



2010 HEALTH NET MEDICARE ADVANTAGE

PREVENTIVE / COMPREHENSIVE DENTAL HMO PLAN

California



SECTION 1

HEALTH NET MEDICARE ADVANTAGE PREVENTIVE / COMPREHENSIVE DENTAL HMO PLAN

The following information explains the dental benefits available as a core benefit for the Health Net Seniority Plus Amber CHF (HMO) plan or if you purchase the Optional Supplemental Benefits Package Plan #1 that may be available at an additional monthly premium with Health Net Medicare Advantage HMO plans: Health Net Seniority Plus Green (HMO), Health Net Seniority Plus Ruby (HMO), Salud con Health Net Medicare Advantage (HMO), or Health Net Healthy Heart (HMO). Please note that you must continue to pay your Medicare and monthly health plan premiums.

CODE	SERVICE	MEMBER COPAYMENT	CODE	SERVICE	MEMBER COPAYMENT
DIAGNOSTIC			DIAGNOSTIC (cont.)		
D0120	Periodic oral evaluation - established patient	No Charge	D0273	Bitewings - three films	No Charge
D0140	Limited oral evaluation - problem focused	No Charge	D0274	Bitewings - four films	No Charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Charge	D0277	Vertical bitewings - seven to eight films	No Charge
D0150	Comprehensive oral evaluation - new or established patient	No Charge	D0330	Panoramic film	No Charge
D0170	Re-evaluation - limited, problem focused, (established patient; non-post-operative visit)	No Charge	D0350	Oral/facial photographic images	No Charge
D0180	Comprehensive periodontal evaluation - new or established patient	No Charge	D0460	Pulp vitality tests	No Charge
D0210	Intraoral - complete series (includes bitewings)	No Charge	D0470	Diagnostic casts	\$15
D0220	Intraoral - periapical first film	No Charge	D0472	Accession of tissue, gross examination preparation and transmission of written report	No Charge
D0230	Intraoral - periapical - each additional film	No Charge	D0473	Accession of tissue, gross and microscopic examination preparation and transmission of written report	No Charge
D0240	Intraoral - occlusal film	No Charge	D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	No Charge
D0250	Extraoral - first film	No Charge	D0486	Accession of brush biopsy sample, microscopic examination preparation and transmission of written report	No Charge
D0260	Extraoral - each additional film	No Charge			
D0270	Bitewing - single film	No Charge			
D0272	Bitewings - two films	No Charge			

