

Dental. Vision. Employee Assistance Program. Life. Helping employees gain and maintain healthier lifestyles is a key selling point! We offer the 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.

Bundled product	Discount on Health Net medical premium
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 HMO and PPO plan choices provide clients with value, flexibility, simplicity, and a focus on prevention and wellness. These affordable dental plans offer comprehensive coverage and provide access to one of the largest dental networks in California.

**Dental HMO (partial list): See rates on pages 2-3**

Plan name	Member copayment <sup>1</sup>				
	Diagnostic care D0120 periodic oral evaluation	Preventive care D1110 prophylaxis – adult	Restorative treatment D2140 amalgam filling	Comprehensive orthodontic treatment D8070-90 – adult or child	Crowns and pontics D2751 <sup>2</sup> crown porcelain fused to predominantly base metal
DHMO 150	\$0	\$0	\$0	\$1,695	\$150
DHMO 185	\$0	\$0	\$0	\$1,695	\$185
DHMO 225	\$0	\$0	\$0	\$1,695	\$225

**Dental PPO: See rates on pages 2-3**

Plan name	Insured responsibility <sup>3</sup>					
	Deductible (waived on P&D services)	Maximum calendar year	Coinsurance (P&D/Basic/Major/Ortho)	Lifetime ortho maximum	OON reimbursement	Waiting periods
DPPO Essential 5 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50% / 50%	\$1,500	MAC	No
DPPO Classic 3 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50% / 50%	\$1,500	80% HIAA	No
DPPO Classic Plus 1 \$2,000 (includes implant coverage)	\$50 / \$150	\$2,000	0% / 10% / 40% / 50%	\$1,500	80% HIAA	No

Vision PPO insurance plans come standard with these key features: no or low copayments, provider choice including optical retailers, frame choice, contact lenses by mail, discounted LASIK or PRK (if authorized), and secondary purchase plan.

**Vision PPO: See rates on page 4**

Plan name	Insured responsibility <sup>3</sup>				
	Exam copay	Materials copay	Frames allowance	Exam/lenses/contact lenses (in lieu of lenses) – frequency	Frames – frequency
Preferred Value 10-2	Not covered	\$10	\$100	Once every 12 months (exam not available)	Once every 24 months
Preferred 1025-2	\$10	\$25	\$100	Once every 12 months	Once every 24 months
Supreme 1010-2	\$10	\$10	\$120	Once every 12 months	Once every 24 months

**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.

<i>Dental 3-tier rates groups 101–249: PPO</i>										
Plan name	Rate type	Coverage type	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
Classic Plus 1 2000 with MaxAdvantage	Voluntary	Employee only	78.30	74.32	75.55	58.39	73.90	68.33	77.43	63.98
		Employee plus one	153.41	145.66	148.11	114.63	144.87	134.18	151.76	125.55
		Employee plus family	261.50	248.75	253.52	197.79	247.92	231.83	259.27	216.06
Classic 3 1500	Voluntary	Employee only	68.20	64.82	65.52	53.17	65.08	63.27	66.58	58.32
		Employee plus one	134.15	127.57	128.93	104.82	128.07	124.52	130.98	114.86
		Employee plus family	234.08	223.12	225.34	185.24	223.92	217.94	228.78	201.94
Essential 5 1500	Voluntary	Employee only	46.53	44.84	41.46	38.60	43.59	36.33	43.19	40.31
		Employee plus one	91.87	88.56	81.97	76.39	86.13	71.96	85.35	79.72
		Employee plus family	163.71	158.21	147.20	137.93	154.13	130.46	152.84	143.47
Classic Plus 1 2000 with MaxAdvantage	Employer paid	Employee only	73.35	69.63	70.77	54.74	69.23	64.03	72.54	59.96
		Employee plus one	143.71	136.47	138.76	107.47	135.73	125.74	142.17	117.67
		Employee plus family	245.03	233.12	237.58	185.50	232.35	217.31	242.95	202.57
Classic 3 1500	Employer paid	Employee only	63.91	60.75	61.41	49.86	60.99	59.30	62.39	54.67
		Employee plus one	125.71	119.56	120.83	98.30	120.03	116.71	122.75	107.69
		Employee plus family	219.41	209.17	211.25	173.76	209.92	204.33	214.46	189.38
Essential 5 1500	Employer paid	Employee only	43.66	42.07	38.91	36.24	40.91	34.12	40.53	37.84
		Employee plus one	86.20	83.10	76.94	71.73	80.83	67.59	80.10	74.84
		Employee plus family	153.65	148.50	138.21	129.55	144.69	122.57	143.49	134.73

