



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

HMSA INDIVIDUAL DENTAL PLUS (D91) for Members 65 years and older

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.
Choice of Dentists	HMSA Participating Provider Network (Par) or any licensed Dentist (Non-Par)	
Deductible (applies to Basic and Major Services)	\$25	
Calendar Year Maximum	\$1,000	
Calendar Year Rollover	*Accumulate up to \$1,000	
PREVENTIVE CARE	YOUR COPAYMENT	
Exams	None	
	Two per calendar year	
Cleaning	None	
	Two per calendar year	
X-rays: Bitewings	None	
	One set per calendar year	
X-rays: Full Mouth	None	
	One every 3 years	
BASIC CARE		
Waiting Period – New Members	6 Months	
X-rays - Periapical	20%	
	Up to six per date of service	
Fillings	20%	
Simple Extraction	20%	
MAJOR CARE		
Waiting Period – New Members	12 Months	
Root Canal	50%	
Periodontal Treatment	50%	
Crowns, Bridges	50%	
Full or Partial Denture	50%	
Oral Surgery	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 ages 65 and older.

HMSA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

No dakayo, wenna maysa a tao a tultulunganyo, ket adda kayatyo a saludsoden maipanggep iti HMSA, adda karbenganyo a dumawat iti tulong ken impormasion iti bukodyo a pagsasao nga awan ti bayadanyo. Tapno makipatang iti maysa a mangipatarus iti pagsasao, tumawag iti numero nga (800) 792-4672.

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa HMSA, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa (800) 792-4672.