CODE	SERVICE	MEMBER COPAYMENT	CODE	SERVICE	MEMBER COPAYMENT
PREVENTIVE			RESTORATIVE (cont.)		
D1110	Prophylaxis - adult	No Charge	D2331	Resin-based composite - 2 surfaces, anterior	\$24
D1110	Prophylaxis, adult (in addition to one allowed every six months)	\$40	D2332	Resin-based composite - 3 surfaces, anterior	\$40
D1120	Prophylaxis - child	No Charge	D2335	Resin-based composite - 4 or more surfaces or involving incisal angle, anterior	\$50
D1120	Prophylaxis, child (in addition to one allowed every six months)	\$25	D2390	Resin-based composite crown, anterior (primary)	\$50
D1203	Topical application of fluoride (prophylaxis not included) - child	No Charge	D2391	Resin-based composite - 1 surface, posterior (primary)	\$45
D1204	Topical application of fluoride (prophylaxis not included) - adult	No Charge	D2392	Resin-based composite - 2 surfaces, posterior (primary)	\$45
D1206	Topical fluoride varnish; therapeutic application for moderate to high risk patients	No Charge	D2393	Resin-based composite - 3 surfaces, posterior (primary)	\$55
D1310	Nutritional counseling for control of dental disease	No Charge	D2394	Resin-based composite - 4 or more surfaces, posterior (primary)	\$60
D1330	Oral hygiene instructions	No Charge	D2391	Resin-based composite - 1 surface, posterior (permanent)	\$80
D1351	Sealant - per tooth	\$12	D2392	Resin-based composite - 2 surfaces, posterior (permanent)	\$85
D1510	Space maintainer, fixed - unilateral	\$55	D2393	Resin-based composite - 3 surfaces, posterior (permanent)	\$90
D1515	Space maintainer, fixed - bilateral	\$55	D2394	Resin-based composite - 4 or more surfaces, posterior (permanent)	\$100
D1520	Space maintainer, removable - unilateral	\$55	D2510	Inlay - metallic - one surface ¹	\$225
D1525	Space maintainer, removable - bilateral	\$55	D2520	Inlay - metallic - two surfaces ¹	\$225
D1550	Re-cementation of space maintainer	\$10	D2530	Inlay - metallic - three or more surfaces ¹	\$225
D1555	Removal of fixed space maintainer	\$10	D2542	Onlay - metallic - two surfaces ¹	\$225
RESTORATIVE			D2543	Onlay - metallic - three surfaces ¹	\$225
D2140	Amalgam - 1 surface, primary	\$10	D2544	Onlay - metallic - four or more surfaces ¹	\$225
D2150	Amalgam - 2 surfaces, primary	\$12	D2740	Crown - porcelain/ceramic substrate	\$300
D2160	Amalgam - 3 surfaces, primary	\$16	D2750	Crown - porcelain fused to high noble metal ¹	\$225
D2161	Amalgam - 4 or more surfaces, primary	\$24	D2751	Crown - porcelain fused to predominantly base metal	\$225
D2140	Amalgam - 1 surface, permanent	\$18	D2752	Crown - porcelain fused to noble metal ¹	\$225
D2150	Amalgam - 2 surfaces, permanent	\$20	D2780	Crown - 3/4 cast high noble metal ¹	\$225
D2160	Amalgam - 3 surfaces, permanent	\$22			
D2161	Amalgam - 4 or more surfaces, permanent	\$27			
D2330	Resin-based composite - 1 surface, anterior	\$20			

¹Dental copayments have an additional charge not to exceed the actual lab cost for precious and semi-precious metals.

CODE	SERVICE	MEMBER COPAYMENT	CODE	SERVICE	MEMBER COPAYMENT
RESTORATIVE (cont.)			ENDODONTICS (cont.)		
D2781	Crown - 3/4 cast predominantly base metal	\$225	D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$25
D2782	Crown - 3/4 cast noble metal ¹	\$225	D3310	Endodontic therapy-anterior (excluding final restoration)	\$18
D2783	Crown - 3/4 porcelain/ceramic	\$225	D3320	Endodontic therapy-bicuspid (excluding final restoration)	\$85
D2790	Crown - full cast high noble metal ¹	\$225	D3330	Endodontic therapy-Molar (excluding final restoration)	\$225
D2791	Crown - full cast predominantly base metal	\$225	D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$85
D2792	Crown - full cast noble metal ¹	\$225	D3346	Retreatment of previous root canal therapy - anterior	\$170
D2794	Crown - titanium	\$225	D3347	Retreatment of previous root canal therapy - bicuspid	\$245
D2910	Recement inlay, onlay, or partial coverage restoration	\$10	D3348	Retreatment of previous root canal therapy - molar	\$275
D2915	Recement cast or prefabricated post and core	\$10	D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$65
D2920	Recement crown	\$10	D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	\$65
D2930	Prefabricated stainless steel crown - primary tooth	\$25	D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$65
D2931	Prefabricated stainless steel crown - permanent tooth	\$35	D3410	Apicoectomy/periradicular surgery - anterior	\$125
D2940	Sedative filling	No Charge	D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$150
D2950	Core buildup, including any pins ¹	\$30	D3425	Apicoectomy/periradicular surgery - molar (first root)	\$160
D2951	Pin retention, per tooth in addition to restoration ¹	\$15	D3426	Apicoectomy/periradicular surgery - (each additional root)	\$125
D2952	Post and core in addition to crown indirectly fabricated ¹	\$75	D3430	Retrograde filling - per root	\$95
D2953	Each additional indirectly fabricated post - same tooth ¹	\$40	D3450	Root amputation - per root	\$150
D2954	Prefabricated post and core in addition to crown	\$55	D3920	Hemisection (including any root removal), not including root canal therapy	\$125
D2955	Post removal (not in conjunction with endodontic therapy)	\$10			
D2970	Temporary crown (fractured tooth)	No Charge			
ENDODONTICS					
D3110	Pulp cap, direct (excluding final restoration)	\$5			
D3120	Pulp cap, indirect (excluding final restoration)	\$5			
D3220	Therapeutic pulpotomy (excluding final restoration)	\$18			
D3221	Pulpal debridement, primary and permanent teeth	\$18			
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$25			

