	<i>Member copayment</i>
Prosthodontics (removable dentures/partials) (cont.)	
D5760 Reline maxillary partial denture (laboratory)	\$70
D5761 Reline mandibular partial denture (laboratory)	\$70
D5810 Interim complete denture – maxillary	\$100
D5811 Interim complete denture – mandibular	\$100
D5820 Interim partial denture – maxillary	\$70
D5821 Interim partial denture – mandibular	\$70
D5850 Tissue conditioning – maxillary	\$25
D5851 Tissue conditioning – mandibular	\$25
Prosthodontics – Fixed	
D6210 Pontic – cast high noble metal ¹	\$225
D6211 Pontic – cast predominantly base metal	\$225
D6212 Pontic – cast noble metal ¹	\$225
D6214 Pontic – titanium	\$225
D6240 Pontic – porcelain fused to high noble metal ¹	\$225
D6241 Pontic – porcelain fused to predominantly base metal ¹	\$225
D6242 Pontic – porcelain fused to noble metal ¹	\$225
D6245 Pontic – porcelain / ceramic	\$225
D6750 Crown – porcelain fused to high noble metal ¹	\$225
D6751 Crown – porcelain fused to predominantly base metal	\$225
D6752 Crown – porcelain fused to noble metal ¹	\$225
D6780 Crown – 3/4 cast high noble metal ¹	\$225

<i>Code service</i>	<i>Member copayment</i>
Prosthodontics – Fixed (cont.)	
D6781 Crown – 3/4 cast predominantly base metal	\$225
D6782 Crown – 3/4 cast noble metal ¹	\$225
D6790 Crown – full cast high noble metal ¹	\$225
D6791 Crown – full cast predominantly base metal	\$225
D6792 Crown – full cast noble metal ¹	\$225
D6794 Crown – titanium	\$225
D6930 Recement fixed partial denture	No charge
D6970 Cast post and core in addition to fixed partial denture retainer, indirectly fabricated ¹	\$70
D6972 Prefabricated post and core in addition to fixed partial denture retainer	\$55
D6973 Core build up for retainer, including any pins ¹	\$30
D6976 Each additional indirectly fabricated post – same tooth ¹	\$40
D6977 Each additional prefabricated post – same tooth	\$20
Oral surgery	
D7111 Extraction, coronal remnants – deciduous tooth	\$15
D7140 Extraction – erupted tooth or exposed root (evaluation and/or forceps removal)	\$15
D7210 Surgical removal of erupted tooth requiring evaluation of mucoperiosteal flap and removal of bone and/or section of tooth	\$40
D7220 Removal of impacted tooth – soft tissue	\$60

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<i>Code service</i>	<i>Member copayment</i>
Oral surgery (cont.)	
D7230 Removal of impacted tooth – partially bony	\$80
D7240 Removal of impacted tooth – completely bony	\$125
D7241 Removal of impacted tooth – completely bony, with unusual surgical complications	\$150
D7250 Surgical removal of residual tooth roots (cutting procedure)	\$50
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$110
D7280 Surgical access exposure of an unerupted tooth	\$175
D7285 Biopsy of oral tissue – hard (bone, tooth)	\$60
D7286 Biopsy of oral tissue – soft (all others)	\$60
D7310 Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$55
D7311 Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$18
D7320 Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$70
D7321 Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$23
D7510 Incision and drainage of abscess – intraoral soft tissue	No charge

<i>Code service</i>	<i>Member copayment</i>
Oral surgery (cont.)	
D7511 Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	No charge
D7960 Frenulectomy (frenectomy or frenotomy) – separate procedure	\$45
D7963 Frenuloplasty	\$45
D7971 Excision of pericoronal gingiva	\$60
Orthodontics	
D8050 Interceptive orthodontic treatment of the primary dentition	\$725
D8060 Interceptive orthodontic treatment of the transitional dentition	\$725
D8070 Comprehensive orthodontic treatment of the transitional dentition	\$1,950
D8080 Comprehensive orthodontic treatment of adolescent dentition	\$1,950
D8090 Comprehensive orthodontic treatment of the adult dentition	\$2,250
D8660 Pre-orthodontic treatment visit	No charge
D8670 Periodontic orthodontic treatment visit (as part of contract)	No charge
D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$250
D8693 Rebonding or recementing; and/or repair, as required of fixed retainers	No charge

