Carrier Name: Health Net

Plan Name: Essential 2 1000

In-Network Single Deductible: 50

In-Network Family Deductible: 150

Out-of-Network Single Deductible: 75

Out-of-Network Family Deductible: 225

In-Network Annual Maximum: $1,000

Out-of-Network Annual Maximum: $1,000

Frequencies Cleaning: 2 Cleaning per year

Frequencies Exam:

In-Network Cleanings: $0

Out-of-Network Cleanings: $0

In-Network Exams: $0

Out-of-Network Exams: $0

In-Network X-Rays: $0

Out-of-Network X-Rays: $0

In-Network Sealants:

Out-of-Network Sealants:

In-Network Fillings: 20%

Out-of-Network Fillings: 20%

In-Network Simple Extractions:

Out-of-Network Simple Extractions:

In-Network Root Canal: 20%

Out-of-Network Root Canal: 20%

In-Network Periodontal Gum Disease: 20%

Out-of-Network Periodontal Gum Disease: 20%

In-Network Oral Surgery: 20%

Out-of-Network Oral Surgery: 20%

In-Network Crowns: 50%

Out-of-Network Crowns: 50%

In-Network Dentures: 50%

Out-of-Network Dentures: 50%

In-Network Bridges:

Out-of-Network Bridges:

In-Network Implants: Not Covered

Out-of-Network Implants: Not Covered

In-Network Orthodontia: Not Covered

Out-of-Network Orthodontia: Not Covered

Orthodontia Lifetime Maximum:

Orthodontia Maximum Age:

Out of Network Explanation: Out-of-network benefits are reimbursed on a limited fee schedule.

Waiting Period for Major Services:

Plan Year: 1/2025

Network Type:

Network Name:

Member Website:

Customer Service Phone Number: