



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 HIGH (206)**

Choice of Dentists	HMSA Participating Provider Network or any licensed Dentist (Nonparticipating Provider)
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	0% / 20% Two per calendar year
Cleaning	0% / 20% Two per calendar year
Topical Fluoride	0% / 20% Two per calendar year; age 18 and under
Sealants	0% / 20% Ages 18 and under: Covered for first and second permanent molars; limited to one every five years
X-rays	0% / 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	6 months for basic care
X-Rays – Periapical	30% / 40% 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)	30% / 40%
Space Maintainers/Spacers	30% / 40%: Ages 18 and under:

**MAJOR CARE**

Waiting Period – New Members	12 months for major care
Endodontics / Root Canal**	30% / 40%: Ages 18 and under 50% / 70%: Ages 19 years and older
Periodontal Treatment**	30% / 40%: Ages 18 and under 50% / 70%: Ages 19 years and older
Crowns	50% / 70%
Bridges	50% / 70%: Ages 19 and older
Extractions (Non-surgical / Surgical)	50% / 70%
Prosthesis / Denture (Partial / Full)	50% / 70%
Orthodontics	Medically necessary orthodontic services covered for ages 18 and under

**ADDITIONAL COVERAGE**

Consultation	30% / 40%: Ages 18 and under:
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](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 members age 19 and older.

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

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.