



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 PEDIATRIC ESSENTIAL (218)

<b>PROVISIONS</b>		<b><i>Please note: Members ages 19 and older are not covered by this plan.</i></b>
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
<b>PREVENTIVE CARE</b>	<b>YOUR COPAYMENT</b> (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
<b>BASIC CARE</b>		
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%
<b>MAJOR CARE</b>		
Crowns		50% / 60%
Extractions (Non-surgical / Surgical)		50% / 60%
Prosthesis / Denture (Partial / Full)		50% / 60%
Orthodontics		Medically necessary orthodontic services covered
<b>ADDITIONAL COVERAGE</b>		
Consultation		30% / 40%
Emergency Treatment		30% / 40%
Anesthesia/Sedation		30% / 40%
<b>ENHANCED DENTAL BENEFITS</b>	<b>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 <a href="http://hmsa.com/oralhealth">hmsa.com/oralhealth</a>.</b>	

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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.