

**This summary is intended to provide a condensed explanation of plan benefits. Certain limitations, restrictions and exclusions may apply. Please refer to the *Dental Guide to Benefits*, which may be obtained by going online to [hmsa.com/dental](http://hmsa.com/dental), for complete information on benefits and provisions. In the case of a discrepancy between this summary and the language contained within the *Dental Guide to Benefits*, the latter will take precedence.**

### Important Information

**All plan benefits shown are based on the eligible charge.** The eligible charge is the amount that HMSA's participating providers have agreed to accept, with your copayment, as payment in full for services covered by your plan. All services received from a nonparticipating provider will likely result in significantly higher out-of-pocket expenses since you are responsible for any difference between HMSA's eligible charge and the nonparticipating provider's actual charge.

DENTAL CARE SERVICES	HMSA PPP INDIVIDUAL DENTAL PLUS (A99)
<b>PROVISIONS</b>	<b>Refer to Dental Guide to Benefits for benefit and age limitations.</b>
Calendar Year Maximum	\$1,000
Calendar Year Rollover	*Accumulate up to \$1,000
Choice of Dentists	HMSA Participating Provider Network (Par) or any licensed Dentist (Non-Par)
<b>PREVENTIVE CARE</b>	<b>YOUR COPAYMENT</b>
Exams	None Two per calendar year
Cleaning	None Two per calendar year
Topical Fluoride	None Two per calendar year; age 18 and under
X-rays	None One set of bitewings per calendar year and one full mouth x-ray every 3 years
<b>ROUTINE CARE</b>	
X-Rays - Periapical	20% Up to six per date of service
Fillings	20%
Sealants on permanent molars	20% One per lifetime; age 16 and under
Space Maintainers	20% Age 13 and under
Endodontics	20%
Periodontics	20%
<b>MAJOR CARE</b>	
Waiting Period – New Members	12 Months for Bridges, Dentures & Crowns
Crowns, Bridges	50%
Dentures	
Partial upper or lower denture	50%
Complete upper or lower denture	50%
Orthodontics	Not a benefit
<b>ENHANCED DENTAL BENEFITS</b>	Members diagnosed with diabetes, coronary artery disease, oral cancer and women who are pregnant may be eligible for additional services under the Enhanced Dental Benefits program. For more information visit <a href="http://hmsa.com/oralhealth">hmsa.com/oralhealth</a> .

<sup>(1)</sup> Rollover Amount is up to \$350 per year if at least one dental service is received and benefits paid in the prior calendar year do not exceed \$500.