

Effective date 1/1/19

Dental. Vision. Life. Helping employees gain and maintain healthier lifestyles is a key selling point! We offer the **supplemental essentials to complement medical coverage** and a variety of healthy life choices.

Bundle and save

Bundle and save with our multi-product bundling program! Boost your sales by adding dental, vision and life, and your clients can save up to 2% on their medical premiums.

<i>Bundled product</i>	<i>Discount on Health Net medical premium</i>
Dental	1.0%
Vision	0.5%
Life	0.5%

Offered to new or renewing groups with a minimum of 101 employees and less than 500 enrolled members. Program is not available with voluntary plans.

Dental HMO¹

Plan name	Member copayment ²								
	P&D copay	Restorative copay	Endodontics copay	Periodontics copay	Fixed prosthodontics copay	Dentures copay	Implants copay	Orthodontia (adult and children)	Waiting periods
Plus 85	\$0	Up to \$350	Up to \$160	Up to \$255	\$85	Up to \$365	Up to \$1,950	\$1,450	No
Plus 100	\$0	Up to \$350	Up to \$160	Up to \$265	\$100	Up to \$365	Up to \$1,950	\$1,450	No
Plus 150	\$0	Up to \$350	Up to \$215	Up to \$265	\$150	Up to \$365	Up to \$1,950	\$1,695	No
Plus 185	\$0	Up to \$350	Up to \$275	Up to \$380	\$185	Up to \$365	Up to \$1,950	\$1,695	No
Plus 225	\$0	Up to \$350	Up to \$275	Up to \$380	\$225	Up to \$365	Up to \$1,950	\$1,695	No

Dental PPO³

Plan name	Insured responsibility ⁴							
	Deductible (waived on P&D services)	Maximum calendar year	Coinsurance (P&D / basic / major)	Implants	Lifetime orthodontia maximum	Out-of-network reimbursement	Orthodontia	Waiting periods
Classic Plus 1 \$2,000 ⁵	\$50 / \$150	\$2,000	0% / 10% / 40%	50% deductible / \$1,500 calendar year maximum	\$1,500	80% HIAA	50% after deductible	No
Classic Plus 2 \$2,000	\$50 / \$150	\$2,000	0% / 10% / 40%	Not covered	\$1,500	80% HIAA	50% after deductible	No
Classic 1 \$1,500	\$50 / \$150	\$1,500	0% / 10% / 40%	Not covered	\$1,500	80% HIAA	50% after deductible	No
Classic 2 \$1,500	\$50 / \$150	\$1,500	0% / 10% / 40%	Not covered	Not covered	80% HIAA	Not covered	No
Classic 3 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50%	Not covered	\$1,500	80% HIAA	50% after deductible	No
Classic 4 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50%	Not covered	Not covered	80% HIAA	Not covered	No
Classic 5 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50%	Not covered	\$1,500	80% HIAA	50% after deductible	No
Classic 6 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50%	Not covered	Not covered	80% HIAA	Not covered	No
Essential 1 \$1,000	\$50 / \$150	\$1,000	0% / 20% / 50%	Not covered	\$1,000	MAC	50% after deductible	No
Essential 2 \$1,000	\$50 / \$150	\$1,000	0% / 20% / 50%	Not covered	Not covered	MAC	Not covered	No

(continued)

Dental PPO³ (continued)

Plan name	Insured responsibility ⁴							
	Deductible (waived on P&D services)	Maximum calendar year	Coinsurance (P&D / basic / major)	Implants	Lifetime orthodontia maximum	Out-of-network reimbursement	Orthodontia	Waiting periods
Essential 3 \$1,000	\$50 / \$150	\$1,000	0% / 20% / 50%	Not covered	\$1,000	MAC	50% after deductible	No
Essential 4 \$1,000	\$50 / \$150	\$1,000	0% / 20% / 50%	Not covered	Not covered	MAC	Not covered	No
Essential 5 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50%	Not covered	\$1,500	MAC	50% after deductible	No
Essential 6 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50%	Not covered	Not covered	MAC	Not covered	No
Essential Value 1 \$1,000	\$50 / \$150	\$1,000	0% / 20% / 50%	Not covered	Not covered	MAC	Not covered	No
Basic \$500	\$50 per person	\$500	0% / 40% / Not covered	Not covered	Not covered	MAC	Not covered	No

