

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.

	HMSA Group Dental PPO Plan (D90)	HMSA Group Dental HMO Plan (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
Rollover Amount	Up to \$600 (max accumulation \$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 (bitewings and full-mouth)	\$0	\$0
Basic Care		
Fillings (amalgam & composite)	30% coinsurance (anterior teeth and single, stand alone, facial surface of bicuspid only)	\$10 per tooth for amalgam; \$15 per tooth for composite resin restorations (anterior teeth and single, stand alone, facial surface of bicuspid only)
Sealants	30% coinsurance	\$0
Space Maintainers	30% coinsurance	\$25 copayment
Endodontics (root canal therapy)	30% coinsurance	\$15 per tooth for pulpotomy; \$50 per tooth for root canal therapy
Periodontics (gum maintenance)	30% coinsurance	\$50 per tooth
X-rays (periapical)	30% coinsurance	\$0
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
Dentures	50% coinsurance	\$175 complete denture \$150 partial denture
Implants	50% coinsurance	Not covered
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 is available to enrolled program members for eligible medical conditions. Visit hmsa.com/oralhealth for more information.

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.

Key Terms

Term	Definition
Calendar Year Maximum	The maximum dollar amount the plan will pay toward covered services during a calendar year.
Rollover Amount	A portion of your unused calendar year maximum that may be carried over to the next calendar year when you have at least one covered dental service per year. You can rollover up to a specific amount per year.
Waiting Period for New Members	The time new members may have to wait until their plan starts paying for certain dental care expenses.

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