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CODE	SERVICE	MEMBER COPAYMENT
PERIODONTICS		
D4210	Gingivectomy or gingivoplasty, four or more contiguous teeth or bounded teeth spaces - per quadrant	\$100
D4211	Gingivectomy or gingivoplasty, one to three contiguous teeth or bounded teeth spaces - per quadrant	\$35
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces - per quadrant	\$275
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces - per quadrant	\$275
D4249	Clinical crown lengthening - hard tissue	\$160
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces - per quadrant	\$350
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces - per quadrant	\$350
D4270	Pedicle soft tissue graft procedure	\$375
D4271	Free soft tissue graft (including donor site surgery)	\$375
D4273	Subepithelial connective tissue graft procedures, per tooth	\$375
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$50
D4341	Periodontal scaling and root planing - four or more teeth - per quadrant	\$40
D4342	Periodontal scaling and root planing - one to three teeth - per quadrant	\$40
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$40
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	\$60
D4910	Periodontal maintenance	\$35

CODE	SERVICE	MEMBER COPAYMENT
PERIODONTICS (cont.)		
D4999	Unspecified periodontal procedure, by report	No Charge
PROSTHODONTICS (REMOVABLE DENTURES/PARTIALS)		
D5110	Complete denture - maxillary	\$200
D5120	Complete denture - mandibular	\$200
D5130	Immediate denture - maxillary	\$200
D5140	Immediate denture - mandibular	\$200
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$200
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$225
D5213	Maxillary partial denture - cast metal framework, resin denture bases (including any conventional clasps, rests and teeth)	\$250
D5214	Mandibular partial denture - cast metal framework, resin denture base (including any conventional clasps, rests and teeth)	\$250
D5410	Adjust complete denture - maxillary	\$15
D5411	Adjust complete denture - mandibular	\$15
D5421	Adjust partial denture - maxillary	\$15
D5422	Adjust partial denture - mandibular	\$15
D5510	Repair broken complete denture base	\$25
D5520	Replace missing or broken tooth complete denture (each tooth)	\$25
D5610	Repair resin denture base	\$30
D5620	Repair cast framework	\$35
D5630	Repair or replace broken clasp	\$30
D5640	Replace broken teeth - per tooth	\$35
D5650	Add tooth to existing partial denture	\$35
D5660	Add clasp to existing partial denture	\$35
D5710	Rebase complete maxillary denture	\$100
D5711	Rebase complete mandibular denture	\$100

