


# Health Net Dental PPO<sup>1</sup>

## DPPO CLASSIC 4 1500

### Key Dental PPO features

- Endodontics, periodontics and oral surgery are covered under General Services.
- No waiting period for any covered service.
- Pregnant women are eligible to receive extra services during their second and third trimester, by simply asking their dentist to note the pregnancy, due date and name of attending physician or obstetrician's name on the dental claim form (see Prenatal Dental Care).



 Benefit description	Plan benefits <sup>2</sup>	
	IN-NETWORK	OUT-OF-NETWORK <sup>3</sup>
<b>Calendar year maximum</b>	\$1,500	
<b>Deductible</b>	\$50 single / \$150 family	\$75 single / \$225 family
<b>Preventive services</b> (initial/routine oral exam, teeth cleaning and routine scaling, fluoride treatment, sealant (children under 16), space maintainers, X-rays as part of general exam, emergency exam)	100% deductible waived	
<b>Prenatal dental care</b> If medically necessary, women in their second and third trimester are eligible to receive additional prophylaxis, deep cleaning, debridement and periodontal maintenance (covered expenses do not apply to the calendar year maximum)	100% deductible waived	
<b>General services</b> (fillings, general anesthetics, oral surgery, periodontics, endodontics)	80% after deductible	
<b>Major services</b> (crowns, removable and fixed bridges, complete and partial dentures)	50% after deductible	
<b>Orthodontia</b> (adult and child)	Not covered	



Large statewide and national network of dental PPO providers can be found online at [www.healthnet.com](http://www.healthnet.com) or by calling 1-866-249-2382.

<sup>1</sup>Health Net Dental PPO plans are underwritten by Unimerica Life Insurance Company. Obligations of Unimerica Life Insurance Company are not the obligations of or guaranteed by Health Net, Inc. or its affiliates.

<sup>2</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.

<sup>3</sup>Out-of-network benefits are reimbursed at the Usual, Customary and Reasonable (UCR) amounts as determined by Fair Health, Inc.

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# Exclusions and Limitations

## General exclusions

*The following are not covered:*

- Dental services that are not necessary.
- Hospitalization or other facility charges.
- Any dental procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve physical appearance.)
- Reconstructive surgery regardless of whether or not the surgery which is incidental to a dental disease, injury or congenital anomaly when the primary purpose is to improve physiological functioning of the involved part of the body.
- Any dental procedure not directly associated with dental disease.
- Any procedure not performed in a dental setting.
- Procedures that are considered to be experimental, investigational or unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an experimental, investigational or unproven service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in coverage if the procedure is considered to be experimental, investigational or unproven in the treatment of that particular condition.
- Services for injuries or conditions covered by workers' compensation or employer liability laws, and services that are provided without cost to the covered person by any municipality, county or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.
- Expenses for dental procedures begun prior to the covered person becoming enrolled under the Policy.
- Dental services otherwise covered under the Policy, but rendered after the date individual coverage under the Policy terminates, including dental services for dental conditions arising prior to the date individual coverage under the Policy terminates.
- Services rendered by a provider with the same legal residence as a covered person or who is a member of a covered person's family, including spouse, brother, sister, parent or child.
- Foreign services are not covered unless required as an emergency.
- Replacement of complete dentures, fixed and removable partial dentures, or crowns, if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the dentist. If replacement is necessary because of patient noncompliance, the patient is liable for the cost of replacement.
- Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
- Attachments to conventional removable prostheses or fixed bridgework. This includes semiprecision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis, and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature.

- Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
- Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.
- Treatment of benign neoplasms, cysts or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or congenital anomalies of hard or soft tissue, including excision.
- Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
- Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No coverage is provided for orthognathic surgery, jaw alignment or treatment for the temporomandibular joint.
- Acupuncture, acupressure and other forms of alternative treatment, whether or not used as anesthesia.
- Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
- Charges for failure to keep a scheduled appointment without giving the dental office 24 hours' notice.
- Occlusal guards used as safety items or to affect performance primarily in sports-related activities.
- Dental services received as a result of war or any act of war, whether declared or undeclared, or caused during service in the armed forces of any country.