<i>Dental 3-tier rates groups 101–249: HMO</i>			
Plan name	Rate type	Coverage type	Regions 1–8
DHMO Plus 150	Voluntary	Employee only	19.81
		Employee plus one	33.04
		Employee plus family	53.84
DHMO Plus 185	Voluntary	Employee only	17.53
		Employee plus one	29.27
		Employee plus family	47.67
DHMO Plus 225	Voluntary	Employee only	16.97
		Employee plus one	28.34
		Employee plus family	46.16
DHMO Plus 150	Employer paid	Employee only	18.78
		Employee plus one	31.30
		Employee plus family	51.01
DHMO Plus 185	Employer paid	Employee only	16.61
		Employee plus one	27.72
		Employee plus family	45.16
DHMO Plus 225	Employer paid	Employee only	16.08
		Employee plus one	26.85
		Employee plus family	43.71

Contact your Health Net sales consultant for rates for groups 250–500. Regions are determined by the employer’s home office ZIP code. Rates apply to new dental groups with effective dates 1/1/16–6/30/16.

Region 1 contains the ZIP codes starting with 900–904, 945–948.

Region 2 contains the ZIP codes starting with 905–908, 910–928, 930.

Region 3 contains the ZIP codes starting with 931, 940–941, 943–944.

Region 4 contains the ZIP codes starting with 932–933, 935–937.

Region 5 contains the ZIP codes starting with 934, 939, 954–961.

Region 6 contains the ZIP codes starting with 942.

Region 7 contains the ZIP codes starting with 949–951.

Region 8 contains the ZIP codes starting with 952–953.

**The following counties are excluded from DHMO:** Alpine, Del Norte, Humboldt, Kings, Lassen, Mendocino, Modoc, Mono, San Benito, Siskiyou, Yuba

<b>Dental 4-tier rates groups 101-249: PPO</b>										
Plan name	Rate type	Coverage type	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
Classic Plus 1 2000 with MaxAdvantage	Voluntary	Employee only	78.30	74.32	75.55	58.39	73.90	68.33	77.43	63.98
		Employee plus spouse	156.60	148.65	151.09	116.77	147.79	136.67	154.87	127.96
		Employee plus child(ren)	167.54	159.44	162.57	127.03	158.97	148.93	166.19	138.69
		Employee plus family	257.74	245.11	249.72	194.57	244.21	228.01	255.46	212.63
Classic 3 1500	Voluntary	Employee only	68.20	64.82	65.52	53.17	65.08	63.27	66.58	58.32
		Employee plus spouse	136.40	129.65	131.05	106.34	130.17	126.54	133.16	116.63
		Employee plus child(ren)	150.67	143.68	145.09	119.52	144.19	140.36	147.29	130.17
		Employee plus family	229.86	219.02	221.23	181.54	219.82	213.91	224.62	198.07
Essential 5 1500	Voluntary	Employee only	46.53	44.84	41.46	38.60	43.59	36.33	43.19	40.31
		Employee plus spouse	93.06	89.67	82.92	77.20	87.18	72.67	86.38	80.61
		Employee plus child(ren)	105.80	102.29	95.27	89.36	99.69	84.59	98.87	92.89
		Employee plus family	160.23	154.79	143.90	134.73	150.76	127.35	149.48	140.21
Classic Plus 1 2000 with MaxAdvantage	Employer paid	Employee only	73.35	69.63	70.77	54.74	69.23	64.03	72.54	59.96
		Employee plus spouse	146.70	139.26	141.55	109.47	138.46	128.06	145.07	119.92
		Employee plus child(ren)	157.00	149.43	152.35	119.15	148.99	139.61	155.74	130.04
		Employee plus family	241.51	229.70	234.00	182.47	228.86	213.72	239.37	199.35
Classic 3 1500	Employer paid	Employee only	63.91	60.75	61.41	49.86	60.99	59.30	62.39	54.67
		Employee plus spouse	127.81	121.51	122.81	99.72	121.99	118.60	124.78	109.34
		Employee plus child(ren)	141.23	134.70	136.02	112.12	135.18	131.60	138.07	122.08
		Employee plus family	215.45	205.31	207.38	170.28	206.06	200.54	210.55	185.73
Essential 5 1500	Employer paid	Employee only	43.66	42.07	38.91	36.24	40.91	34.12	40.53	37.84
		Employee plus spouse	87.31	84.14	77.83	72.49	81.81	68.25	81.07	75.68
		Employee plus child(ren)	99.30	96.02	89.45	83.93	93.59	79.47	92.82	87.23
		Employee plus family	150.38	145.28	135.11	126.54	141.52	119.65	140.33	131.66