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CODE	SERVICE	MEMBER COPAYMENT	CODE	SERVICE	MEMBER COPAYMENT
PROSTHODONTICS (REMOVABLE DENTURES/PARTIALS) (cont.)			PROSTHODONTICS – FIXED (cont.)		
D5720	Rebase maxillary partial denture	\$100	D6750	Crown - porcelain fused to high noble metal ¹	\$225
D5721	Rebase mandibular partial denture	\$100	D6751	Crown - porcelain fused to predominantly base metal	\$225
D5730	Reline complete maxillary denture (chairside)	\$45	D6752	Crown - porcelain fused to noble metal ¹	\$225
D5731	Reline complete mandibular denture (chairside)	\$45	D6780	Crown - 3/4 cast high noble metal ¹	\$225
D5740	Reline maxillary partial denture (chairside)	\$45	D6781	Crown - 3/4 cast predominantly base metal	\$225
D5741	Reline mandibular partial denture (chairside)	\$45	D6782	Crown - 3/4 cast noble metal ¹	\$225
D5750	Reline complete maxillary denture (laboratory)	\$70	D6790	Crown - full cast high noble metal ¹	\$225
D5751	Reline complete mandibular denture (laboratory)	\$70	D6791	Crown - full cast predominantly base metal	\$225
D5760	Reline maxillary partial denture (laboratory)	\$70	D6792	Crown - full cast noble metal ¹	\$225
D5761	Reline mandibular partial denture (laboratory)	\$70	D6794	Crown - titanium	\$225
D5810	Interim complete denture - maxillary	\$100	D6930	Recement fixed partial denture	No Charge
D5811	Interim complete denture - mandibular	\$100	D6970	Cast post and core in addition to fixed partial denture retainer, indirectly fabricated ¹	\$70
D5820	Interim partial denture - maxillary	\$70	D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$55
D5821	Interim partial denture - mandibular	\$70	D6973	Core build up for retainer, including any pins ¹	\$30
D5850	Tissue conditioning - maxillary	\$25	D6976	Each additional indirectly fabricated post - same tooth ¹	\$40
D5851	Tissue conditioning - mandibular	\$25	D6977	Each additional prefabricated post - same tooth	\$20
PROSTHODONTICS – FIXED			ORAL SURGERY		
D6210	Pontic - cast high noble metal ¹	\$225	D7111	Extraction, coronal remnants - deciduous tooth	\$15
D6211	Pontic - cast predominantly base metal	\$225	D7140	Extraction - erupted tooth or exposed root (evaluation and/or forceps removal)	\$15
D6212	Pontic - cast noble metal ¹	\$225	D7210	Surgical removal of erupted tooth requiring evaluation of mucoperiosteal flap and removal of bone and/or section of tooth	\$40
D6214	Pontic - titanium	\$225	D7220	Removal of impacted tooth - soft tissue	\$60
D6240	Pontic - porcelain fused to high noble metal ¹	\$225			
D6241	Pontic - porcelain fused to predominantly base metal ¹	\$225			
D6242	Pontic - porcelain fused to noble metal ¹	\$225			
D6245	Pontic - porcelain / ceramic	\$225			

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CODE	SERVICE	MEMBER COPAYMENT
ORAL SURGERY (cont.)		
D7230	Removal of impacted tooth - partially bony	\$80
D7240	Removal of impacted tooth - completely bony	\$125
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$150
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$50
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$110
D7280	Surgical access exposure of an unerupted tooth	\$175
D7285	Biopsy of oral tissue - hard (bone, tooth)	\$60
D7286	Biopsy of oral tissue - soft (all others)	\$60
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$55
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$18
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$70
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$23
D7510	Incision and drainage of abscess - intraoral soft tissue	No Charge
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	No Charge
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$45
D7963	Frenuloplasty	\$45
D7971	Excision of pericoronal gingiva	\$60
ORTHODONTICS		
D8050	Interceptive orthodontic treatment of the primary dentition	\$725

CODE	SERVICE	MEMBER COPAYMENT
ORTHODONTICS (cont.)		
D8060	Interceptive orthodontic treatment of the transitional dentition	\$725
D8080	Comprehensive orthodontic treatment of the transitional dentition	\$1,950
D8090	Comprehensive orthodontic treatment of the adult dentition	\$2,250
D8660	Pre-orthodontic treatment visit	No Charge
D8670	Periodontic orthodontic treatment visit (as part of contract)	No Charge
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$250
D8693	Rebonding or recementing; and/or repair, as required of fixed retainers	No charge
D8999	Start-up fee (including exam, beginning records, x-rays, tracings, photos and models) construction replacement of retainers	\$250
D8999	Post-treatment records	\$150
D8999	Monthly orthodontic fee (for comprehensive treatment beyond 24 months)	\$35
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$20
D9120	Fixed partial denture sectioning	No charge
D9210	Local anesthesia not in conjunction with operative or surgical procedures	No Charge
D9211	Regional block anesthesia	No Charge
D9215	Local anesthesia	No Charge
D9220	Deep sedation/general anesthesia - first 30 minutes	\$125
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$60
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$125
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$60

