

Optional Supplemental Benefits

If you are enrolled in Health Net Violet 4 (PPO) or, Health Net Violet 2 (PPO) you have the choice to customize and enhance your coverage with an optional supplemental benefits package. For an additional monthly premium you can take advantage of these great benefits.

When can I enroll?

New members can enroll until the end of the first month of initial enrollment. Benefits will become effective the first of the following month. To be eligible for the Optional Supplemental Benefits Package, you must remain a member of a Health Net plan. If you disenroll from your plan, you will be automatically disenrolled from the Optional Supplemental Benefits Package.

You may disenroll at any time from this option by providing written notice to Health Net, but once disenrolled, reenrollment during the same calendar year will be limited. The available election periods for the optional benefits are from October 15, 2020, through December 31, 2020, for a January 1, 2021, effective date; January 1, 2021, through January 31, 2021, for a February 1, 2021, effective date.

See the Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Health Net Complete Dental

Additional monthly premium: \$15



Preventive and Comprehensive Dental PPO

Annual benefit maximum: \$1,000 in-and out-of-network combined.

Includes: Preventive services, Diagnostic services, general services, and major services. You can see any licensed dentist to receive covered services, however, you pay more to use providers who are out of network.

Preventive services	In-network	Out-of-network
Oral exams	You pay a \$0 copay	You pay a \$0 copay
Cleanings (prophylaxis)	You pay a \$0 copay	You pay a \$0 copay
Fluoride treatment	You pay a \$0 copay	You pay a \$0 copay
Dental X-rays	You pay a \$0 copay	You pay a \$0 copay
Comprehensive services	In-network	Out-of-network
Non-routine services	Covered at \$0 copay	Covered at \$0 copay
Diagnostic services	You pay a \$0 copay	You pay a \$0 copay
Restorative services	Covered at 20% coinsurance	Covered at 20% coinsurance
Endodontic services	Covered at 50% coinsurance	Covered at 50% coinsurance
Periodontics	Covered at 50% coinsurance	Covered at 50% coinsurance
Extractions	Covered at 50% coinsurance	Covered at 50% coinsurance
Prosthodontics (Dentures, oral/maxillofacial surgery and other services)	Covered at 50% coinsurance	Covered at 50% coinsurance

Health Net Basic Dental

Additional monthly premium: \$6

Preventive Dental

Includes preventive services, oral exams, cleanings, fluoride treatments, and dental x-rays. You can see any dentist to receive covered services, however, you pay more to use providers who are out of network.

Preventive services	
Oral exams	\$0 copay
Cleanings (prophylaxis)	\$0 copay
Fluoride treatment	\$0 copay
Dental X-rays	\$0 copay

This information is not a complete description of benefits. Call 1-888-445-8913 (TTY: 711) for more information.

You must continue to pay your Medicare Part B premium. The actual complete terms and conditions of the health plan are set forth in the applicable Evidence of Coverage document.

From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

Health Net is contracted with Medicare for PPO plans. Enrollment in Health Net depends on contract renewal.

Out-of-network/non contracted providers are under no obligation to treat Health Net members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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