

Benefit Summary

Small Business HMO Gold

Go ahead and smile – you can afford to

The HMO Gold plan offers valuable benefits that take care of your teeth and gums and can help improve your overall health. You don't need to fill out claim forms when you visit a participating dentist within Hawaii.

Our participating dentists meet the comprehensive standards of the National Committee for Quality Assurance (NCQA). HMSA is the only Hawaii insurer to credential dentists to NCQA standards.



Convenient access to quality care

Our large and growing dental HMO network¹ gives you more options for visiting a dentist close to home or work. You can choose a dentist in our Hawaii network or visit one of the many Hawaii Family Dental locations. To find a provider, visit hmsadental.com/find-a-dentist and select HMO.



Oral Health for Total Health

If you have a qualifying medical condition,² the Oral Health for Total Health program gives you additional benefits at no cost that can help improve your overall health. These services are covered 100% when you see a participating provider. We make it easy to participate in this program – if you have HMSA medical and dental plans, we'll enroll you automatically.

Questions?

Our Customer Service team can help! Just call (808) 948-6440 or 1 (800) 792-4672, Monday through Friday, 8 a.m. to 5 p.m., or visit hmsadental.com.

HMO Gold (Plan 209)

	Adult benefits (age 19 and older)	Pediatric benefits (to age 19)
Deductible	None	None
Waiting period for new members	Major services: 12 months	None
Out-of-pocket maximum if only one child is covered	Does not apply	\$400
Out-of-pocket maximum if more than one child is covered	Does not apply	\$800
Adult calendar-year maximum	Does not apply	Does not apply
Oral Health for Total Health	Included ²	Included ²
Preventive services	You pay (in-network)¹	
Oral exams (two per calendar year)	\$0	\$0
Cleanings (two per calendar year)	\$10	\$10
Bitewing X-rays	\$0	\$0
Fluoride treatment	Not covered	\$0
Basic services	You pay (in-network)¹	
Fillings	\$35 for amalgam \$40 for composite ³	\$35 for amalgam \$40 for composite
Emergency treatment of dental pain	\$0	\$0
Simple extractions	\$10 per tooth	\$10 per tooth
Major services	You pay (in-network)¹	
Root canals	\$50 per tooth	\$50 per tooth
Periodontal treatment	\$10-\$75 depending on service	\$10-\$50 depending on service
Surgical extractions	\$50 per tooth	\$50 per tooth
Crowns and dentures	\$100 depending on service	\$100 depending on service ⁴
Bridges	\$50-\$100 depending on service	Not covered
Implants	Not covered	Not covered
Cosmetic orthodontics	Not covered	Not covered
Medically necessary orthodontics	Not covered	50% ⁴

¹Networks are comprised of independent contracted dentists. Costs shown in this document are for participating providers only. Please see your *Guide to Benefits* for information on providers outside our network.

²Qualifying program conditions include diabetes, coronary artery disease, stroke, oral cancer, head and neck cancers, Sjögren's syndrome, COPD, end-stage renal disease, metabolic syndrome, and pregnancy.

³For members age 19 and older, composite fillings are covered for front teeth and facial surface of bicusps only.

⁴Prior authorization required for members under 19.

This document provides a basic overview and comparison of a few plan 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.