



Nicole daLomba
We are your Health Net.™

Pediatric Dental and Vision¹

Dental coverage benefits

- Choose your own dental providers.
- Budget your care – Find out your costs up front by using our convenient online treatment cost calculator. Log in to your account at www.yourdentalplan.com/healthnet and click on *Dental Cost Calculator*.



Vision coverage benefits

- \$0 copayments for vision exams and lenses.
- Large network of independent providers, including optical retailers LensCrafters, Pearle Vision, Sears Optical, JCPenney Optical, and Target Optical.
- Secondary purchase plan – Discounts up to 40% on all **covered** materials and services once initial benefit has been used.

Dental summary of benefits

<i>Benefit</i>		
Annual deductible	\$100 deductible applies to all services	
Annual calendar year benefit maximum	None	
	<i>Coinsurance</i>	
	In-network	Out-of-network ²
Preventive		
Routine exams	0%	0%
Bitewing X-rays	0%	0%
Prophylaxis (cleanings)	0%	0%
Fluoride	0%	0%
Basic		
Sealants	50%	50%
Restorative	50%	50%
Space maintainers	50%	50%
Oral surgery	50%	50%
Endodontics	50%	50%
Periodontics	50%	50%
Major		
Crowns	50%	50%
Cast restorations	50%	50%
Dentures and bridgework	50%	50%
Orthodontics		
Medically necessary orthodontics	50%	50%

¹The Affordable Care Act requires that pediatric dental services be covered as one of the 10 required Essential Health Benefits. You can purchase pediatric dental coverage through Health Net or any certified carrier.

²Maximum Allowable Amount (MAA) is the amount Health Net Health Plan of Oregon, Inc. uses to calculate what we pay for necessary dental care provided by a nonparticipating provider. The MAA is determined by Health Net Health Plan of Oregon, Inc., based on data obtained on fees usually charged by providers for the same services within the same geographic areas.

Vision summary of benefits

<i>Benefit</i>	<i>Copayment</i>
Routine eye exam (limit: 1 per calendar year)	\$0
Lenses (limit: 1 per calendar year), including: <ul style="list-style-type: none"> • Single vision, bifocal, trifocal, lenticular • Glass or plastic 	\$0
Provider-selected frames (limit: 1 per calendar year)	\$0
Optional lenses and treatments, including: <ul style="list-style-type: none"> • UV treatment • Tint (fashion, gradient and glass-grey) • Standard plastic scratch coating • Standard polycarbonate • Photochromatic / transitions plastic • Standard anti-reflective coating • Polarized • Standard progressive lenses • Hi-index lenses • Blended segment lenses • Intermediate vision lenses • Select or ultra-progressive lenses 	\$0
Provider-selected contact lenses (in lieu of eyeglass lenses): <ul style="list-style-type: none"> • Disposable: <ul style="list-style-type: none"> Daily wear – up to 3-month supply of daily disposable, single vision Extended wear – up to 6-month supply of monthly or 2-week disposable, single vision • Conventional: 1 pair from selection of provider-designated contact lenses • Medically necessary³ 	\$0

³**Medically necessary contact lenses:** Contact lenses may be determined to be medically necessary and appropriate in the treatment of patients affected by certain conditions. In general, contact lenses may be medically necessary and appropriate when the use of contact lenses, in lieu of eyeglasses, will result in significantly better visual and/or improved binocular function, including avoidance of diplopia or suppression.

Contact lenses may be determined to be medically necessary for the treatment of conditions, including, but not limited to: keratoconus, pathological myopia, aphakia, anisometropia, aniridia, corneal disorders, post-traumatic disorders, and irregular astigmatism.

Medically necessary contact lenses are dispensed in lieu of other eyewear. Participating providers will obtain the necessary preauthorization for these services.



Dental and vision benefits are underwritten by Health Net Health Plan of Oregon, Inc. Dental benefits are administered by Dental Benefit Providers, Inc. Vision benefits are serviced by Envolve Vision, Inc.

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