Orthodontic coverage does not include the installation of a space maintainer, any treatment related to treatment of the temporomandibular joint, any surgical procedure to correct a malocclusion, replacement of lost or broken retainers and/or habit appliances, and any fixed or removable interceptive orthodontic appliances previously submitted for payment under the plan.

## General limitations

- **Periodic oral evaluation** Limited to 2 times per consecutive 12 months.
- **Complete series or panorex radiographs** Limited to 1 time per consecutive 36 months. Exception to this limit will be made for panorex radiographs if taken for diagnosis of third molars, cysts or neoplasms.
- **Bitewing radiographs** Limited to 1 series of films per calendar year.
- **Extraoral radiographs** Limited to 2 films per calendar year.
- **Dental prophylaxis** Limited to 2 times per consecutive 12 months.
- **Fluoride treatments** Limited to covered persons under the age of 16 years, and limited to 2 times per consecutive 12 months.
- **Space maintainers** Limited to covered persons under the age of 16 years, limited to 1 per consecutive 60 months. Benefit includes all adjustments within 6 months of installation.
- **Sealants** Limited to covered persons under the age of 16 years, and once per first or second permanent molar every consecutive 36 months.

- **Restorations** Multiple restorations on one surface will be treated as a single filling.
- **Pin retention** Limited to 2 pins per tooth; not covered in addition to cast restoration.
- **Inlays and onlays** Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.
- **Crowns** Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.
- **Post and cores** Covered only for teeth that have had root canal therapy.
- **Sedative fillings** Covered as a separate benefit only if no other service, other than x-rays and exam, were performed on the same tooth during the visit.
- **Scaling and root planing** Limited to 1 time per quadrant per consecutive 24 months.
- **Periodontal maintenance** Limited to 2 times per consecutive 12 months following active and adjunctive periodontal therapy, exclusive of gross debridement.
- **Full dentures** Limited to 1 time every consecutive 60 months. No additional allowances for precision or semiprecision attachments.
- **Partial dentures** Limited to 1 time every consecutive 60 months. No additional allowances for precision or semiprecision attachments.
- **Relining and rebasing dentures** Limited to relining/rebasing performed more than 6 months after the initial insertion. Limited to 1 time per consecutive 12 months.
- **Repairs to full dentures, partial dentures, bridges** Limited to repairs or adjustments performed more than 12 months after the initial insertion. Limited to 1 per consecutive 6 months.
- **Palliative treatment** Covered as a separate benefit only if no other service, other than the exam and radiographs, was performed on the same tooth during the visit.
- **Occlusal guards** Limited to 1 guard every consecutive 36 months and only if prescribed to control habitual grinding.
- **Full mouth debridement** Limited to 1 time every consecutive 36 months.
- **General anesthesia** Covered only where clinically necessary.
- **Osseous grafts** Limited to 1 per quadrant or site per consecutive 36 months.
- **Periodontal surgery** Hard tissue and soft tissue periodontal surgery are limited to 1 per quadrant or site per consecutive 36 months per surgical area.
- **Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays** Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per consecutive 60 months from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances.

## Nondiscrimination Notice

Health Net Life Insurance Company (Health Net) complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, or sex.

### HEALTH NET:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at:

**Group Plans through Health Net** 1-800-522-0088 (TTY: 711)

If you believe that Health Net has failed to provide these services or discriminated in another way based on one of the characteristics listed above, you can file a grievance by calling Health Net's Customer Contact Center at the number above and telling them you need help filing a grievance. Health Net's Customer Contact Center is available to help you file a grievance. You can also file a grievance by mail, fax or email at:

Health Net Life Insurance Company Appeals & Grievances

PO Box 10348

Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Email: [Member.Discrimination.Complaints@healthnet.com](mailto:Member.Discrimination.Complaints@healthnet.com) (Covered Persons) or

[Non-Member.Discrimination.Complaints@healthnet.com](mailto:Non-Member.Discrimination.Complaints@healthnet.com) (Applicants)

You may submit a complaint by calling the California Department of Insurance at 1-800-927-4357 or online at <https://www.insurance.ca.gov/01-consumers/101-help/index.cfm>.

