Dental Plus D50-185-1000[1]
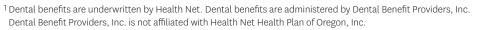
FOR HEALTH NET MEMBERS

PENDING DFR APPROVAL

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.

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	$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)*[4] Crowns, inlays, onlays, fixed bridges, complete and partial dentures, dental implants	50% after deductible	50% after deductible
Orthodontia *(adult and child)*	Not covered	

[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.

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