



CLEARLY, TWO OPTIONS TO MAKE YOU SMILE



VOLUNTARY DENTAL AND VISION PLAN *for Health Net Individual & Family Plan Members*

YOUR HEALTH PLAN, YOUR CHOICE

The real world is filled with deadlines and commitments, and you don't often get many choices. But with Health Net's Voluntary Dental and Vision Plan for Individual & Family Plan members, the choice is yours.

You choose your dentist or optometrist from a wide variety of licensed providers. Plus, Health Net offers affordable rates on coverage for basic and preventive services, reducing the risk of higher costs on dental or vision services in the future.

How do you get it? If you have health care coverage through one of our Health Net Individual & Family Plans, you can enroll in our Voluntary Dental and Vision Plan. Simple? Clearly.



SAMPLE SCHEDULE OF REIMBURSEMENTS

CODE	DESCRIPTION	MAXIMUM REIMBURSEMENT
D0120	Periodic oral evaluation	\$12
D0270	Bitewing—single film	\$9
D0330	Panoramic film	\$28
D1110	Prophylaxis—adult	\$29
D1120	Prophylaxis—child	\$23
D2140	Amalgam—one surface, primary or permanent	\$20
D2710	Crown—resin based composite (indirect) ¹	\$115
D2740	Crown – porcelain/ ceramic substrate ¹	\$225
D3110	Pulp cap – direct (excluding final restoration)	\$9
D4210	Gingivectomy or gingivoplasty, four or more contiguous teeth or bounded teeth spaces, per quadrant ²	\$90
D5110	Complete denture—maxillary ¹	\$240
D5520	Replace missing or broken tooth—complete denture (each tooth)	\$7
D6210	Pontic – cast high noble metal ¹	\$70
D7111	Extraction, coronal remnants—deciduous tooth ²	\$20
D9220	Deep sedation/general anesthesia – first 30 minutes	\$25
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$18
D9430	Office visit for observation (during regularly scheduled hours)—no other services performed	\$18

¹ Subject to a 6 month waiting period.

² Subject to a 3 month waiting period.

Current Dental Terminology © American Dental Association.



DENTAL. IT'S ALL ABOUT YOU—*What can be better than selecting the dentist of your choice without having to stay within a specific network?*

You and your covered family members have the freedom to visit the provider that works best for you. And, no need for specialist referrals. You can't get any simpler than that!

Health Net pays the maximum fee as shown in the sample Schedule of Reimbursements. The maximum fees vary by services. You are responsible for the remaining balance. Some services and associated reimbursements are shown. You'll receive the full Schedule of Reimbursement in your new member Welcome Packet.

Health Net Dental Plan advantages include:

- Access to any licensed dentist
- No referrals to see specialists
- \$50 deductible waived for diagnostic services
- \$1,000 maximum per calendar year
- No lifetime maximum
- Reimbursement of eligible services to maximum allowed fee.





VISION. SIMPLY CLEARER BENEFITS. *You're sure to see the benefits of Health Net's Vision Plan.*

**BENEFITS YOU CAN SEE
VISION PLAN SUMMARY**

VISION CARE SERVICES	MEMBER COST (IN-NETWORK)	ALLOWANCE (OUT-OF-NETWORK)
Exam with Dilation as Necessary: Frequency: once every 12 months	\$10	Up to \$40
Standard Plastic Lenses: Frequency: once every 24 months		
Single Vision	\$25	Up to \$40
Bifocal	\$25	Up to \$60
Trifocal	\$25	Up to \$80
Lenticular	\$25	Up to \$80
Frames: Frequency: once every 24 months Any frame available at a provider location	\$120 allowance plus 20% off balance over allowance ³	Up to \$45
Lens Options:		
UV Coating	\$12	N/A
Tint (Solid and Gradient)	\$12	N/A
Standard Scratch-Resistance	\$15	N/A
Standard Polycarbonate	\$35	N/A
Standard Progressive (add-on to Bifocal)	\$45	N/A
Standard Anti-Reflective	\$45	N/A
Other Add-Ons and Services	20% discount ³	N/A
Contact Lenses:		
Conventional	\$90 allowance, plus 15% off balance over allowance	Up to \$105
Disposable	\$90 allowance	Up to \$105
Medically Necessary	\$250 allowance	Up to \$210

We offer a wide selection of providers and in- and out-of-network coverage. By selecting an in-network provider, you'll pay a set copay and receive allowances on services. This takes the guesswork out of what you pay. And if you're looking for even more flexibility, you can go to an out-of-network provider and Health Net will pay a set amount—you pay the rest. Either way, the focus is still on quality vision services.

