



HMSA Dental Plans

For the good times. For the tough times. For lifetimes.

2026-27



Dental Plans that Keep You Healthy and Smiling

A healthy smile is an important part of your overall health and well-being. Taking care of your teeth and gums now can save you time, pain, and money later. Having a dental plan is especially important because medical plans don't usually include dental benefits.

Our dental plans can help improve your and your family's oral and overall health. HMSA is the only health plan in Hawaii that offers an integrated approach to medical and dental care.

Our dental plans also offer:

- A choice of preferred provider organization (PPO) or health maintenance organization (HMO) plans.
- A large network of dentists in Hawaii and nationwide.
- Benefits and services that promote better overall health and save you money.

Quality providers you can trust

Our network of dentists meet the comprehensive standards of the National Committee for Quality Assurance (NCQA). This independent U.S. organization works to improve health care quality through evidence-based standards and accreditation. HMSA is the only Hawaii insurer to credential dentists to NCQA standards.



More Options, More Value

Your employer may offer you the choice of a PPO or HMO dental plan. Each has unique benefits.

PPO plans

PPO plans offer you the freedom to visit any licensed dentist in- or out-of-network; however, getting care from an in-network dentist offers you richer benefits and savings. PPO plans have a calendar year maximum and may include a deductible that you must meet before payment of benefits can begin. There are no claim forms to file when visiting an in-network dentist and you don't need a referral to see a specialist.

HMSA PPO dental plans offer a range of benefits and a provider network that includes over 90% of dentists in Hawaii and more than 100,000 participating providers locally and nationwide. This means you and your family have more choices to find a dentist who best meets your needs close to home or on the Mainland.

Our PPO network also has one of the highest effective discounts in Hawaii.* Effective discounts are determined by the combination of the lower rates we negotiate with dentists and overall network use

by plan members. They reflect the total savings that our members realize when they visit dentists in our network. The quality of dentists in our network drives these discounts. Our commitment to consistently maintaining a high ranking means HMSA PPO plans provide you with more access to quality care and opportunities to save more money.

HMO plans

Dental HMO plans offer basic dental benefits at a lower cost. You must choose a primary care dentist. When you visit a dentist in our network, exams, cleanings, and X-rays are usually 100% covered. If you have minor or major services, you pay a copayment. If you visit an out-of-network specialist or a dentist, you pay 100%. HMO plans typically don't have deductibles or a calendar year maximum.

Our large and growing dental HMO network gives you more options for visiting a dentist close to home or work. You can choose a dentist in our new network or visit one of 12 Hawaii Family Dental locations.

	PPO	HMO
Choosing a dentist	See any dentist and get discounts on services when you visit participating providers.	Benefits apply only when you see participating providers. You must also select a primary dentist.
Referrals to a specialist	Not required.	Not required but the specialist must be in network for HMO.
How you pay	A percentage of the cost is paid when you meet your annual deductible. Copayments may apply for some plans.	You pay a set copayment at each visit.
Calendar year maximum	Yes, but some plans allow you to roll over unused benefits.	No.
Advantages	Flexibility to see the dentist of your choice in- or out-of-network. Larger network of dentists. No referral needed to see specialists.	Lower monthly cost. No calendar year maximum.
Limitations/considerations	Higher monthly cost.	Primary dentist must refer you to specialists. Benefits don't apply if you see an out-of-network dentist.

* Milliman Research Report: 2020 Dental Actuarial Analytics PPO Network Study, June 2021.

Find Your Dentist



To find a dentist, visit hmsadental.com/find-a-dentist. Choose Select Plan Name to search for a provider in your plan's network.

Care for dental emergencies

If you have an urgent dental problem and your dentist isn't available, you now have 24/7 access to a licensed dentist through hmsadental.com/teledentistry. You can connect to a dentist by phone or video call for advice or a prescription if necessary. The virtual dentist can refer you to an in-network dentist near you or your regular dentist for further care as needed. Call 1 (866) 256-1871 or visit hmsadental.com/teledentistry to get started.



