

Dental Essential D50-16-500¹

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.
- Deductible is waived for Preventive Services.

Benefit description	Plan benefits ²	
	In-network member pays	Out-of-network ³ member pays
Calendar year maximum	\$500 per member per calendar year	
Deductible	\$50 per member per calendar year	
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	40% after deductible	50% after deductible
Major services	N/A	
Orthodontia (<i>adult and child</i>)	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 Maximum Allowable Amount (MAA).