

Dental Preferred Value DP100-185-1000V¹

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 Major Services.

Benefit description	Plan benefits ²	
	In-network member pays	Out-of-network ³ member pays
Calendar year maximum	\$1,000 per member per calendar year	
Deductible	\$100 single / \$300 family	\$100 single / \$300 family
Preventive services 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
Basic services Fillings, scaling, general anesthetics, space maintainers, occlusal guards, emergency exam	20% after deductible	40% after deductible
Major services (6 month waiting period)⁴ Crowns, extractions, oral surgery, periodontics, endodontics, inlays, onlays, fixed bridges, complete and partial dentures, dental implants	50% after deductible	50% after deductible
Orthodontia (adult and child)	Not covered	



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

¹ 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.

² 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.

³ 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.

⁴ Waive waiting period if group had prior dental coverage including major services. Prior proof required.