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CODE	SERVICE	MEMBER COPAYMENT	CODE	SERVICE	MEMBER COPAYMENT
ORTHODONTICS (cont.)			COSMETIC DENTAL SERVICES (ELECTIVE SERVICES)		
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	No Charge	D2330	Resin based-composite, one surface anterior	\$80
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	No Charge	D2331	Resin based-composite, two surfaces anterior	\$95
D9440	Office visit - after regularly scheduled hours	\$20	D2332	Resin based-composite, three surfaces anterior	\$105
D9630	Other drugs and/or medicaments by report	\$15	D2335	Resin based-composite, four or more surfaces or involving incisal angle (anterior)	\$125
D9910	Application of desensitizing medicament	\$15	D2391	Resin based-composite, one surface posterior	\$85
D9940	Occlusal guard by report	\$100	D2392	Resin based-composite, two surfaces posterior	\$100
D9942	Repair and/or reline of occlusal guard	\$45	D2393	Resin based-composite, three surfaces posterior	\$110
D9951	Occlusal adjustment - limited	No Charge	D2394	Resin based-composite, four or more surfaces posterior	\$130
D9952	Occlusal adjustment - complete	\$75	D2740	Leucite-reinforced pressed crown/Empress	\$700
D9999	Record transfer - transfer of all materials with or without an X-ray	\$15	D2962	Labial veneer/porcelain laminate	\$450
MATERIALS UPGRADES FOR NON-ELECTIVE DENTAL SERVICES (IN ADDITION TO COPAYMENT FOR SERVICES)			D5110	Comfort Flex (complete upper denture) acetyl resin homopolymer	\$650
D2750	Porcelain on molars	\$75	D5120	Comfort Flex (complete lower denture) acetyl resin homopolymer	\$650
D2999	Noble or high noble metal for crowns - lab cost	Lab Cost	D5211	Comfort Flex (upper partial denture) acetyl resin homopolymer	\$725
D2740	Lucite-reinforced pressed crown/Empress	\$300 + copayment	D5212	Comfort Flex (lower partial denture) acetyl resin homopolymer	\$725
D2750	Gold composite reinforced crown/Catak	\$300 + copayment	D9972	External bleaching - per arch	\$125
D5110	Comfort Flex (complete upper denture) acetyl resin homopolymer	\$400 + copayment			
D5120	Comfort Flex (complete lower denture) acetyl resin homopolymer	\$400 + copayment			
D5211	Comfort Flex (upper partial denture) acetyl resin homopolymer	\$425 + copayment			
D5212	Comfort Flex (lower partial denture) acetyl resin homopolymer	\$425 + copayment			

For more information about your dental coverage, including a complete list of dental benefits, limitations and exclusions, and rights and responsibilities available to you as a member of Health Net's Medicare Advantage plans, please refer to your Evidence of Coverage or Vendor Benefit Rider (VBR). For an explanation of your dental provider network, please refer to your Dental Directory.

WHAT DO YOU DO WHEN YOU REQUIRE EMERGENCY OR URGENT DENTAL CARE SERVICES?

If you, the member, receive emergency or urgent dental care services from a dentist that is not your primary care general dentist, you must return to your primary care general dentist for follow-up care.

If you need emergency or urgent dental care services, you should immediately contact your selected primary care general dentist for an appointment. All participating dentists will have emergency and urgent dental care services available 24 hours a day, seven days a week. If the primary care general dentist is not available, you may seek emergency or urgent dental care services from any licensed dentist.

You may also call Health Net Dental's Customer Contact Center at 1-866-249-2382. TTY 1-800-855-2881 AT&T Relay Service for the hearing and speech impaired (you need special telephone equipment to use this number). Operating hours are Monday through Friday, 7:00 a.m. to 10:00 p.m., Central Time. Services provided by a dentist other than the primary care general dentist will be covered only when it is shown that:

- You were not able to get services from your primary care general dentist.
- Services were for emergency or urgent dental care.
- Services were medically necessary.
- Services are listed as covered benefits under this plan.

You, the member, must pay any copayments.

