

Effective date 1/1/25

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.

Reduce premium costs with our multi-product bundling program!

Boost your sales by adding dental, vision and life, and your clients can get up to a 3% discount on their medical premiums.

Offered to new or renewing groups with 101 – 500 eligible employees. Program is not available with voluntary plans.

| Bundled product | Discount on Health Net medical premium |
|-----------------|--|
| Dental | 2.0% |
| Vision | 0.5% |
| Life | 0.5% |

Dental HMO and PPO plan choices provide clients with value, flexibility, simplicity, and a focus on prevention and wellness. These affordable dental plans provide access to our robust dental network in California.¹

Dental HMO

| Plan name | Member copayment | | | | | | | | |
|-----------|-------------------------------------|-------------------|-------------------|--------------------|----------------------------|----------------|----------------|----------------------------------|----------------|
| | Preventive & Diagnostic (P&D) copay | Restorative copay | Endodontics copay | Periodontics copay | Fixed prosthodontics copay | Dentures copay | Implants copay | Orthodontia (adult and children) | Waiting period |
| 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 PPO

| Plan name | Insured responsibility | | | | | | | | |
|-------------------------------------|-------------------------------------|-----------------------|--|--|------------------------------|------------------------------|----------------------|-----------------|--|
| | Deductible (waived on P&D services) | Maximum calendar year | In-network coinsurance (P&D/Basic/Major) | Out-of-network coinsurance (P&D/Basic/Major) | Lifetime orthodontia maximum | Out-of-network reimbursement | Orthodontia | Waiting periods | |
| Classic Plus 1 \$2,000 ¹ | \$50 / \$150 | \$2,000 | 0% / 10% / 40% | 0% / 20% / 50% | \$1,500 | 80% HIAA | 50% after deductible | No | |
| Classic Plus 2 \$2,000 | \$50 / \$150 | \$2,000 | 0% / 10% / 40% | 0% / 20% / 50% | \$1,500 | 80% HIAA | 50% after deductible | No | |
| Classic 1 \$1,500 | \$50 / \$150 | \$1,500 | 0% / 10% / 40% | 0% / 20% / 50% | \$1,500 | 80% HIAA | 50% after deductible | No | |
| Classic 2 \$1,500 | \$50 / \$150 | \$1,500 | 0% / 10% / 40% | 0% / 20% / 50% | Not covered | 80% HIAA | Not covered | No | |
| Classic 3 \$1,500 | \$50 / \$150 | \$1,500 | 0% / 20% / 50% | 0% / 20% / 50% | \$1,500 | 80% HIAA | 50% after deductible | No | |
| Classic 4 \$1,500 | \$50 / \$150 | \$1,500 | 0% / 20% / 50% | 0% / 20% / 50% | Not covered | 80% HIAA | Not covered | No | |
| Classic 5 \$1,500 | \$50 / \$150 | \$1,500 | 0% / 20% / 50% | 20% / 20% / 50% | \$1,500 | 80% HIAA | 50% after deductible | No | |
| Classic 6 \$1,500 | \$50 / \$150 | \$1,500 | 0% / 20% / 50% | 20% / 20% / 50% | Not covered | 80% HIAA | Not covered | No | |
| Classic 11 Unlimited | \$50 / \$150 | Unlimited | 0% / 10% / 40% | 10% / 10% / 40% | \$3,000 | UCR | 60% | No | |
| Essential 1 \$1,000 | \$50 / \$150 | \$1,000 | 0% / 20% / 50% | 0% / 20% / 50% | \$1,000 | MAC | 50% after deductible | No | |

(continued)