<i>Code service</i>	<i>Member copayment</i>
Orthodontics (cont.)	
D8999 Start-up fee (including exam, beginning records, X-rays, tracings, photos and models) construction replacement of retainers	\$250
D8999 Post-treatment record	\$150
D8999 Monthly orthodontic fee (for comprehensive treatment beyond 24 months)	\$35
Adjunctive	
D9120 Fixed partial denture sectioning	No charge
D9210 Local anesthesia not in conjunction with operative or surgical procedures	No charge
D9211 Regional block anesthesia	No charge
D9215 Local anesthesia	No charge
D9220 Deep sedation/general anesthesia – first 30 minutes	\$125
D9221 Deep sedation/general anesthesia – each additional 15 minutes	\$60
D9241 Intravenous conscious sedation/analgesia – first 30 minutes	\$125
D9242 Intravenous conscious sedation/analgesia – each additional 15 minutes	\$60
D9310 Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	No charge
D9430 Office visit for observation (during regularly scheduled hours) – no other services performed	No charge
D9440 Office visit – after regularly scheduled hours	\$20
D9630 Other drugs and/or medicaments by report	\$15

<i>Code service</i>	<i>Member copayment</i>
Adjunctive (cont.)	
D9910 Application of desensitizing medicament	\$15
D9940 Occlusal guard by report	\$100
D9942 Repair and/or relining of occlusal guard	\$45
D9951 Occlusal adjustment – limited	No charge
D9952 Occlusal adjustment – complete	\$75
D9999 Record transfer – transfer of all materials with or without an X-ray	\$15
Materials upgrades for non-elective dental services (costs shown below are in addition to copayment for services)	
D2750 Porcelain on molars ²	\$75
D2999 Noble or high noble metal for crowns – lab cost ²	Lab cost
D2740 Lucite-reinforced pressed crown/Empress ²	\$300 + copayment
D2750 Gold composite reinforced crown/Captak ²	\$300 + copayment
D5110 Comfort Flex (complete upper denture) acetyl resin homopolymer ²	\$400 + copayment
D5120 Comfort Flex (complete lower denture) acetyl resin homopolymer ²	\$400 + copayment
D5211 Comfort Flex (upper partial denture) acetyl resin homopolymer ²	\$425 + copayment
D5212 Comfort Flex (lower partial denture) acetyl resin homopolymer ²	\$425 + copayment
Cosmetic dental services (elective services)	
D2330 Resin-based composite – one surface anterior	\$80
D2331 Resin-based composite – two surfaces anterior	\$95

²In addition to copayment for services.

<i>Code service</i>	<i>Member copayment</i>
Cosmetic dental services (elective services) (cont.)	
D2332 Resin-based composite – three surfaces anterior	\$105
D2335 Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$125
D2391 Resin-based composite – one surface posterior	\$85
D2392 Resin-based composite – two surfaces posterior	\$100
D2393 Resin-based composite – three surfaces posterior	\$110
D2394 Resin-based composite – four or more surfaces posterior	\$130
D2740 Leucite-reinforced pressed crown/Empress	\$700
D2962 Labial veneer/porcelain laminate	\$450
D5110 Comfort Flex (complete upper denture) acetyl resin homopolymer	\$650
D5120 Comfort Flex (complete lower denture) acetyl resin homopolymer	\$650
D5211 Comfort Flex (upper partial denture) acetyl resin homopolymer	\$725
D5212 Comfort Flex (lower partial denture) acetyl resin homopolymer	\$725
D9772 External bleaching – per arch	\$125
Emergency dental care (nonroutine, non-medicare-covered)	
D9110 Palliative (emergency) treatment of dental pain – minor procedure	No charge

For more information about Health Net dental coverage, including a complete list of dental benefits, limitations and exclusions, and rights and responsibilities, please refer to your Health Net *Evidence of Coverage*. For an explanation of the Health Net Dental provider network, please refer to the Health Net Dental Directory.

Dental definitions

Amalgam	An alloy used in direct dental restorations. Typically composed of mercury, silver, tin, and copper along with other metallic elements added to improve physical and mechanical properties.
Anterior	Refers to the teeth and tissues located toward the front of the mouth.
Bitewing	Interproximal radiographic view of the coronal portion of the tooth/teeth.
Coronal	Refers to the crown of a tooth.
Debridement	Removal of subgingival and/or supragingival plaque and calculus which obstructs the ability to perform an evaluation; removal of contused and devitalized tissue from a wound surface.
Deciduous	Having the property of falling off or shedding; a term used to describe the primary teeth.
Extraoral	Outside the oral cavity.
Gingiva	Soft tissues overlying the crowns of unerupted teeth and encircling the necks of those that have erupted.
Intraoral	Inside the mouth.
Mandible	The lower jaw.
Maxilla	The upper jaw.
Panoramic radiograph	An extraoral projection whereby the entire mandible, maxilla, teeth, and other nearby structures are portrayed on a single image, as if the jaws were flattened.
Periapical	The area surrounding the end of the tooth root.
Pontic	The term used for an artificial tooth on a fixed partial denture (bridge).
Posterior	Refers to the teeth and tissues located toward the back of the mouth.
Rebase	Process of refitting a denture by replacing the base material.
Reline	Process of resurfacing the tissue side of a removable prosthesis with new base material.
Resin – (composite)	A dental restorative material made up of disparate or separate parts (e.g., resin and quartz particles).
Veneer – (laminare)	A thin covering of the facial surface of a tooth usually constructed of tooth-colored material used to restore discolored, damaged, misshaped, or misaligned teeth.