Oral Health for Total Health

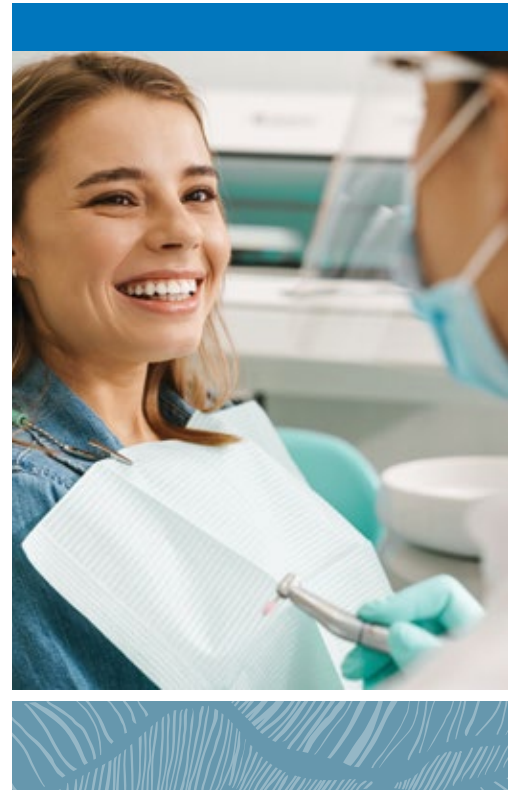
Good dental health is important, especially if you have certain medical conditions. Through HMSA's Oral Health for Total HealthSM program, our dental and medical plans work together to help you live healthier.

Oral Health for Total Health provides you with dental benefits tailored to specific medical conditions. Once you're enrolled, we'll send you reminders to use these valuable benefits.

Better health and lower costs

- Program benefits are covered 100% and there are no out-of-pocket expenses when you visit a participating dentist.
- There are no waiting periods and program services don't count toward your plan's calendar year maximum.
- Following the program's preventive dental care guidelines can help lower medical- and dental-related costs.*

You're automatically enrolled if you have HMSA medical and dental plans and an eligible medical condition. If you only have an HMSA dental plan, you can easily self-enroll online at hmsadental.com/total-health.



Eligible Medical Conditions	Two additional cleanings or periodontal maintenance visits, plus:			
	Enhanced cleaning to remove excess plaque build up 1 every 24 months	Periodontal scaling covered 100%	Oral exam 4 every 12 months	Fluoride treatment 1 every 3 months
Diabetes	✓	✓		
Coronary Artery Disease (CAD)	✓	✓		
Stroke	✓	✓		
Pregnancy	✓	✓		
Oral Cancer and Head & Neck Cancer	✓		✓	✓
Sjögren's Syndrome	✓		✓	✓
Chronic Obstructive Pulmonary Disease (COPD)	✓	✓		
End-Stage Renal Disease (ESRD)	✓	✓		
Metabolic Syndrome (MetS)	✓	✓		

* Borah, BJ., Brotman, SG., Dholakia, R., Dvoroznak, S., Jansen, MT., Murphy, EA., Naessens, JM. (2022, March) "Association Between Preventive Dental Care and Healthcare Cost for Enrollees With Diabetes or Coronary Artery Disease:5-Year Experience." Compendium 2022;43(3):130-139.

Calendar Year Rollover

Your dental plan’s benefits go further with Calendar Year Rollover. PPO dental plans have a yearly limit on what a plan will pay for services. This is known as the plan’s calendar year maximum. If you don’t use all your benefits in a calendar year, Calendar Year Rollover lets you keep a portion of your unused benefit dollars for the following year. This gives you added security for unexpected and unforeseen procedures and costs.

Your benefit dollars can add up

Calendar Year Rollover dollars don’t expire, so they can add up over time. To earn rollover dollars, you must receive at least one covered service, such as a routine cleaning, during the year and your total claims paid during the calendar year must not exceed the payment threshold, which varies by plan. There are no fees or paperwork.

There’s a standard amount that you can roll over based on your plan’s calendar year maximum:



If your dental plan’s calendar year maximum benefit amount is:	And if your total claims don’t exceed this amount for the calendar year:	We’ll roll over this amount for you to use next year and beyond:	You can earn up to this amount of rollover dollars: ¹
\$1,000	\$500	\$350	\$1,000
\$1,200	\$500	\$350	\$1,000
\$1,500	\$700	\$500	\$1,250
\$2,000	\$800	\$600	\$1,500
\$2,500	\$900	\$700	\$1,500

¹The amount is your benefit maximum for a year. This isn’t a flexible spending account.

Understanding Your Dental Plan



Dental services generally fall into three categories:

- **Preventive:** HMSA dental plans cover preventive care at 100%. This includes exams, cleanings, and X-rays. With some plans, preventive services for children, such as sealants, are covered at no additional cost.
- **Basic services:** Treatment for gum disease, extractions, fillings, and root canals are considered basic. Most HMSA dental plans will pay most of the cost of these services, while you'll be responsible for a portion of the cost in the form of a copayment or coinsurance.
- **Major procedures:** Major procedures can be costly, so while your dental plan may cover a portion of the cost, your copayment or coinsurance will likely be higher than it would be for a basic procedure.

Some dental plans include benefits for orthodontic services such as braces or implants. Check your dental plan's *Guide to Benefits*.

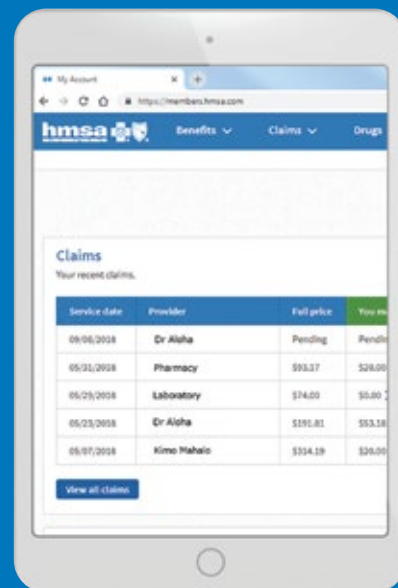


You'll find many helpful resources at **hmsadental.com**, including:

- Find a Dentist, which makes it easy to search for a dentist based on location, specialty, or plan.
- Dental plan and benefit information through your online account.
- Information about dental health, preventive care, programs, and more.

My Account

My Account is a secure area on HMSA's website that lets you manage your medical and dental plan benefits. To register, go to **hmsadental.com**, click My Account Login, and follow the instructions.



Glossary of Dental Plan-related Terms

For additional information, refer to your plan documents.



Actual charge

The amount a provider bills a patient for services or supplies.

Calendar year maximum

The maximum dollar amount that we'll pay for services during a calendar year.

Calendar Year Rollover

Calendar Year Rollover is a program that allows a portion of benefit dollars unused in a calendar year to be carried over to the next year, increasing the dollar amount available to pay for covered services during that subsequent year. With Calendar Year Rollover, your benefits can add up over time. Check your dental *Guide to Benefits* to see if you're eligible. You can see how many rollover dollars you have at any time at My Account.

COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1986 is a federal law that lets you and your eligible dependents pay for continued health plan benefits if your plan ends because of a qualifying event such as leaving a job or getting a divorce.

Coinsurance

The percentage you pay out of pocket for dental services and products that are benefits of your dental plan. Let's say your plan has a 20% coinsurance for a dental service. If the service costs \$150, you'll pay 20% (\$30) and your plan pays the remaining 80% (\$120).

Coordination of benefits

You may have another dental plan that provides the same or similar benefits as HMSA's dental plan. If you have another dental plan, we'll work with that plan to determine which plan is the primary payer and which plan is secondary. Other coverage includes group-sponsored insurance, non-group-sponsored insurance,

other group benefit plans, Medicare or other government benefits and the dental benefits in your automobile insurance.

Copayment

The fixed dollar amount you pay out of pocket for services and products that are benefits of your dental plan. Let's say your plan has a \$20 copayment for preventive dental care. If a visit costs \$100, you'll pay \$20 and your dental plan pays the remaining \$80.

Deductible

The set dollar amount you must pay for covered services each calendar year before reimbursement for dental benefits begins. Only eligible charge amounts are used toward the deductible. Let's say you have a \$50 deductible for treatments. If a treatment is \$120, you pay \$50 to meet the deductible and your health plan pays the plan benefit for covered services.

