



**DENTAL
INSURANCE**

What is a Dental HMO Plan?

When you enroll in the Dental HMO (DHMO) plan, you will be assigned to a Primary Care Dentist (PCD) at the time of enrollment, unless you pre-select a PCD at the time of enrollment.

The monthly premiums tend to be lower than the Point-of-Service Dental Plan (POS). However, the DHMO is not as flexible in terms of seeing an Out-of-Network provider compared to the POS plan. The DHMO only offers In-Network benefits.

In the DHMO plan, all dental services must be conducted by the PCD. The PCD must all provide a referral if you need to see a Specialist for a certain procedure.

Out of pocket cost tend to be lower in the DHMO plan.

If you enroll in the DHMO, Health Net will grant you access to their online Dental Cost Calculator at: www.yourdentalplan.com/healthnet

This website will give you general information about the cost associated with different dental procedures, so you can plan ahead and be aware of your upcoming dental cost.

Please visit the Documents Library of the GBS website for instructions on how to use the Dental Cost Calculator.

PSBP Dental DHMO Plan

HEALTH NET OF CALIFORNIA

DENTAL BENEFITS

DEDUCTIBLE:

DIAGNOSTIC AND PREVENTATIVE CARE:

Routine Oral Exams
Routine Teeth Cleanings
Routine X-Rays

BASIC PROCEDURES:

Fillings
Oral Surgery
Endodontics
Periodontics

MAJOR PROCEDURES:

Crowns

ORTHODONTICS:

Comprehensive Treatment- Child
Comprehensive Treatment- Adult

ANNUAL MAXIMUM:

Health Net DHMO

POSTDOCTORAL SCHOLAR PAYS

None

No charge
No charge
No charge

Varies up to \$80 copay
Varies up to \$175 copay
Varies up to \$200 copay
Varies up to \$300 copay

Varies up to \$200 copay

\$1,950 copay plus start-up fees and retention
\$2,250 copay plus start-up fees and retention

Unlimited

What is a Dental POS Plan?

When you enroll in the Point-of-Service (POS) plan, you will not be assigned to a Primary Care Dentist at the time of enrollment.

The POS plan offers more flexibility than the HMO plan resulting in the out-of-pocket costs being a bit higher.

There are two In-Network options: An Exclusive Provider Organization (EPO) and a Preferred Provider Organization (PPO).

There is also an Out-of-Network option. You will pay less for services if an In-Network provider is used.

The EPO discounts up to 50% and the PPO discounts up to 30% for procedures performed by participating providers, greatly reducing your out-of-pocket costs.

Maximums for preventive, basic, and major procedures are combined for EPO, PPO and Non-Network: Calendar year EPO maximums are \$1,700 per person.

Calendar year PPO maximums are \$1,700 per person.

Calendar year non-network maximums are \$1,500 per person.

PSBP Dental POS Plan

PRINCIPAL FINANCIAL GROUP

	PRINCIPAL EPO/PPO (IN-NETWORK) POSTDOCTORAL SCHOLAR PAYS	PRINCIPAL PPO (OUT-OF-NETWORK) POSTDOCTORAL SCHOLAR PAYS
CALENDAR YEAR DEDUCTIBLE:	None	\$50 per person, waived for diagnostic and preventative Care
DIAGNOSTIC AND PREVENTATIVE CARE:		
Routine Exams	No charge	No charge, except for the amount of the dentist's fee that exceeds Principal's scheduled allowance
Teeth Cleanings	No charge	
Routine X-Rays	No charge	
BASIC PROCEDURES:		
Fillings	10%	20% of the scheduled allowance, after the deductible is met, plus the amount of the dentist's fee that exceeds Principal's scheduled allowance
Endodontics	10%	
Non-Surgical Periodontics	10%	
Simple Oral Surgery	10%	
MAJOR PROCEDURES:		
Crowns	EPO = 40% / PPO = 50%	50% of the scheduled allowance, after the deductible is met, plus the amount of the dentist's fee that exceeds Principal's scheduled allowance
Bridgework	EPO = 40% / PPO = 50%	
Dentures	EPO = 40% / PPO = 50%	
Complex Oral Surgery	EPO = 40% / PPO = 50%	
ORTHODONTIA (ADULT AND CHILD): \$1,000 Lifetime Maximum	50%	50% of the scheduled allowance, after the deductible is met, plus the amount of the dentist's fee that exceeds Principal's scheduled allowance
ANNUAL MAXIMUM:	\$1,700 per person/ per calendar year	\$1,500 per person / per calendar year

Accessing PPO Dental Care In-Network vs. Out-of-Network	Cost of Service (Crown)	Deductible	Usual Customary and Reasonable (UCR) Rate Within Area	Insurance Pays 50% of UCR Rate	Final Member Cost
In-Network	\$800 (negotiated rate)	\$0	\$800	(\$400)	$\$800 - \$400 = \mathbf{\$400}$
Out-of-Network	\$1000 (rate not negotiated)	\$50	\$800	(\$400)	$\$1,000 - \$400 + \$50 = \mathbf{\$650}$