



An Independent Licensee of the Blue Cross and Blue Shield Association

## BENEFITS AT-A-GLANCE: DENTAL

All costs are for participating providers only. Please see your Guide to Benefits for information on providers outside our network.

HMSA INDIVIDUAL DENTAL PPP BASIC PLAN (207)	
PPO Network	
Calendar Year Maximum	\$1,000
Rollover Amount (age 19 and older)	Up to \$350 (Max accumulation \$1,000)
Deductible	\$25
Preventive Care	
Member Cost	
Exams (two per calendar year)	10% coinsurance
Cleaning* (two per calendar year)	10% coinsurance
Topical Fluoride* (age 18 & younger, two per calendar year)	10% coinsurance
X-rays (bitewings & full-mouth)	10% coinsurance
X-rays (periapical)	40% coinsurance
Basic Care	
Waiting Period for New Members (age 19 and older)	6 Month Waiting Period
Fillings (amalgam & composite)	40% coinsurance (composite resin restorations anterior teeth and single, stand alone, facial surface of bicuspid only)
Endodontics** (root canal therapy)	40% coinsurance
Periodontics** (gum maintenance)	40% coinsurance
Anesthesia	40% coinsurance
Nonsurgical Extractions	40% coinsurance
Major Care**	
Crowns, Bridges, Dentures	60% coinsurance
Surgical Extractions	60% coinsurance
Orthodontics	Medically Necessary orthodontic services covered for ages 18 and under.

\*Enhanced Dental Benefits: Additional dental services and support for pregnant women and members diagnosed with diabetes, coronary artery disease, stroke, sjogren's syndrome or oral cancer. Visit [hmsa.com/oralhealth](http://hmsa.com/oralhealth) for more information.

\*\* Procedures are not covered for members over age 19.

### Key Terms

Term	Definition
<b>Calendar Year Maximum</b>	The maximum dollar amount the plan will pay toward covered services during a calendar year.
<b>Rollover Amount</b>	A portion of your unused calendar year maximum that may be carried over to the next calendar year when you have at least one covered dental service per year. You can rollover up to a specific amount per year with a maximum amount.
<b>Waiting Period for New Members</b>	The time new members may have to wait until their plan starts paying for certain dental care expenses.

**Understand important information about your plan:** This benefits at-a-glance-summary provides a basic overview and comparison of a few of the benefits. Benefits and costs are based on the terms and conditions of your plan, specific exclusions and limitations, coordination of benefits, privacy, third party liability, eligibility requirements, and appeal rights, none of which are described here. For a complete description, see your Guide to Benefits and any riders, certificates, or amendments. To dispute a decision made by HMSA related to benefits, reimbursement, or any other decision or action by HMSA, please follow the instructions at [hmsa.com/appeals](http://hmsa.com/appeals).

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# Important Information About Your Health Plan

## HMSA doesn't discriminate

We comply with applicable federal civil rights laws. We don't discriminate, exclude people, or treat people differently because of things like:

- Race.
- Color.
- National origin.
- Age.
- Disability.
- Sex.

## Services that HMSA provides

To better communicate with people who have disabilities or whose primary language isn't English, HMSA provides services at no cost when reasonable, such as:

- Language services and translations.
- Text relay services.
- Information written in other languages or formats.

If you need these services, please call 1 (800) 776-4672 toll-free. TTY 711.

## How to file a discrimination-related grievance or complaint

If you believe that we've failed to provide these services or discriminated against you in some way, you can file a grievance in any of the following ways:

- Phone: 1 (800) 776-4672 toll-free
- TTY: 711
- Email: [Compliance\\_Ethics@hmsa.com](mailto:Compliance_Ethics@hmsa.com)
- Fax: (808) 948-6414 on Oahu
- Mail: 818 Keeaumoku St., Honolulu, HI 96814

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, in any of the following ways:

- Online: [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
- Phone: 1 (800) 368-1019 toll-free; TDD users, call 1 (800) 537-7697 toll-free
- Mail: U.S. Department of Health and Human Services, 200 Independence Ave. S.W., Room 509F, HHH Building, Washington, DC 20201

For complaint forms, please go to [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).

*Federal law requires HMSA to provide you with this notice.*



**English:** This notice has important information about your HMSA application or plan benefits. It may also include key dates. You may need to take action by certain dates to keep your health plan or to get help with costs.

If you or someone you're helping has questions about HMSA, you have the right to get this notice and other help in your language at no cost. To talk to an interpreter, please call 1 (800) 776-4672 toll-free. TTY 711.