Eligible charge

The maximum amount that a dentist charges based on an agreement between the provider and HMSA. For example, your doctor charges \$100 for a treatment (the actual charge), but HMSA negotiates a \$75 eligible charge for the treatment. The doctor bills you \$75, you pay a portion of it (your copayment or coinsurance), and we pay the rest.

Explanation of benefits

A statement that explains how we processed a claim based on the services performed, the actual charge, and any adjustments to the actual charge, our eligible charge, the amount we paid, and the amount you may owe. A dental *Explanation of Benefits* is similar to a Report to Member that you may receive if you have an HMSA health plan.

Health care reform

Called the Affordable Care Act, this law to reform the nation's health care system took effect in March 2010 to help more people get affordable, quality health care.

Health maintenance organization

When you visit a dentist in the HMO network, exams, cleanings, and X-rays are usually covered 100%. If you have minor or major services, you pay a copayment. If you visit a dentist or specialist outside the network, you pay 100%. HMOs typically don't have deductibles or an annual maximum benefit.

Individual plans

Health plans for people who don't have health insurance through a job. You typically pay the entire amount of the monthly premium.

My Account

A secure area on HMSA's website that lets you manage your HMSA plan benefits. My Account lets you access information about your plan and claims, HMSA forms, and other resources.

Network

A provider network is a group of dentists and other oral health professionals who contract with HMSA. HMSA negotiates payment rates with the network to provide services to its members.

Nonparticipating provider

A provider who doesn't have a contract with HMSA. Nonparticipating providers include dentists, doctors, and other health care providers, pharmacies, or labs that don't have a contract with HMSA to charge set rates. Using these providers almost always costs more than using participating providers.

Oral Health for Total Health

This program provides eligible members with enhanced dental benefits to help them improve their oral health and manage certain medical conditions. Learn more about Oral Health for Total Health at hmsadental.com/total-health.

Participating provider

A dentist or specialist who has a contract with HMSA to charge set rates for services or products. Seeing these providers almost always costs less than seeing nonparticipating providers.

Payment determination criteria

Hawaii law requires that HMSA use specific criteria to determine if a service or supply is medically necessary.

Premium

The amount you pay monthly for your dental policy. If you don't pay premiums on or before the due date, we may terminate coverage.

Preferred provider organization

Dental PPO networks are typically larger than dental HMO networks. PPOs usually have an annual maximum benefit and a deductible that must be satisfied before your copayment or coinsurance applies. You don't need a referral to see a specialist, but your out-of-pocket costs will be lower when you visit a specialist in the network. Preventive care is usually covered 100%, while deductibles, copayments, and coinsurance apply to minor and major services and treatments.

Pretreatment estimate

When you need minor or major dental treatment, a pretreatment estimate is a good way to understand the costs and dental plan benefits. It's especially recommended for complex procedures such as crowns, root canals, bridges, dentures, and implants.

Preventive care

Regularly scheduled dental cleanings, exams, and X-rays can help prevent and detect conditions early to ensure successful treatment.

Qualifying event

A life occurrence that changes a former employee's eligibility status under a group health plan. The term is used to determine COBRA eligibility. Qualifying events include termination of employment or a change in marital status.

Service limit

A service limit restricts a covered service in some way, such as dollar amount, how often you can receive a service, an age restriction, or another limitation. See your dental *Guide to Benefits* for information.

Waiting period

Some dental plans require you to wait for a period of time before receiving certain services. You're responsible for 100% of charges for any service subject to a waiting period if you don't meet the required waiting period.

Privacy Notice

This notice describes how your health data may be used and disclosed and how you can access your data. Please read it carefully.

We care about the privacy of your health data and protect your privacy in keeping with federal law. This notice describes our privacy rules, our legal duty, and your rights about your health data. This notice went into effect Sept. 22, 2013.

We must give you a copy of this notice and follow the terms of this notice. We have the right to change this notice at any time. If we make major changes to this notice, we'll post a revised notice on HMSA's website (hmsa.com). We'll also give you a copy of the revised notice or details about the changes and tell you how to get the revised notice.

