

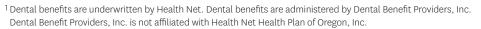
## Dental Value D50-185-1500V<sup>1</sup>

## 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 Major Services.

Benefit description	Plan benefits²	
	In-network member pays	Out-of-network <sup>3</sup> 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, general anesthetics, space maintainers, occlusal guards, emergency exam	20% after deductible	20% after deductible
Major services (6 month waiting period) <sup>4</sup> 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	



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



**Questions?**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>&</sup>lt;sup>4</sup> Waive waiting period if group had prior dental coverage including major services. Prior proof required.