Starting Line-Up Portfolio GROUPS 101+



Effective date 1/1/21

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.

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

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

Dental HMO

Plan name	Member copayment									
H	P&D COPAY	RESTORATIVE COPAY	ENDODONTICS COPAY	PERIODONTICS COPAY	FIXED PROSTHODONTICS COPAY	DENTURES COPAY	IMPLANTS COPAY	ORTHODONTIA (ADULT AND CHILDREN)	WAITING PERIODS	
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	COINSURANCE (P&D / BASIC / MAJOR)	IMPLANTS	LIFETIME ORTHODONTIA MAXIMUM	OUT-OF-NETWORK REIMBURSEMENT	ORTHODONTIA	WAITING PERIODS		
Classic Plus 1 \$2,000 ¹	\$50 / \$150	\$2,000	0% / 10% / 40%	50% deductible / \$1,500 calendar year maximum	\$1,500	80% HIAA	50% after deductible	No		
Classic Plus 2 \$2,000	\$50 / \$150	\$2,000	0% / 10% / 40%	Not covered	\$1,500	80% HIAA	50% after deductible	No		
Classic 1 \$1,500	\$50 / \$150	\$1,500	0% / 10% / 40%	Not covered	\$1,500	80% HIAA	50% after deductible	No		
Classic 2 \$1,500	\$50 / \$150	\$1,500	0% / 10% / 40%	Not covered	Not covered	80% HIAA	Not covered	No		
Classic 3 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50%	Not covered	\$1,500	80% HIAA	50% after deductible	No		
Classic 4 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50%	Not covered	Not covered	80% HIAA	Not covered	No		
Classic 5 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50%	Not covered	\$1,500	80% HIAA	50% after deductible	No		
Classic 6 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50%	Not covered	Not covered	80% HIAA	Not covered	No		
Essential 1 \$1,000	\$50 / \$150	\$1,000	0% / 20% / 50%	Not covered	\$1,000	MAC	50% after deductible	No		
Essential 2 \$1,000	\$50 / \$150	\$1,000	0% / 20% / 50%	Not covered	Not covered	MAC	Not covered	No		

(continued)

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Dental PPO (continued)

Plan name	Insured responsibility									
Ħ	DEDUCTIBLE (WAIVED ON P&D SERVICES)	MAXIMUM CALENDAR YEAR	COINSURANCE (P&D / BASIC / MAJOR)	IMPLANTS	LIFETIME ORTHODONTIA MAXIMUM	OUT-OF-NETWORK REIMBURSEMENT	ORTHODONTIA	WAITING PERIODS		
Essential 3 \$1,000	\$50 / \$150	\$1,000	0% / 20% / 50%	Not covered	\$1,000	MAC	50% after deductible	No		
Essential 4 \$1,000	\$50 / \$150	\$1,000	0% / 20% / 50%	Not covered	Not covered	MAC	Not covered	No		
Essential 5 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50%	Not covered	\$1,500	MAC	50% after deductible	No		
Essential 6 \$1,500	\$50 / \$150	\$1,500	0% / 20% / 50%	Not covered	Not covered	MAC	Not covered	No		
Essential Value 1 \$1,000	\$50 / \$150	\$1,000	0% / 20% / 50%	Not covered	Not covered	MAC	Not covered	No		
Basic \$500	\$50 per person	\$500	0% / 40% / Not covered	Not covered	Not covered	MAC	Not covered	No		

Vision

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							
E	VISION EXAM RETAIL COPAY 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		



Life/AD&D

New for effective dates 10/1/20-12/31/21! Gain more Life clients with our two-year Life rate guarantee for new and renewing groups who enroll in Life for the first time. 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. 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* or *Certificate of Insurance* 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.

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. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, LLC. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.