Your protected health information (PHI)

Your PHI includes data about you, the health care services you get, and payment for your care. HMSA gets and produces PHI. For example, after you visit the doctor, a claim is sent to HMSA. The claim may have details about your health, symptoms, injury or illness, exam, treatment, and more. Your PHI may be used in several ways, such as to pay your claim or to plan your care.

Your rights

The law gives you rights about your PHI. As an HMSA member, you have the right to:

- Ask for and get a copy of this notice at any time.
- See or ask for a copy of your PHI on paper or in electronic form. There may be a fee for these copies.
- Ask us to limit how we use and share your PHI. There may be reasons why we can't agree to your request. Even if we agree, we may still share your records during emergencies or when the law says we have to.
- Ask for and get a list of third parties that we share your PHI with for certain reasons.
- Ask that your PHI be sent to you by a different way other than by mail or be sent to a different address. This can be done if you feel your life is in danger.
- Ask to add to your PHI. In some cases, we may not be able to grant your request, such as if we did not create the PHI. If we deny your request, we'll tell you why in writing. If you don't agree, you may send us a letter that says you do not agree.
- If there is a misuse of your PHI, we'll let you know about it if we feel it's needed or if the law says we have to.

You may contact us as noted at the end of this notice about your rights.

Our duties

The law clearly spells out the duties of health plans. HMSA must:

- Protect the privacy of your PHI.
- Give you a notice of our privacy practices.
- Follow the terms of this notice.
- Fulfill your request to send PHI in a different way or to a different address. This can be done if you feel you are in danger. Your request must be reasonable and state the other address or the other way you want us to contact you. Also, your request must let us pay claims, send you letters, and collect premiums for your health plan.*
- Use and share only the PHI we need to do our jobs.
- Make sure our business associates agree to protect your PHI the same way we do.

We won't use or share your PHI except when the law says we have to or as described in this notice. Also, we won't ask you to give up your privacy rights to join an HMSA plan or to get care.

How PHI is used and shared

There are three key areas where we need to use and share your PHI: To treat you, to pay your claims, and for other health care operations. We may also contract with other parties or business associates to do the work for us as long as they promise to protect your PHI as we do. Each area is described below.

To treat you: This includes services to provide or manage your health care. As your health plan, we may need to share PHI with your doctor or others so they can treat you.

To pay your claims: We need to pay claims from doctors, hospitals, and others for your care. We may also share PHI to collect premiums, to see if you can get care, to set your level of coverage, and to work with other health plans to decide on benefits.

For health care operations: We want you to get quality health care services. To do that, we may get copies of your medical records and your lab test results for quality review, to review provider qualifications, and to track wellness and manage disease. We may also use PHI to set premiums, resolve complaints and appeals, manage our business, and other operations.

* Collecting premiums does not apply to HMSA QUEST (Medicaid) members.

Other ways we use and share PHI

At times, we'll need to use and share your PHI for your own good, to serve the public good, or when the law says we have to. In these cases, we'll use and share only the smallest amount of PHI needed. Examples are:

To discuss treatment options or other products or services:

HMSA or its business associates may use your PHI to send you details on care options or other products or services as allowed by law. This may include data on our provider network and new products or services that only HMSA members can get. It may also include options on other care, health care providers, or settings of care that may work for you. You may contact us if you don't want to get certain letters. We'll get your authorization to send you details about a third-party's products or services if we get payment from the third party for doing so or in other cases when the law says we have to.

To others involved in your health care: Unless you object, we may share your PHI with your family members or a friend who's involved in your health care.

For raising funds: HMSA doesn't ask its members to raise funds for its own use.

For underwriting: We may use your PHI to create, renew, or replace your health plan or health benefits. We won't use or share this PHI for any other reasons except when the law says we can or the law says we have to. We won't use or share genetic data for underwriting uses. If the contract for a health plan or health benefits is placed with us, we'll use and share your PHI only as described in this notice or as allowed by law.

With your written authorization: Most uses and sharing of psychotherapy notes, some uses and sharing for marketing, and sharing that involves the sale of your PHI will need your authorization. You may also give us authorization in writing to use or share your PHI with someone you name. You may end your authorization in writing at any time. We'll honor your request unless the PHI has already been shared. We won't use or share your PHI for reasons that aren't allowed by law or not described in this notice unless we get your written authorization.