Vision⁶

Plan name	Insured responsibility ⁷					
	Vision exam copay	Retail frames allowance	Contact lens allowance	Standard single-vision plastic lenses	Frequency in months (Exam / lenses or contact lenses / frame)	Laser vision correction (LASIK or PRK from U.S. Laser Network)
Elite	Choice of \$0 or \$10	\$150	\$120	Choice of \$0, \$10 or \$25	12 / 12 / 12 or 12 / 12 / 24	15% off retail price or 5% off promotional price
Supreme	Choice of \$0 or \$10	\$120	\$105	Choice of \$0, \$10 or \$25	12 / 12 / 12 or 12 / 12 / 24	15% off retail price or 5% off promotional price
Preferred	Choice of \$0 or \$10	\$100	\$90	Choice of \$0, \$10 or \$25	12 / 12 / 12 or 12 / 12 / 24 or 12 / 24 / 24 or NA / 12 / 24	15% off retail price or 5% off promotional price

Life/AD&D

Health Net has a range of coverage options for term life/AD&D. Popular coverage amounts include \$15,000, \$25,000 and \$50,000. Other coverage amounts are available – Please contact your Health Net sales consultant.

(continued)

Refer to the Large Group Dental & Vision Underwriting Guidelines for minimum enrollment, participation, contribution, and plan combination requirements.

¹Health Net Dental HMO plans are provided by Dental Benefit Providers of California, Inc. (DBP). Obligations of DBP are neither the obligations of, nor guaranteed by, Health Net, Inc. or its affiliates.

²This is only a summary of benefits. Refer to the *Evidence of Coverage* and *Schedule of Benefits* for the full list of covered procedures and exclusions and limitations.

³Health Net dental PPO plans are underwritten by Unimerica Life Insurance Company. Obligations of Unimerica Life Insurance Company are neither the obligations of, nor guaranteed by, Health Net, Inc. or its affiliates.

⁴This is only a summary of benefits. Please refer to the *Certificate of Coverage* for terms and conditions of coverage, including which services are limited or excluded from coverage.

⁵Classic Plus 1 plan is available only to groups enrolling 10 or more employees on that plan, whether the plan is employer-paid or voluntary.

⁶Health Net Vision PPO plans are underwritten by Fidelity Security Life Insurance Company and serviced by EyeMed Vision Care, LLC (together, the Fidelity Entities). The Fidelity Entities are not affiliated with Health Net of California, Inc. or Health Net Life Insurance Company (together, the Health Net Entities). Obligations of the Fidelity Entities are neither the obligations of, nor guaranteed by, the Health Net Entities.

⁷This is only a summary of benefits. Please refer to the *Certificate of Coverage* for terms and conditions of coverage, including which services are limited or excluded from coverage.

This is a brief summary of benefits. It does not include all covered services, limitations or exclusions, and is not meant for contractual purposes. Please refer to the plan-specific *Evidence of Coverage*, *Certificate of Insurance* or *Summary of Benefits and Coverage* for all terms and conditions of coverage.

Health Net Dental HMO plans are provided by Dental Benefit Providers of California, Inc. (DBP). Health Net Dental PPO plans are underwritten by Unimerica Life Insurance Company. Health Net Vision PPO plans are underwritten by Fidelity Security Life Insurance Company and serviced by EyeMed Vision Care, LLC (together, the Fidelity Entities). The Fidelity Entities are neither affiliated with Health Net of California, Inc. nor Health Net Life Insurance Company (together, the Health Net Entities). Obligations of DBP, Unimerica Life Insurance Company, and/or the Fidelity Entities are neither the obligations of nor guaranteed by the Health Net Entities. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.