



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. 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 INDIVIDUAL DENTAL PLUS (D91) for Members 65 years and older**

**PROVISIONS** Please see your *Dental Guide to Benefits* for a full listing of benefits and age/service limitations. The services listed below are provided as a summary and don't include of all covered services under this dental plan.

Choice of Dentists	HMSA Participating Provider Network (Par) or any licensed Dentist (Non-Par)
Deductible (applies to Basic and Major Services)	\$25
Calendar Year Maximum	\$1,000
Calendar Year Rollover	*Accumulate up to \$1,000

<b>PREVENTIVE CARE</b>	<b>YOUR COPAYMENT</b>
Exams	None Two per calendar year
Cleaning	None Two per calendar year
X-rays: Bitewings	None One set per calendar year
X-rays: Full Mouth	None One every 3 years

<b>BASIC CARE</b>	
Waiting Period – New Members	6 Months
X-rays - Periapical	20% Up to six per date of service
Fillings	20%
Simple Extraction	20%

<b>MAJOR CARE</b>	
Waiting Period – New Members	12 Months
Root Canal	50%
Periodontal Treatment	50%
Crowns, Bridges	50%
Full or Partial Denture	50%
Oral Surgery	50%

**ENHANCED DENTAL BENEFITS** Members diagnosed with diabetes, coronary artery disease, or 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](http://hmsa.com/oralhealth).

\* Rollover amount is up to \$350 per year if at least one covered dental service is received and benefits paid in the prior calendar year do not exceed \$500, applies only to benefits for ages 65 and older.