

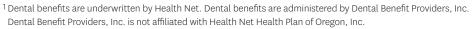
## Dental Plus D50-1855-1500<sup>1</sup>

## 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** or by calling 1-877-410-0176.
- Endodontics, periodontics and oral surgery are covered under Basic Services.
- Deductible is waived for Preventive Services.

| Benefit description  | Plan benefits²                                   |  |
|--|--|--|
|  | In-network<br>member pays                        | Out-of-network <sup>3</sup><br>member pays |
| Calendar year maximum  | \$1,500 per member per calendar year             |  |
| Deductible   | \$50 single / \$150 family                       | \$50 single / \$150 family                 |
| Preventive services Initial/routine oral exam, teeth cleaning, fluoride treatment (children under 13), sealant (children under 16), X-rays as part of general exam | 0% deductible waived                             | 0% deductible waived                       |
| Basic services Fillings, scaling, extractions, general anesthetics, space maintainers, oral surgery, periodontics, endodontics, occlusal guards, emergency exam    | 20% after deductible                             | 20% after deductible                       |
| Major services (6 month waiting period) <sup>4</sup> Crowns, inlays, onlays, fixed bridges, complete and partial dentures, dental implants                         | 50% after deductible                             | 50% after deductible                       |
| Orthodontia (6 month waiting period) <sup>4</sup><br>Adult and child   | 50% deductible waived / \$1,500 lifetime maximum |  |



 $<sup>^2</sup>$  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.



Call Dental Benefit Providers, Inc. at

1-877-410-0176

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<sup>&</sup>lt;sup>3</sup> Out-of-network benefits are reimbursed at the Reasonable & Customary amount (R&C). The R&C amounts are those that are compared with similar services within the same geographic service area.

 $<sup>^4</sup>$  Waive waiting period if group had prior dental coverage including major services. Prior proof required.