**Dental 4-tier rates groups 101-249: HMO**

Plan name	Rate type	Coverage type	Regions 1-8
DHMO Plus 150	Voluntary	Employee only	19.81
		Employee plus spouse	35.71
		Employee plus child(ren)	37.58
		Employee plus family	55.39
DHMO Plus 185	Voluntary	Employee only	17.53
		Employee plus spouse	31.56
		Employee plus child(ren)	33.31
		Employee plus family	49.09
DHMO Plus 225	Voluntary	Employee only	16.97
		Employee plus spouse	30.56
		Employee plus child(ren)	32.27
		Employee plus family	47.53
DHMO Plus 150	Employer paid	Employee only	18.78
		Employee plus spouse	33.84
		Employee plus child(ren)	35.61
		Employee plus family	52.47
DHMO Plus 185	Employer paid	Employee only	16.61
		Employee plus spouse	29.89
		Employee plus child(ren)	31.55
		Employee plus family	46.50
DHMO Plus 225	Employer paid	Employee only	16.08
		Employee plus spouse	28.95
		Employee plus child(ren)	30.56
		Employee plus family	45.02

Contact your Health Net sales consultant for rates for groups 250-500. Regions are determined by the employer's home office ZIP code. Rates apply to new dental groups with effective dates 1/1/16-6/30/16.

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Region 2 contains the ZIP codes starting with 905-908, 910-928, 930.

Region 3 contains the ZIP codes starting with 931, 940-941, 943-944.

Region 4 contains the ZIP codes starting with 932-933, 935-937.

Region 5 contains the ZIP codes starting with 934, 939, 954-961.

Region 6 contains the ZIP codes starting with 942.

Region 7 contains the ZIP codes starting with 949-951.

Region 8 contains the ZIP codes starting with 952-953.

**The following counties are excluded from DHMO:** Alpine, Del Norte, Humboldt, Kings, Lassen, Mendocino, Modoc, Mono, San Benito, Siskiyou, Yuba

Effective date 1/1/16

**Vision PPO 3-tier rates groups 101-500**

Plan name	Rate type	Employee rate	EE+spouse rate	Family rate
Preferred Value 10-2	Voluntary	\$7.42	\$14.09	\$20.77
	Employer paid	\$4.73	\$8.99	\$13.25
Preferred 1025-2	Voluntary	\$8.62	\$16.38	\$24.14
	Employer paid	\$5.97	\$11.35	\$16.72
Supreme 1010-2	Voluntary	\$10.31	\$19.59	\$28.86
	Employer paid	\$6.97	\$13.24	\$19.52

**Vision PPO 4-tier rates groups 101-500**

Plan name	Rate type	Employee rate	EE+spouse rate	EE+child(ren) rate	Family rate
Preferred Value 10-2	Voluntary	\$7.42	\$14.09	\$14.84	\$22.25
	Employer paid	\$4.73	\$8.99	\$9.46	\$14.20
Preferred 1025-2	Voluntary	\$8.62	\$16.38	\$17.24	\$25.86
	Employer paid	\$5.97	\$11.35	\$11.94	\$17.92
Supreme 1010-2	Voluntary	\$10.31	\$19.59	\$20.62	\$30.92
	Employer paid	\$6.97	\$13.24	\$13.94	\$20.91

Rates apply to new vision groups with effective dates 1/1/16-12/1/16 – guaranteed for one year. Contact your Health Net sales consultant for further details.

**Employee Assistance Program, offered by Mental Health Network, Inc.**

Problem-solving sessions	Single carrier rates per employee per month			Rates when Health Net is one of multiple carriers per employee per month		
	Employees			Employees		
	101-249	250-499	500	101-249	250-499	500
3	\$1.53	\$1.43	\$1.33	\$2.18	\$2.08	\$1.98
5	\$1.77	\$1.66	\$1.55	\$2.78	\$2.67	\$2.56
8	\$2.40	\$2.26	\$2.12	\$4.18	\$4.04	\$3.90

**Footnotes**

<sup>1</sup>Refer to your *Evidence of Coverage* and *Schedule of Benefits* for the full list of covered procedures and exclusions and limitations.

<sup>2</sup>There is a \$75 copayment per crown/bridge unit in addition to regular copayments for porcelain on molars.

<sup>3</sup>This 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.