What do you do when you require emergency or urgent dental care services?

If you need emergency or urgent dental care services, you should immediately contact your selected primary care general dentist for an appointment. All participating dentists will have emergency and urgent dental care services available 24 hours a day, seven days a week. If the primary care general dentist is not available, you may seek emergency or urgent dental care services from any licensed dentist.

If you receive emergency or urgent dental care services from a dentist that is not your primary care general dentist, you must return to your primary care general dentist for follow-up care.

You may also call Health Net Dental's Customer Contact Center at 1-866-249-2382 (TTY: 711). Operating hours are Monday through Friday, 5:00 a.m. to 8:00 p.m., Pacific time, excluding holidays. Services provided by a dentist other than the primary care general dentist will be covered only when it is shown that:

- you were not able to get services from your primary care general dentist,
- services were for emergency or urgent dental care,

- services were medically necessary, and
- services are listed as covered benefits under this plan.

You must pay any copayments.

If the above conditions are not met, you will need to pay all billed charges at the dentist's usual fee. If this occurs, you will be notified of the claims denial and your appeal rights. For more information about how to file an appeal, see your Health Net *Evidence of Coverage*.

If you are outside the service area or more than 35 miles from your primary care general dentist, you may receive emergency or urgent dental care services from any licensed dentist. Please follow the rules under "Reimbursement for emergency or urgent dental care services" in the following section.

Reimbursement for emergency or urgent dental care services



If you see a dentist other than your primary care general dentist for emergency or urgent dental care services, the dentist may ask for payment at the time the service is provided.

If you pay a bill for covered emergency or urgent dental care services, you should send a copy of the paid bill and proof of payment to:

Health Net Dental
PO Box 30567
Salt Lake City, UT 84130-0567

Please include either the dentist's completed claim form or a separate sheet of paper, if a form is unavailable, that includes the following information:

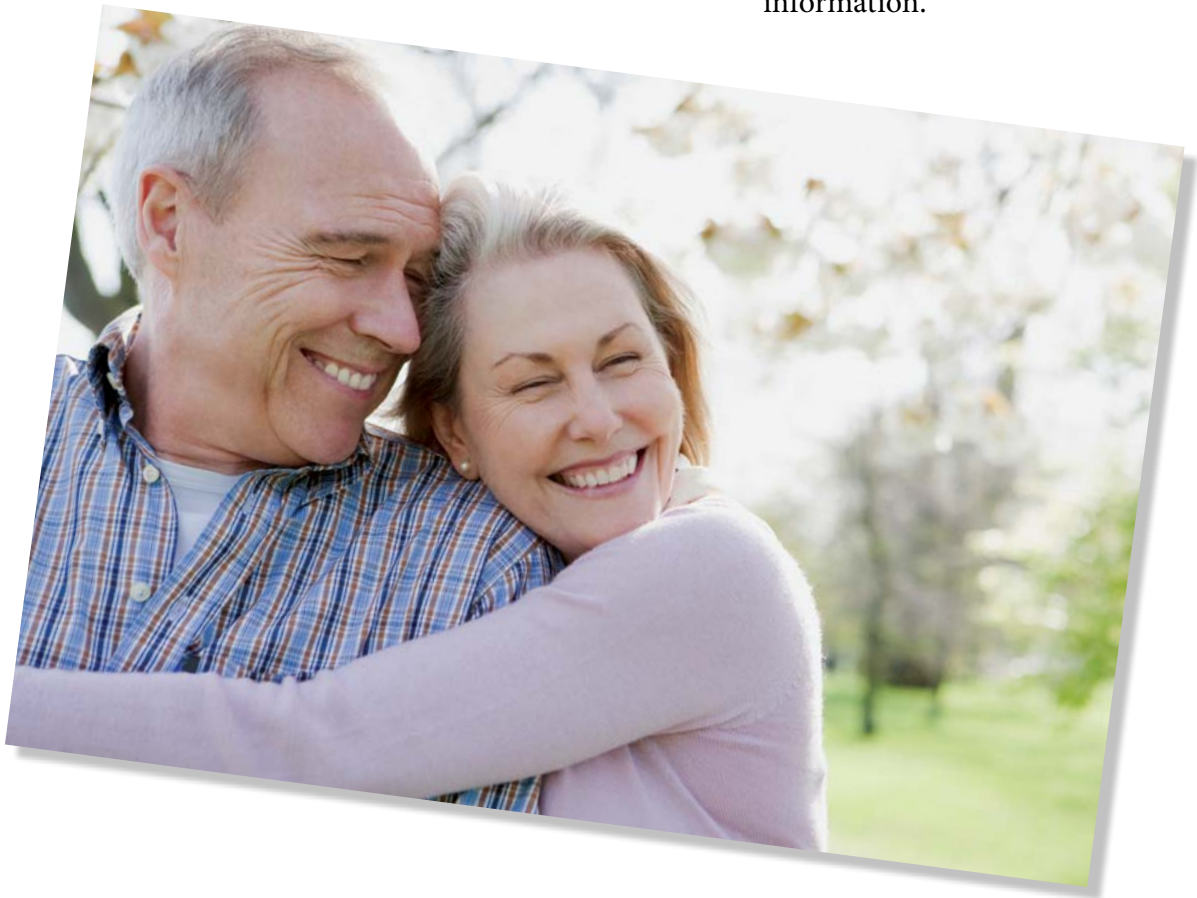
- Name, address, ID number, and group number from your Health Net identification card.
- Name and address of the dentist who provided the service (unless stated on the bill).
- An explanation of the condition that made emergency or urgent treatment necessary.
- An itemized receipt that specifies the covered services provided.