**Hawaiian:** He 'ike ko'iko'i ko kēia ho'olaha pili i kou 'inikua a i 'ole palapala noi 'inikua HMSA. Aia paha he mau lā ko'iko'i ma kēia ho'olaha. Pono paha 'oe e hana i kekahi mea ma mua o kekahi lā no ka ho'omau i kou 'inikua a i 'ole ka 'imi kōkua me ka uku.

Inā he mau nīnau kou no HMSA, he kuleana ko mākou no ka hā'awi manuahi i kēia ho'olaha a me nā kōkua 'ē a'e ma kou 'ōlelo pono'i. No ke kama'ilio me kekahi mea unuhi, e kelepona manuahi iā 1 (800) 776-4672. TTY 711.

**Bisayan - Visayan:** Kini nga pahibalo adunay importanteng impormasyon mahitungod sa imong aplikasyon sa HMSA o mga benepisyo sa plano. Mahimo sab nga aduna kini mga importanteng petsa. Mahimong kinahanglan kang magbuhat og aksyon sa mga partikular nga petsa aron mapabilin ang imong plano sa panglawas o aron mangayo og tabang sa mga gastos.

Kung ikaw o ang usa ka tawo nga imong gitabangan adunay mga pangutana mahitungod sa HMSA, aduna kay katungod nga kuhaon kini nga pahibalo ug ang uban pang tabang sa imong lengguwahe nga walay bayad. Aron makig-istorya sa usa ka tighubad, palihug tawag sa 1 (800) 776-4672 nga walay toll. TTY 711.

**Chinese:** 本通告包含關於您的 HMSA 申請或計劃福利的重要資訊。也可能包含關鍵日期。您可能需要在某確定日期前採取行動，以維持您的健康計劃或者獲取費用幫助。

如果您或您正在幫助的某人對 HMSA 存在疑問，您有權免費獲得以您母語表述的本通告及其他幫助。如需與口譯員通話，請撥打免費電話 1 (800) 776-4672。TTY 711.

**Ilocano:** Daytoy a pakaammo ket naglaon iti napateg nga impormasion maipanggep iti aplikasionyo iti HMSA wenna kadagiti benepisioyo iti plano. Mabalina nga adda pay nairaman a petsa. Mabalina a masapulyo ti mangaramid iti addang agpatingga kadagiti partikular a petsa tapno agtalinaed kayo iti plano wenna makaala kayo iti tulong kadagiti gastos.

No addaan kayo wenna addaan ti maysa a tao a tultulonganyo iti saludsod maipanggep iti HMSA, karbenganyo a maala daytoy a pakaammo ken dadduma pay a tulong iti bukodyo a pagsasao nga awan ti bayadna. Tapno makapatang ti maysa a mangipatarus ti pagsasao, tumawag kay koma iti 1 (800) 776-4672 toll-free. TTY 711.

**Japanese:** 本通知書には、HMSAへの申請や医療給付に関する重要な情報や日付が記載されています。医療保険を利用したり、費用についてサポートを受けるには、本通知書に従って特定の日付に手続きしてください。

患者さん、または付き添いの方がHMSAについて質問がある場合は、母国語で無料で通知を受けとったり、他のサポートを受ける権利があります。通訳を希望する場合は、ダイヤルフリー電話 1 (800) 776-4672 をご利用ください。TTY 711.

**Laotian:** ແຈ້ງການສະບັບນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບການສະມັກ HMSAຂອງທ່ານ ຫຼືແຜນຜົນປະໂຫຍດຈາກ HMSA. ອາດມີຂໍ້ມູນກ່ຽວກັບ ວັນທີທີ່ສໍາຄັນ. ທ່ານອາດຕ້ອງໄດ້ດໍາເນີນການໃນວັນທີໃດໜຶ່ງເພື່ອຮັກສາ ແຜນສຸຂະພາບຂອງທ່ານ ຫຼືຮັບການຊ່ວຍເຫຼືອຄ່າຮັກສາ.

ຖ້າຫາກທ່ານ ຫຼືຜູ້ທີ່ທ່ານຊ່ວຍເຫຼືອມີຄໍາຖາມກ່ຽວກັບ HMSA, ທ່ານມີສິດ ທີ່ຈະໄດ້ຮັບແຈ້ງການສະບັບນີ້ ແລະການຊ່ວຍເຫຼືອອື່ນໆເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ຕ້ອງເສຍຄ່າ. ເພື່ອໂທຫາພາສາແປພາສາ, ກະລຸນາໂທໂປ 1 (800) 776-4672 ໂດຍບໍ່ເສຍຄ່າ. TTY 711.

