



An Independent Licensee of the Blue Cross and Blue Shield Association

BENEFITS AT-A-GLANCE: DENTAL

All costs are for participating providers only. Please see your Guide to Benefits for information on providers outside our network.

	Participating Provider Dental (D90)	Hawaii Dental Network (L95)
	PPO Network	Hawaii Family Dental Centers
	Member Cost	Member Cost
Calendar Year Deductible	\$25 per person/\$75 per family	Not applicable
Calendar Year Maximum	\$2,000	None
Calendar Year Rollover	\$1,500	Not applicable
Preventive Care		
Exams* (two per calendar year)	\$0	\$0
Cleaning* (two per calendar year)	\$0	\$0
Topical Fluoride (age 18 & younger, two per calendar year)	\$0	\$0
X-rays* (excluding periapical)	\$0	\$0
Basic Care		
Fillings (amalgam & composite)	30% coinsurance	\$10 per tooth for amalgam; \$15 per tooth for composite resin restorations (anterior teeth and single, stand alone, facial surface of bicuspids only) \$30 per for posterior composite resin restorations
Endodontics (root canal therapy)	30% coinsurance	\$15 per tooth for pulpotomy; \$50 per tooth for root canal therapy
Periodontics (gum maintenance)	30% coinsurance	\$75 for gingivectomy or gingivoplasty for 4 or more contiguous teeth; \$10 for 1 to 3 contiguous teeth
Major Care		
Waiting Period for New Members	12 months for Bridges, Dentures & Crowns	12 months for Bridges, Dentures & Crowns
Crowns, Bridges	50% coinsurance	\$100 high noble metal
Orthodontics	Plan pays up to a maximum of \$1,500 paid 25% initially, remaining 75% paid in equal monthly payments over the term of the Treatment Plan, not to exceed thirty-six (36) months	Plan pays up to a maximum of \$1,000 paid 25% initially, remaining 75% paid in equal monthly payments over the term of the Treatment Plan, not to exceed thirty-six (36) months

*Enhanced Dental Benefits: Additional dental services and support for pregnant women and members diagnosed with diabetes, coronary artery disease, or oral cancer.

Key Terms

Term	Definition
Calendar Year Maximum	The maximum dollar amount the plan will pay toward covered services during a calendar year.
Calendar Year Rollover	A portion of your unused calendar year maximum that may be carried over to the next calendar year when certain conditions are met. This allows you to accumulate benefit dollars to pay for covered services in the next calendar year.
Waiting Period for New Members	The time new members may have to wait until their plan starts paying for certain dental care expenses.

Understand important information about your plan: This benefits at-a-glance-summary provides a basic overview and comparison of a few of the benefits. Benefits and costs are based on the terms and conditions of your plan, specific exclusions and limitations, coordination of benefits, privacy, third party liability, eligibility requirements, and appeal rights, none of which are described here. For a complete description, see your Guide to Benefits and any riders, certificates, or amendments. To dispute a decision made by HMSA related to benefits, reimbursement, or any other decision or action by HMSA, please follow the instructions at hmsa.com/appeals.