



This is a summary of plan benefits. The services listed below are provided as a sample and are not inclusive of all covered services under this dental plan. 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 age/service limitations. 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)

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
<b>PREVENTIVE CARE</b>	<b>YOUR COPAYMENT (In Network)</b>
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
<b>BASIC CARE</b>	
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)
Endodontics/Root Canal	\$285 and up
Periodontal Treatment	\$90 and up
Oral Surgery	\$10 per tooth - Non-Surgical \$155 per tooth – Surgical
<b>MAJOR CARE</b>	
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
<b>ADDITIONAL COVERAGE</b>	
Consultation	\$25: Ages 18 and under
Emergency Treatment	\$0
Anesthesia/Sedation	\$10 per visit
<b>ENHANCED DENTAL BENEFITS</b>	<b>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 <a href="http://hmsa.com/oralhealth">hmsa.com/oralhealth</a>.</b>

We comply with applicable federal civil rights laws. We don't discriminate, exclude people, or treat people differently because of race, color, national origin, age, disability, sex.