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Dental PPO (continued)

| Plan name | Insured responsibility | | | | | | | |
|---------------------------|-------------------------------------|-----------------------|--|--|------------------------------|------------------------------|----------------------|-----------------|
| | Deductible (waived on P&D services) | Maximum calendar year | In-network coinsurance (P&D/Basic/Major) | Out-of-network coinsurance (P&D/Basic/Major) | Lifetime orthodontia maximum | Out-of-network reimbursement | Orthodontia | Waiting periods |
| Essential 2 \$1,000 | \$50 / \$150 | \$1,000 | 0% / 20% / 50% | 0% / 20% / 50% | Not covered | MAC | Not covered | No |
| Essential 3 \$1,000 | \$50 / \$150 | \$1,000 | 0% / 20% / 50% | 20% / 20% / 50% | \$1,000 | MAC | 50% after deductible | No |
| Essential 4 \$1,000 | \$50 / \$150 | \$1,000 | 0% / 20% / 50% | 20% / 20% / 50% | Not covered | MAC | Not covered | No |
| Essential 5 \$1,500 | \$50 / \$150 | \$1,500 | 0% / 20% / 50% | 0% / 20% / 50% | \$1,500 | MAC | 50% after deductible | No |
| Essential 6 \$1,500 | \$50 / \$150 | \$1,500 | 0% / 20% / 50% | 0% / 20% / 50% | Not covered | MAC | Not covered | No |
| Essential 9 \$3,000 | \$50 / \$150 | \$3,000 | 0% / 10% / 40% | \$0 / 10% / 40% | \$3,000 | MAC | 50% | No |
| Essential Value 1 \$1,000 | \$50 / \$150 | \$1,000 | 0% / 20% / 50% | 50% / 50% / 50% | Not covered | MAC | Not covered | No |
| Basic \$500 | \$50 per person | \$500 | 0% / 40% / Not covered | 20% / 50% / Not Covered | Not covered | MAC | Not covered | No |

Vision

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.¹ Gain more vision clients with our **two-year vision rate guarantee** for new and renewing groups who enroll in vision for the first time. Contact your Health Net account executive for more details!

| Plan name | Insured responsibility | | | | | |
|----------------------|------------------------|-------------------------------|------------------------|---------------------------------------|---|--|
| | 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 1010-1 | \$10 | \$150 | \$120 | \$10 | 12 / 12 / 12 | 15% off retail price or 5% off promotional price |
| Supreme 010-2 | \$0 | \$120 | \$105 | \$10 | 12 / 12 / 24 | 15% off retail price or 5% off promotional price |
| Preferred 1025-2 | \$10 | \$100 | \$90 | \$25 | 12 / 12 / 24 | 15% off retail price or 5% off promotional price |
| Preferred 1025-3 | \$10 | \$100 | \$90 | \$25 | 12 / 24 / 24 | 15% off retail price or 5% off promotional price |
| Preferred Value 10-3 | Not covered | \$100 | \$90 | \$10 | Not covered / 24 / 24 | 15% off retail price or 5% off promotional price |
| Plus 20-1 | \$20 | 35% discount off retail price | N/A | \$50 | 12 / Unlimited / Unlimited | 15% off retail price or 5% off promotional price |
| Exam Only | \$0 | Not covered | N/A | Not covered | 24 / Not covered / Not covered | 15% off retail price or 5% off promotional price |

(continued)

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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 account executive.

New for effective dates 1/1/2024 thru 3/1/2025! Gain more Life clients with our two-year Life rate guarantee for new and renewing groups who enroll in Life for the first time. Contact your Health Net account executive for more details!



Refer to the Large Group Dental & Vision Underwriting Guidelines for minimum enrollment, participation, contribution, and plan combination requirements. This is a brief summary of benefits. It is not meant for contractual purposes. Refer to the *Evidence of Coverage* for conditions of coverage, covered procedures and services, exclusions and limitations, and/or full list of terms.

¹Classic Plus 1 plan is available only to groups enrolling 10 or more employees on that plan, whether the plan is employer-paid or voluntary. Dental implants are covered at 50% deductible/\$1,500 calendar year maximum.

Vision plans, are underwritten by Health Net Life Insurance Company and administered by Centene Vision Services. Health Net Dental HMO and PPO plans, are offered and serviced by Dental Benefit Providers of California, Inc. (DBP). Obligations of DBP are neither the obligations of, nor guaranteed by, Health Net, LLC. or its affiliates. Life/AD&D plans are underwritten by Health Net Life Insurance Company.

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