If you believe you have been discriminated against because of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the OCR Complaint Portal, at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**English**

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or call 1-800-522-0088 (TTY: 711).

**Arabic**

خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية، أو اتصل على مركز الاتصال التجاري (TTY: 711) 1-800-522-0088

**Armenian**

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեզ համար: Օգնության համար զանգահարեք մեզ ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք 1-800-522-0088 (TTY: 711).

**Chinese**

免費語言服務。您可使用口譯員。您可請人使用您的語言將文件內容唸給您聽，並請我們將有您語言版本的部分文件寄給您。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡，或致電 1-800-522-0088 (TTY: 711)。

**Hindi**

बनिा लागत की भाषा सेवाएँ। आप एक दुभाषयिा प्राप्त कर सकते हैं। आपको दस्तावेज पढ़ कर सुनाए जा सकते हैं। मदद के लिए, आपके आईडी कार्ड पर दिए गए सूचीबद्ध नंबर पर हमें कॉल करें, या 1-800-522-0088 (TTY: 711)।

**Hmong**

Kev Pab Txhais Lus Dawb. Koj xav tau neeg txhais lus los tau. Koj xav tau neeg nyeem cov ntaub ntwav kom yog koj hom lus los tau. Xav tau kev pab, hu peb tau rau tus xov tooj ntwam koj daim npav los yog hu 1-800-522-0088 (TTY: 711).

**Japanese**

無料の言語サービス。通訳をご利用いただけます。文書をお読みします。援助が必要な場合は、IDカードに記載されている番号までお電話いただくか、1-800-522-0088 (TTY: 711)。

**Khmer**

សេវាកម្មដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូម ទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬ ទាក់ទងទៅមជ្ឈមណ្ឌលទំនាក់ទំនងពាណិជ្ជកម្ម នៃក្រុមហ៊ុន 1-800-522-0088 (TTY: 711)។

**Korean**

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 귀하가 구사하는 언어로 문서의 낭독 서비스를 받으실 수 있습니다. 도움이 필요하시면 보힘 ID 카드에 수록된 번호로 전화하십시오 1-800-522-0088 (TTY: 711).

**Navajo**

Saad Bee Áká E'eyeed T'áá Jíík'e. Ata' halne'ígíí hólq. T'áá hó hazaad k'ehjí naaltsoos hach'í' wóltah. Shíká a'doowoł nínízingo naaltsoos bee néího'dólzínígíí bikáa'gi béésh bee hane'í bikáá' áají' hodíílnih éí doodaii' 1-800-522-0088 (TTY: 711).

**Persian (Farsi)**

خدمات زبان به طور رایگان. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید که اسناد برای شما قرائت شوند. برای دریافت راهنمایی، با ما به شماره ای که روی کارت شناسایی شما درج شده تماس بگیرید یا با مرکز تماس بازرگانی . 1-800-522-0088 (TTY: 711)

**Panjabi (Punjabi)**

ਬਨਿਾਂ ਕਸਿ ਲਾਗਤ ਤੇ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ਿਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਕਰਿਪਾ ਕਰਕੇ 1-800-522-0088 (TTY: 711).

**Russian**

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочитать документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Кроме того, вы можете позвонить в 1-800-522-0088 (TTY: 711).

**Spanish**

Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o comuníquese con el 1-800-522-0088 (TTY: 711).

**Tagalog**

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng isang interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo. Para sa tulong, tawagan kami sa nakalistang numero sa inyong ID card o tawagan ang 1-800-522-0088 (TTY: 711).

**Thai**

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังได้ สำหรับความช่วยเหลือ โทรหาเราตาม หมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ หรือ โทรหาศูนย์ติดต่อเชิงพาณิชย์ของ 1-800-522-0088 (TTY: 711)

**Vietnamese**

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu. Để nhận trợ giúp, hãy gọi cho chúng tôi theo số được liệt kê trên thẻ ID của quý vị hoặc gọi 1-800-522-0088 (TTY: 711).