

Effective date 1/1/22

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 3% 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%

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

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.¹

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

Plan name	Member copayment ²					
	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 ³ crown porcelain fused to predominantly base metal	D6010 surgical placement of implant body - endosteal implant
DHMO 150	\$0	\$0	\$0	\$1,695	\$150	\$1,950
DHMO 185	\$0	\$0	\$0	\$1,695	\$185	\$1,950
DHMO 225	\$0	\$0	\$0	\$1,695	\$225	\$1,950

Dental PPO: See rates on pages 2-3

Plan name	Insured responsibility ⁴					
	Deductible (waived on P&D services)	Maximum calendar year	Coinsurance (P&D / basic / major)	Lifetime orthodontia maximum	Out-of-network 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) ⁵	\$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.¹

Vision PPO: See rates on page 4, including a two-year rate guarantee!

Plan name	Insured responsibility ⁴				
	Exam copay	Materials copay	Frames allowance	Exam/lenses/contact lenses (in lieu of lenses) - frequency	Frames - frequency
Preferred Value 10-3	Not covered	\$10	\$100	Once every 24 months (exam not available)	Once every 24 months
Preferred 1025-2	\$10	\$25	\$100	Once every 12 months	Once every 24 months
Supreme 010-2	\$0	\$10	\$120	Once every 12 months	Once every 24 months

(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 1/1/2022 thru 3/1/2023! 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!

Dental 3-tier rates, groups 101-250: PPO

Plan name	Rate type	Coverage type	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Classic Plus 1 2000 with MaxAdvantage	Voluntary	Employee only	77.46	75.29	77.52	53.11	66.76	64.42	78.35	67.18
		Employee plus one	154.02	149.71	154.21	105.83	132.89	128.23	155.85	133.67
		Employee plus family	285.35	277.43	286.22	198.17	247.56	238.97	289.31	248.43
Classic 3 1500	Voluntary	Employee only	65.55	63.60	64.57	45.46	56.16	53.68	65.42	57.71
		Employee plus one	130.25	126.41	128.32	90.57	111.71	106.81	130.00	114.77
		Employee plus family	240.38	233.53	236.91	169.60	207.29	198.56	239.90	212.78
Essential 5 1500	Voluntary	Employee only	44.71	44.30	42.56	35.26	39.18	38.39	42.48	41.93
		Employee plus one	89.10	88.29	84.85	70.44	78.17	76.62	84.70	83.61
		Employee plus family	167.00	165.55	159.39	133.69	147.47	144.71	159.12	157.19
Classic Plus 1 2000 with MaxAdvantage	Employer paid	Employee only	72.57	70.54	72.63	49.81	62.57	60.38	73.40	62.96
		Employee plus one	144.29	140.26	144.47	99.25	124.55	120.19	146.00	125.27
		Employee plus family	267.35	259.95	268.16	185.88	232.03	224.00	271.05	232.84
Classic 3 1500	Employer paid	Employee only	61.44	59.62	60.52	42.66	52.67	50.35	61.32	54.11
		Employee plus one	122.08	118.49	120.27	84.99	104.75	100.18	121.84	107.61
		Employee plus family	225.32	218.92	222.08	159.17	194.40	186.24	224.87	199.53
Essential 5 1500	Employer paid	Employee only	41.96	41.58	39.95	33.13	36.79	36.06	39.88	39.36
		Employee plus one	83.62	82.87	79.64	66.18	73.40	71.96	79.50	78.49
		Employee plus family	156.74	155.39	149.63	125.61	138.49	135.91	149.38	147.58

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Effective date 1/1/22

Dental 3-tier rates, groups 101–250: HMO

Plan name	Rate type	Coverage type	Areas 1-8
DHMO Plus 150	Voluntary	Employee only	21.76
		Employee plus one	39.21
		Employee plus family	60.83
DHMO Plus 185	Voluntary	Employee only	19.25
		Employee plus one	34.66
		Employee plus family	53.91
DHMO Plus 225	Voluntary	Employee only	18.64
		Employee plus one	33.56
		Employee plus family	52.20
DHMO Plus 150	Employer paid	Employee only	20.62
		Employee plus one	37.16
		Employee plus family	57.62
DHMO Plus 185	Employer paid	Employee only	18.23
		Employee plus one	32.82
		Employee plus family	51.06
DHMO Plus 225	Employer paid	Employee only	17.66
		Employee plus one	31.79
		Employee plus family	49.44

Contact your Health Net account executive for rates for groups 250–500. Areas are determined by the employer’s home office ZIP code. Rates apply to new dental groups with effective dates of 1/1/22–6/30/22.

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

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

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

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

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

Area 6 contains the ZIP codes starting with 942.

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

Area 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.

