



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. 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 BASIC (207)

Choice of Dentists	HMSA Participating Provider Network (Par) or any licensed Dentist (Nonparticipating Provider)
Deductible	\$25 per covered person (applies to all covered services excluding Orthodontic services)
Calendar Year Maximum	\$1,000
Calendar Year Rollover	*Accumulate up to \$1,000
Out of Pocket Maximum (applies to members ages 18 and under)	\$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	10% / 20% Two per calendar year
Cleaning	10% / 20% Two per calendar year
Topical Fluoride	10% / 20% Two per calendar year; age 18 and under
Sealants	10% / 20% Ages 18 and under: Covered for first and second permanent molars; limited to one every five years
X-rays	10% / 20% Ages 18 and under: Two sets of bitewings per calendar year and one full mouth series every five years Ages 19 years and older: One set of bitewings per calendar year and one full mouth series every three years

BASIC CARE

Waiting Period - New Members (Ages 19 and older)	6 months for basic care
X-rays - Periapical	40% / 50% Ages 18 and under: Up to five per date of service Ages 19 and older: Up to six per date of service
Restorative / Fillings (Silver / White)	40% / 50%
Space Maintainers / Spacers	40% / 50% Ages 18 and under
Non-Surgical Extractions	40%/50%

MAJOR CARE**

Crowns	60% / 70%: Ages 18 and under
Endodontics/Root Canal	40% / 50%: Ages 18 and under
Periodontal Treatment	40% / 50%: Ages 18 and under
Prosthesis / Denture (Full / Partial)	60% / 70%: Ages 18 and under
Surgical Extractions	60% / 70%: Ages 18 and under
Orthodontics	Medically necessary orthodontic services covered for ages 18 and under

ADDITIONAL COVERAGE

Consultation	40% / 50%: Ages 18 and under
Emergency Treatment	40% / 50%
Anesthesia / Sedation	40% / 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.

* 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 members ages 19 and older.

**Major care is not covered for members 19 years and older.

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