If the above conditions are not met, you will need to pay all billed charges at the dentist's usual fee. If this occurs, you will be notified of the claims denial and your appeal rights. For more information on how to file an appeal, see your Evidence of Coverage.

If you are outside the service area or more than 35 miles from your primary care general dentist, you may receive emergency or urgent dental care services from any licensed dentist. Please follow the rules under Reimbursement for Emergency or Urgent Dental Care Services in the following section.

REIMBURSEMENT FOR EMERGENCY OR URGENT DENTAL CARE SERVICES

If you, the member, see a dentist other than your primary care general dentist for emergency or urgent dental care services, the dentist may ask for payment at the time service is provided.

If you pay a bill for covered emergency or urgent dental care services, you should send a copy of the paid bill and proof of payment to:

Health Net Dental
P.O. Box 30567
Salt Lake City, UT 84130

Please include either the dentist's completed claim form or a separate sheet of paper, if a form is unavailable, that includes the following information:

- Name, address, ID number and group number from your identification card.
- Name and address of the dentist who provided the service (unless stated on the bill).
- An explanation of the condition that made emergency or urgent treatment necessary.
- An itemized receipt that specifies the covered services provided.

NON-QUALIFYING EMERGENCY OR URGENT DENTAL CARE SERVICES

Emergency or urgent dental care services do not include these services:

- Normal diagnostic and preventive services
- Permanent restorative and prosthetic services

- Complete endodontic services
- Complete periodontic services
- Orthodontic services
- Oral surgery for conditions that are not severe
- Other services that are not required for emergency dental care

Please refer to the “Emergency and Urgent Dental Care Services” section of your Evidence of Coverage (EOC) and/or Vendor Benefit Rider (VBR) for more information.

**FOR QUESTIONS ABOUT
HEALTH NET DENTAL, OR
TO CONTACT US**

1-866-249-2382 (TTY 1-800-855-2881 AT&T Relay Service for the hearing and speech impaired)

Operating hours are Monday through Friday, 7:00 a.m. to 10:00 p.m., Central Time

This document is only a summary for informational purposes. It is not a contract. The actual complete terms and conditions of the health plan are set forth in the applicable Evidence of Coverage (EOC) and/or Vendor Benefit Rider (VBR) document.

Health Net of California, Inc., is a Medicare Advantage Organization with a Medicare contract. Health Net’s contract with Medicare is renewed annually and is not guaranteed available beyond the contract year. Members must continue to pay Medicare premiums, monthly plan premiums, and use Health Net contracting providers for routine care. Limitations, restrictions, and copayments may apply.

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Health Net Dental
P.O. Box 30567
Salt Lake City, UT 84130

For more information, please contact us at:

Current members should call
1-866-249-2382 (TTY 1-800-855-2881
AT&T Relay Service for the hearing and speech impaired)

Operating hours are Monday through Friday,
7:00 a.m. to 10:00 p.m., Central Time

www.healthnet.com

2010 HEALTH NET MEDICARE ADVANTAGE PLANS OPTIONAL SUPPLEMENTAL BENEFITS INDIVIDUAL ENROLLMENT FORM



Health Net offers Optional Supplemental Benefits for an additional monthly premium. This form may be used ONLY by our current members who are adding the Optional Supplemental Benefits Package to their existing Health Net Medicare Advantage plan. Please review the plan package options listed on the back of this form before enrolling. Please keep the pink copy of this form as your temporary ID card until your ID card is mailed to you.

Please Print

Name as it appears on Medicare card: Last		First	MI	
Permanent residence address		Apt. #	City, State	ZIP
County of permanent residence address			Telephone #	
Mailing address (<i>if different from above</i>)		Apt. #	City, State	ZIP
E-mail address (<i>optional</i>)	Birth date (mm/dd/yyyy)	Sex	Medicare # (from red, white and blue Medicare card)	Health Net Member/Subscriber Reference #

Please complete the following:

I am currently enrolled in a Health Net Medicare Advantage plan paying a monthly plan premium of \$_____, and wish to enroll in the Optional Supplemental Benefits Package # _____ for an additional monthly premium of \$_____.

