



This is a summary of plan benefits. Some limitations, restrictions, and exclusions may apply. Please refer to the Dental Guide to Benefits, which you can get from your employer, for complete information on benefits and provisions. If there's a discrepancy between this summary and 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. For the Dental Network Program, you must receive service from an HMSA Dental Network Provider to be covered.

Dental Care Services

INDIVIDUAL DENTAL HMO BASIC (211)

PROVISIONS

Refer to Dental Guide to Benefits for a full listing of benefits and age/service limitations. The services listed below are provided as a sample and are not inclusive of all covered services under these dental plans.

Choice of Dentists	HMSA Dental Network Providers Hawaii Family Dental Centers (statewide)
Calendar Year Maximum	None
Out of Pocket Maximum (applies to members ages 18 and under)	\$350 per child \$700 for two or more children
Prior Authorization	Prior authorization required for certain services for members ages 18 and under

PREVENTIVE CARE

**YOUR COPAYMENT
(In Network)**

Exams	\$10 Two per calendar year
Cleaning	\$10 Two per calendar year
Sealants	\$0 Ages 18 and under: Covered for first and second permanent molars; limited to one every five years
Topical Fluoride	\$5 Ages 18 and under: Two per calendar year
X-rays - Bitewings	\$10 Ages 18 and under: Two sets of bitewings per calendar year Ages 19 and older: One set of bitewings per calendar year
X-rays - Full Mouth Series	\$20 Ages 18 and under: One full mouth series every five years Ages 19 and older: One full mouth series every three years

BASIC CARE

X-rays – Periapical	\$5 per X-ray Ages 18 and under: Up to five per date of service Ages 19 and older: Up to six per date of service
Space Maintainers/Spacers	\$90 per procedure: Ages 18 and under:
Restorative/Fillings	\$40 per tooth: Silver \$50 per tooth: White (anterior teeth and single, stand alone, facial surface of bicuspid only)
Periodontal Treatment	\$90 and up
Endodontics/Root Canal	\$50 and up
Oral Surgery	\$10 and up per tooth

MAJOR CARE

Waiting Period – New Members	12 months for major care
Crowns	\$225 and up
Bridges	\$225 and up: Ages 19 and older:
Prosthesis/Denture	\$300: Full denture \$250: Partial denture
Orthodontics	Medically necessary orthodontic services covered for ages 18 and under; 24-month waiting period applies.

ADDITIONAL COVERAGE

Consultation	\$25: Ages 18 and under
Emergency Treatment	\$0
Anesthesia/Sedation	\$10 per visit

ENHANCED DENTAL BENEFITS Members diagnosed with diabetes, coronary artery disease, and oral cancer, and women who are pregnant may be eligible for additional services under the Enhanced Dental Benefits program. For more information, visit hmsa.com/oralhealth.

**Endodontics and Periodontal procedures are considered Major care for members' age 19 and older and subject to the waiting period for new members.