



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

INDIVIDUAL DENTAL PPP PEDIATRIC ESSENTIAL (218)

PROVISIONS	Please see your <i>Dental Guide to Benefits</i> 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. Please note: Members ages 19 and older are not covered by this plan.
Choice of Dentists	HMSA Participating Provider Network (Par) or any licensed Dentist (Non-Par)
Calendar Year Maximum	None
Out of Pocket Maximum	\$350 per child \$700 for two or more children
Prior Authorization	Prior authorization is required for certain services for members ages 18 and under
PREVENTIVE CARE	YOUR COPAYMENT (In Network / Out of Network)
Exams	0% / 20% Two per calendar year
Cleaning	0% / 20% Two per calendar year
Topical Fluoride	0% / 20% Two per calendar year
Sealants	0% / 20% Ages 18 and under: Covered for first and second permanent molars; limited to one every five years
X-rays	0% / 20% Two sets of bitewings per calendar year and one full mouth series every five years
BASIC CARE	
X-rays - Periapical	30% / 40% Up to five per date of service
Restorative / Fillings (Silver / White)	30% / 40%
Space Maintainers / Spacers	30% / 40%
Endodontics / Root Canal	30% / 40%
Periodontal Treatment	30% / 40%
MAJOR CARE	
Crowns	50% / 60%
Extractions (Non-surgical / Surgical)	50% / 60%
Prosthesis / Denture (Partial / Full)	50% / 60%
Orthodontics	Medically necessary orthodontic services covered; a 24-month waiting period applies.
ADDITIONAL COVERAGE	
Consultation	30% / 40%
Emergency Treatment	30% / 40%
Anesthesia/Sedation	30% / 40%
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 .

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