Health Net Vision Plan advantages include:

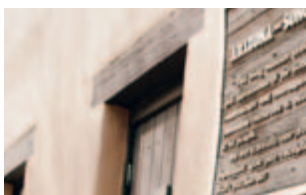
- Freedom to choose from a wide range of licensed vision care providers in-network and out-of-network
- Low copays for services and lenses
- \$120 retail plan allowance on frames

In addition to your vision benefits, we also offer a discount on LASIK or PRK Laser Vision correction procedures. Members receive 15% off the retail price or 5% off the promotional price⁴.

³ Member will receive a 20% discount on remaining balance beyond plan coverage at participating providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to provider's professional services, or contact lenses. Retail prices may vary by location.

⁴ LASIK and PRK correction procedures are provided by the U.S. Laser Network, owned by LCA-Vision. Members must first call 1-877-5LASER6 for the nearest facility and to receive authorization for the discount.

Discounts do not apply for benefits provided by other individual benefit plans. Allowances are one-time use benefits; no remaining balance. Lost or broken materials are not covered.



DENTAL BENEFIT LIMITATIONS OF COVERED SERVICES AND SUPPLIES

- Initial or periodic oral exams limited to one per 6-month period.
- Intraoral complete series X-rays, including 4 bitewings and up to 14 periapical X-rays, or panoramic film with 4 bitewings, either is limited to one per 36-month period.
- Bitewing X-rays series (two or four films), limited to one per 12-month period.
- Dental prophylaxis (cleaning and scaling), limited to one per 6-month period.
- Topical fluoride treatment is limited to one per 12-month period for dependent children under age 16.
- Sealants are limited to children under age 14.
- Space maintainers for primary teeth limited to dependent children under age 14.
- Root canal retreatment limited to one time on the same tooth per 12-month period.
- Periodontal scaling and root planing (per quadrant) limited to one time per 24-month period.
- Periodontal surgery limited to one time in any 36-month period.

- Oral surgery limited to simple and surgical extractions.
- Porcelain or porcelain fused to metal crowns are not covered on molar teeth.
- Crowns are covered only if more than 5 years have elapsed since last placement and limited to persons over age 19.
- Full/Partial dentures, one time per arch unless 5 years have elapsed since last placement, denture cannot be made serviceable, and 2 years have elapsed after the Member's effective date.

DENTAL BENEFIT GENERAL EXCLUSIONS

Health Net Life will not pay expenses incurred for any of the following:

- Treatment which: a) is not included in the list of Covered Services and Supplies; b) is not dentally necessary; or c) is experimental in nature.
- Services and supplies related to the change of vertical dimension, restoration or maintenance of occlusion and treatment for myofascial pain disorders (MPD) or temporomandibular joint dysfunction (TMJ).

- Orthodontic services, supplies, or oral surgery procedures for the purposes of orthodontic treatment, inclusive of extractions.
- Services and supplies provided primarily for cosmetic purposes.
- Implants related procedures or services involving root form implants.
- Services or supplies received due to war or an act of war or riot.

VISION BENEFIT GENERAL EXCLUSIONS AND LIMITATIONS

There are some plan limitations and exclusions. No benefits will be paid for services or material connected with or charges arising from:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing.
- Medical and/or surgical treatment of the eye, eyes, or supporting structures.
- Corrective eyewear required by an employer as a condition of employment.
- Services provided as a result of any Workers' Compensation law, or similar legislation.
- Plano non-prescription lenses and non-prescription sunglasses.
- Two pair of glasses in lieu of bifocals.
- Excludes certain frame brands in which the manufacturer imposes a no discount policy.

This is not a complete list of exclusions and limitations. See plan documents for details.

HEALTH NET OF ARIZONA, INC.

Customer Contact Center

1-800-289-2818

Monday–Friday, 7:00 a.m. to 6:00 p.m.

Hearing Impaired Assistance

TTY **1-800-977-6757**

Monday–Friday, 7:00 a.m. to 6:00 p.m.

healthnet.com



In Arizona, dental and vision plans are underwritten by Health Net Life Insurance Company. Dental benefits are administered by SafeHealth Life Insurance Company. Vision benefits are serviced by EyeMed Vision Care, LLC (EyeMed). Discounts on vision care services and products are made available by EyeMed. For additional details please refer to your coverage documents.

In Arizona, benefits are insured and/or administered by Health Net of Arizona, Inc. for HMO plans and Health Net Life Insurance Company for Indemnity plans and life insurance coverage. The Health Net of Arizona, Inc. service area includes all Arizona counties. Health Net, Inc. is the parent company of both Health Net of Arizona, Inc. and Health Net Life Insurance Company. Health Net of Arizona, Inc. is a subsidiary of Health Net, Inc. Health Net® is a registered trademark of Health Net, Inc. All rights reserved.