

# Dental Essential D50-16-500<sup>1</sup>

## FOR HEALTH NET MEMBERS

### Key Dental PPO features:

- Large statewide and national network of dental PPO providers can be found online at **[yourdentalplan.com/healthnet](http://yourdentalplan.com/healthnet)** or by calling 1-877-410-0176.
- Deductible is waived for Preventive Services.

| Benefit description  | Plan benefits <sup>2</sup>         |   |
|--|------------------------------------|---|
|  | In-network member pays             | Out-of-network <sup>3</sup> member pays |
| <b>Calendar year maximum</b>   | \$500 per member per calendar year |   |
| <b>Deductible</b>  | \$50 single                        | \$50 single                             |
| <b>Preventive services</b><br>Initial/routine oral exam, teeth cleaning, fluoride treatment ( <i>children under 13</i> ), sealant ( <i>children under 16</i> ), X-rays as part of general exam | 0% deductible waived               | 20% deductible waived                   |
| <b>Basic services</b><br>Fillings, general anesthetics, space maintainers  | 40% after deductible               | 50% after deductible                    |
| <b>Major services</b>  | Not covered                        |   |
| <b>Orthodontia</b> ( <i>adult and child</i> )  | Not covered                        |   |

<sup>1</sup> Dental benefits are underwritten by Health Net. Dental benefits are administered by Dental Benefit Providers, Inc. Dental Benefit Providers, Inc. is not affiliated with Health Net Health Plan of Oregon, Inc.

<sup>2</sup> This is only a summary of benefits. Please refer to the Contract for terms and conditions of coverage, including which services are limited or excluded from coverage.

<sup>3</sup> Out-of-network benefits are reimbursed at the Maximum Allowable Amount (MAA).



**Questions?**  
Call Dental Benefit  
Providers, Inc. at  
1-877-410-0176