If choosing Package Plan #1, please make a dental provider selection from a Health Net Dental provider directory. Provider Name _____ Provider ID # _____

Please see the last page of this form for the Optional Supplemental Benefits Packages that are available with your MA plan.

I understand that to be eligible for the Optional Supplemental Benefits Package, I must remain a member of a Health Net Medicare Advantage plan. If I disenroll from my plan, I will be automatically disenrolled from the Optional Supplemental Benefits Package. If I discontinue payment of the Optional Supplemental Benefit Package my membership in the Optional Supplemental Benefits Package will be terminated, and I will be automatically enrolled in the standard Health Net Medicare Advantage plan.

Enrollment in the Optional Supplemental Benefits Package is limited to certain times of the year. You may disenroll at any time from this option by providing written notice to Health Net, but once disenrolled, reenrollment during the same calendar year will be limited. Any member who disenrolls from this option will only be able to re-enroll one more time during the calendar year, and restrictions may apply to the period in which this may occur.

PLEASE REVIEW THE PLAN PACKAGE OPTIONS BEFORE ENROLLING IN AN OPTIONAL SUPPLEMENTAL BENEFITS PACKAGE.

Health Net Seniority Plus Green (HMO), Health Net Seniority Plus Ruby (HMO), Health Net Healthy Heart (HMO), Salud con Health Net Medicare Advantage (HMO) and Health Net Violet (PPO) Optional Supplemental Benefit Plan Packages:

Counties	Green (HMO) Plan	Healthy Heart (HMO) Plan	Ruby (HMO) Plan	Salud (HMO) Plan	Violet (PPO) Plan
Alameda	Plan #1 or Plan #2	Plan #1 or Plan #2			
Contra Costa	Plan #1 or Plan #2	Plan #2			
Fresno		Plan #1 or Plan #2			
Kern			Plan #1 or Plan #2		
Los Angeles		Plan #1* or Plan #2*	Plan #1 or Plan #2	Plan #1* or Plan #2*	
Orange		Plan #1* or Plan #2*	Plan #1 or Plan #2	Plan #1* or Plan #2*	
Placer ¹	Plan #1 or Plan #2	Plan #1 or Plan #2			
Riverside		Plan #1* or Plan #2*	Plan #1 or Plan #2	Plan #1* or Plan #2*	
Sacramento	Plan #1 or Plan #2	Plan #1 or Plan #2			
San Bernardino		Plan #1* or Plan #2*	Plan #1 or Plan #2	Plan #1* or Plan #2*	
San Diego		Plan #1* or Plan #2*	Plan #1 or Plan #2		Plan #4
San Francisco	Plan #1 or Plan #2	Plan #2			
San Joaquin	Plan #1 or Plan #2	Plan #1 or Plan #2			
San Mateo	Plan #1 or Plan #2	Plan #1 or Plan #2			
Santa Barbara ¹	Plan #1 or Plan #2		Plan #1 or Plan #2		
Santa Clara	Plan #1 or Plan #2	Plan #1 or Plan #2			
Santa Cruz	Plan #1 or Plan #2	Plan #1 or Plan #2			
Solano	Plan #1 or Plan #2	Plan #1 or Plan #2			
Sonoma	Plan #1 or Plan #2	Plan #1 or Plan #2			
Stanislaus	Plan #1 or Plan #2	Plan #1 or Plan #2			
Yolo	Plan #1 or Plan #2	Plan #1 or Plan #2			

Please refer to the Summary of Benefits for detailed information, service areas, benefits and costs associated with each plan. Some plans are not available in all service areas.

¹Indicates partial county.

Package Plan #1

Monthly Plan Premium: \$15

Benefits: Chiropractic/Acupuncture, HMO Comprehensive Dental, Eyewear and Health Club Membership/Fitness*

Package Plan #2

Monthly Plan Premium: \$18

Benefits: Chiropractic/Acupuncture, PPO Dental, Eyewear and Health Club Membership/Fitness*

Package Plan #4

Monthly Plan Premium: \$19

Benefits: Chiropractic/Acupuncture, PPO Dental and Eyewear

*Health Club Membership/Fitness is a core benefit and is not included in the buy-up.