Nonqualifying emergency or urgent dental care services

Emergency or urgent dental care services do not include these services:

- Normal diagnostic and preventive services
- Permanent restorative and prosthetic services
- Complete endodontic services
- Complete periodontic services
- Orthodontic services
- Oral surgery for conditions that are not severe
- Other services that are not required for emergency dental care

Please refer to your Health Net *Evidence of Coverage* for more information.



For questions about Health Net Dental, current members should call the Health Net Dental Customer Contact Center:

1-866-249-2382 (TTY: 711). Operating hours are Monday through Friday, 5:00 a.m. to 8:00 p.m. Pacific time excluding holidays.

This document is only a summary for informational purposes. It is not a contract. The actual complete terms and conditions of the health plan are set forth in the applicable Health Net *Evidence of Coverage* document.

For more information, please contact us at:

Health Net Dental
PO Box 30567
Salt Lake City, UT 84130-0567

Prospective members should call 1-800-977-6738 (TTY: 711). From October 1 through February 14, our office hours are 8:00 a.m. to 8:00 p.m., 7 days a week, excluding certain holidays. However, after February 14, our office hours are 8:00 a.m. to 8:00 p.m., Monday through Friday. On weekends and certain holidays, your call will be handled by our automated phone system.

www.healthnet.com

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

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, 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.

This information is available for free in other languages. Please call our customer service number at 1-800-275-4737 for HMO plans and 1-800-431-9007 for HMO SNP plans (TTY: 711). From October 1 through February 14, our office hours are 8:00 a.m. to 8:00 p.m., 7 days a week, excluding certain holidays. However, after February 14, our office hours are 8:00 a.m. to 8:00 p.m., Monday through Friday. On weekends and certain holidays, your call will be handled by our automated phone system.

Health Net complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at 1-800-275-4737 (TTY: 711), 8:00 a.m. to 8:00 p.m., Pacific time, seven days a week.

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Multi-Language Insert

Multi-language Interpreter Services

English:

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Spanish:

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Chinese:

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711)。

Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

French:

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (ATS :711).

Vietnamese:

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

German:

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711) 번으로 전화해 주십시오.

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Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (телетайп: 711).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (رقم هاتف الصم والبكم: 711).

Hindi:

ध्यान दें: यदि आप हदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711) पर कॉल करें।

Italian:

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Portuguese:

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

French Creole:

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Polish:

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Japanese:

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711)まで、お電話にてご連絡ください。

Farsi:

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
با بگیرید. 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711)

Armenian:

ՈՒՇԱՂԻՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY (հեռատիպ)՝ 711):

Cambodian:

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អូល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ
1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711)។

Punjabi:

ਪਿਆਰ ਦਾ ਦਿ1 ਤਾਂ ਭਾਸ਼ਾ ਵੀਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। ,ਜੇ ਤੁਸੀ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ :
1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711)ਤੇ ਕਾਲ ' ਕਰੋ।

Thai:

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Laotian:

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Serbo-Croatian:

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Ukranian:

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (телетайп: 711).

Syriac:

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1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711)

Hmong:

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau
1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Romanian:

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la
1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Amharic:

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ
ሚከተለው ቁጥር ይደውሉ 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913
(Oregon) (መስማት ለተሳናቸው፡ 711).

Navajo:

Díí baa akó nínízin: Díí saad bee yániłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná
hóló, koji' hódíílnih 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon)
(TTY: 711).

Cushite:

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama.
Bilbilaa 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711.)