During an emergency or disaster: During a medical emergency or disaster, we may share your PHI to make sure you can get the care you need or to process payment for your care. We may also need to share your PHI during a disaster to help your family find out how you're doing and where you are. If you're not present or aren't able to agree to these uses of your PHI, we may need to decide if sharing the PHI is best for you.

To plan sponsors: We may share your PHI with your group health plan sponsor or its legal representative to help them manage your group health plan. Only the smallest amount of PHI needed will be shared.

For health information exchanges: We may take part in one or more HIEs. This means that your PHI may be available electronically to treat you, to pay your claim, or for health care operations. Other doctors and health plans that take part in the HIE may have access to this data.

To report to authorities: As required by law, we may share your PHI if we suspect abuse, neglect, or domestic violence.

For research: We may use or share your PHI with researchers when they agree to protect it.

To comply with privacy laws: We may use or share your PHI as required by privacy laws.

For workers' compensation: We may share your PHI to comply with laws on workers' compensation or similar programs.

For public health: We may share your PHI with public health or legal staff who work to prevent or control disease, injury, or disability.

For health oversight: We may share your PHI to prevent fraud and abuse, and for audits, investigations, inspections, licenses, and other government activities to monitor health care.

For judicial and administrative matters: We may share your PHI in response to a court or administrative order, subpoena, or other law process, in some cases.

For law enforcement reasons: In a few cases, such as a court order, warrant, or grand jury subpoena, we may share your PHI with law enforcement officials.

For military or national security reasons: In some cases, we may share PHI of armed forces staff with military authorities. We may also share PHI with federal officials for national security reasons.

For more information or to report a problem

For more details on HMSA's privacy practices, please contact us as noted below.

If you believe that your privacy rights have been breached, you may file a complaint with us at the address below. You may also send a written complaint to the U.S. Department of Health and Human Services. If you file a complaint, we assure you that we won't retaliate in any way.

Thank you for taking the time to review this notice.
As your health plan, we work hard to take care of your PHI. We know this is important to you and we take our duties seriously.

Write to HMSA:

HMSA Privacy Office
P.O. Box 860
Honolulu, HI 96808-0860

Honolulu, Oahu

Group/Individual Plans (808) 948-6111
Federal/State/County Plans (808) 948-6499
HMO Plans (808) 948-6372
Blue Cross Blue Shield
Service Benefit Plan (FEP) (808) 948-6281
HMSA QUEST (Medicaid) (808) 948-6486
HMSA Akamai Advantage® (808) 948-6000
TTY 1 (877) 447-5990

Write to the U.S. Department of Health and Human Services:

Office for Civil Rights, DHHS
90 7th St., Suite 4-100
San Francisco, CA 94103

Phone 1 (800) 368-1019
TDD 1 (800) 537-7697
Fax (415) 437-8329
hhs.gov/ocr/privacy/hipaa/complaints/index.html



Serving you.

Meet with knowledgeable, experienced health plan advisers. We'll answer questions about your health plan, give you general health and well-being information, and more. Hours of operation may change. Please go to hmsa.com/contact before your visit.

HMSA Center in Honolulu

818 Keeaumoku St.

Monday–Friday, 8 a.m.–5 p.m. | Saturday, 9 a.m.–2 p.m.

HMSA Center in Pearl City

Pearl City Gateway | 1132 Kuala St., Suite 400

Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

HMSA Center in Hilo

Waiakea Center | 303A E. Makaala St.

Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

HMSA Center in Kahului

Puunene Shopping Center | 70 Hookele St., Suite 1220

Monday–Friday, 8 a.m.–5 p.m. | Saturday, 9 a.m.–1 p.m.

HMSA Center in Lihue

Kuhio Medical Center | 3-3295 Kuhio Highway, Suite 202

Monday–Friday, 8 a.m.–4 p.m.

Contact HMSA. We're here with you.

Call (808) 948-6079 or 1 (800) 776-4672.

hmsadental.com

     @hmsahawaii

Together, we improve the lives of our members and the health of Hawaii.
Caring for our families, friends, and neighbors is our privilege.



An Independent Licensee of the Blue Cross and Blue Shield Association