(continued)

Effective date 1/1/21

Dental 4-tier rates, groups 101–250: PPO

Plan name	Rate type	Coverage type	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Classic Plus 1 2000 with MaxAdvantage	Voluntary	Employee only	77.46	75.29	77.52	53.11	66.76	64.42	78.35	67.18
		Employee plus spouse	154.92	150.57	155.05	106.23	133.53	128.83	156.70	134.36
		Employee plus child(ren)	185.74	180.59	186.37	129.24	161.30	155.71	188.38	161.80
		Employee plus family	277.63	269.92	278.40	192.51	240.67	232.30	281.40	241.60
Classic 3 1500	Voluntary	Employee only	65.55	63.60	64.57	45.46	56.16	53.68	65.42	57.71
		Employee plus spouse	131.10	127.21	129.15	90.91	112.33	107.37	130.85	115.43
		Employee plus child(ren)	156.36	151.93	154.11	110.61	134.97	129.33	156.05	138.52
		Employee plus family	234.02	227.31	230.63	164.75	201.64	193.10	233.55	207.01
Essential 5 1500	Voluntary	Employee only	44.71	44.30	42.56	35.26	39.18	38.39	42.48	41.93
		Employee plus spouse	89.43	88.60	85.12	70.52	78.35	76.78	84.96	83.86
		Employee plus child(ren)	108.93	108.00	104.01	87.40	96.31	94.52	103.84	102.59
		Employee plus family	162.20	160.79	154.76	129.61	143.10	140.40	154.50	152.61
Classic Plus 1 2000 with MaxAdvantage	Employer paid	Employee only	72.57	70.54	72.63	49.81	62.57	60.38	73.40	62.96
		Employee plus spouse	145.13	141.07	145.26	99.63	125.14	120.75	146.80	125.92
		Employee plus child(ren)	174.02	169.21	174.61	121.22	151.19	145.96	176.50	151.65
		Employee plus family	260.12	252.91	260.84	180.56	225.57	217.75	263.64	226.44
Classic 3 1500	Employer paid	Employee only	61.44	59.62	60.52	42.66	52.67	50.35	61.32	54.11
		Employee plus spouse	122.87	119.23	121.05	85.32	105.33	100.69	122.64	108.22
		Employee plus child(ren)	146.57	142.43	144.47	103.81	126.58	121.30	146.27	129.90
		Employee plus family	219.36	213.09	216.19	154.62	189.10	181.11	218.92	194.11
Essential 5 1500	Employer paid	Employee only	41.96	41.58	39.95	33.13	36.79	36.06	39.88	39.36
		Employee plus spouse	83.93	83.16	79.90	66.26	73.58	72.11	79.76	78.72
		Employee plus child(ren)	102.24	101.37	97.64	82.12	90.44	88.77	97.48	96.32
		Employee plus family	152.24	150.92	145.28	121.78	134.39	131.86	145.04	143.27

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		Employee plus child(ren)	41.27
		Employee plus family	60.83
DHMO Plus 185	Voluntary	Employee only	19.25
		Employee plus spouse	34.66
		Employee plus child(ren)	36.58
		Employee plus family	53.91
DHMO Plus 225	Voluntary	Employee only	18.64
		Employee plus spouse	33.56
		Employee plus child(ren)	35.44
		Employee plus family	52.20
DHMO Plus 150	Employer paid	Employee only	20.62
		Employee plus spouse	37.16
		Employee plus child(ren)	39.10
		Employee plus family	57.62
DHMO Plus 185	Employer paid	Employee only	18.23
		Employee plus spouse	32.82
		Employee plus child(ren)	34.65
		Employee plus family	51.06
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		Employee plus spouse	31.79
		Employee plus child(ren)	33.56
		Employee plus family	49.44

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(continued)

Effective date 1/1/22

Vision rates

Gain more vision clients with our **two-year vision rate guarantee** for new and renewing groups who enroll in vision for the first time.

Vision PPO 3-tier rates, groups 101-500

Plan name	Rate type	Employee rate	EE+spouse rate	Family rate
Preferred 1025-2	Voluntary	\$10.37	\$19.70	\$29.04
	Employer paid	\$7.28	\$13.83	\$20.38
Preferred Value 10-3	Voluntary	\$8.22	\$15.62	\$23.02
	Employer paid	\$5.13	\$9.75	\$14.36
Supreme 010-2	Voluntary	\$11.76	\$22.34	\$32.93
	Employer paid	\$8.67	\$16.47	\$24.28

Vision PPO 4-tier rates, groups 101-500

Plan name	Rate type	Employee rate	EE+spouse rate	EE+child(ren) rate	Family rate
Preferred 1025-2	Voluntary	\$10.37	\$19.70	\$20.74	\$31.11
	Employer paid	\$7.28	\$13.83	\$14.56	\$21.84
Preferred Value 10-3	Voluntary	\$8.22	\$15.62	\$16.44	\$24.66
	Employer paid	\$5.13	\$9.75	\$10.26	\$15.39
Supreme 010-2	Voluntary	\$11.76	\$22.34	\$23.52	\$35.28
	Employer paid	\$8.67	\$16.47	\$17.34	\$26.01

Rates apply to new vision groups with effective dates of 1/1/22-6/30/22. Contact your Health Net account executive for further details.

¹Dental and vision rates include 10% broker commissions.

²Refer to your Evidence of Coverage and Schedule of Benefits for the full list of covered procedures, as well as for exclusions and limitations.

³There is a \$75 copayment per crown/bridge unit in addition to regular copayments for porcelain on molars.

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.

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

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 insurance plans are underwritten by Unimerica Life Insurance Company. Health Net Vision plans are underwritten by Health Net Life Insurance Company and serviced by Envolve Vision, Inc. and EyeMed Vision Care, LLC. Obligations of DBP, and Unimerica Life Insurance Company are not obligations of, or guaranteed by, Health Net, LLC. or its affiliates.

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