**Marshallese:** Kojella in ej boktok jet melele ko reaurok kin application ak jipan ko jen HMSA bwilan ne am. Emaron bar kwalok jet raan ko reaurok bwe kwon jela. Komaron aikiuj kommane jet bunten ne ko mokta jen detlain ko aer bwe kwon jab tum jen health bwilan en am ak bok jipan kin wonaan takto.

Ne ewor kajjitok kin HMSA, jen kwe ak juon eo kwoj jipane, ewor am jimwe im maron nan am ba ren ukot kojella in kab melele ko kin jipan ko jet nan kajin ne am ilo ejjelok wonaan. Bwe kwon kenono ippan juon ri-ukok, jouj im calle 1 (800) 776-4672 tollfree, enaj ejjelok wonaan. TTY 711.

**Micronesian - Pohnpeian:** Kisin likou en pakair wet audaudki ire kesempwal me pid sapwelimwomwi aplikasin en HMSA de koasoandih sawas en kapai kan. E pil kak audaudki rahn me pahn kesempwal ieng komwi. Komw pahn kakete anahne wia kemwekid ni rahn akan me koasoandi kan pwe komwi en kak kolokol sawas en roson mwahu de pil ale pweinen sawas pwukat.

Ma komwi de emen aramas tohrohr me komw sewese ahniki kalelapak me pid duwen HMSA, komw ahniki pwuhng en ale pakair wet oh sawas teikan ni sapwelimwomwi mahsen ni soh isepe. Ma komw men mahsenieng souhn kawehwe, menlau eker telepohn 1 (800) 776-4672 ni soh isepe. TTY 711.

**Korean:** 이 통지서에는 HMSA 신청서 또는 보험 혜택에 대한 중요한 정보가 들어 있으며, 중요한 날짜가 포함되었을 수도 있습니다. 해당 건강보험을 그대로 유지하거나 보상비를 수령하려면 해당 기한 내에 조치를 취하셔야 합니다.

신청자 본인 또는 본인의 도움을 받는 누군가가 HMSA에 대해 궁금한 사항이 있으면 본 통지서를 받고 아무런 비용 부담 없이 모국어로 다른 도움을 받을 수 있습니다. 통역사를 이용하려면 수신자 부담 전화 1 (800) 776-4672번으로 연락해 주시기 바랍니다. TTY 711.

**Samoan - Fa'asamoa:** O lenei fa'aliga tāua e fa'atatau i lau tusi talosaga ma fa'amanuiaga 'e te ono agava'a ai, pe'ā fa'amanuiaina 'oe i le polokalame o le HMSA. E aofia ai fo'i i lalo o lenei fa'aliga ia aso tāua. E ono mana'omia 'oe e fa'atinoina ni galuega e fa'atonuina ai 'oe i totonu o le taimi fa'atulagaina, ina 'ia e agava'a ai pea mo fa'amanuiaga i le polokalame soifua maloloina 'ua fa'ata'atia po'o se fesoasoani fo'i mo le totogi'ina.

Afai e iai ni fesili e fa'atatau i le HMSA, e iai lou aiātatau e te talosaga ai e maua lenei fa'aliga i lau gagana e aunoa ma se totogi. A mana'omia le fesoasoani a se fa'aliliu 'upu, fa'amolemole fa'afeso'ota'i le numera 1 (800) 776-4672 e leai se totogi o lenei 'au'aunaga. TTY 711.

**Spanish:** Este aviso contiene información importante sobre su solicitud a HMSA o beneficios del plan. También puede incluir fechas clave. Pueda que tenga que tomar medidas antes de determinadas fechas a fin de mantener su plan de salud u obtener ayuda con los gastos.

Si usted o alguien a quien le preste ayuda tiene preguntas respecto a HMSA, usted tiene el derecho de recibir este aviso y otra ayuda en su idioma, sin ningún costo. Para hablar con un intérprete, llame al número gratuito 1 (800) 776-4672. TTY 711.

**Tagalog:** Ang abiso na ito ay naglalaman ng mahalagang impormasyon tungkol sa inyong aplikasyon sa HMSA o mga benepisyo sa plano. Maaari ding kasama dito ang mga petsa. Maaaring kailangan ninyong gumawa ng hakbang bago sumapit ang mga partikular na petsa upang mapanatili ninyo ang inyong planong pangkalusugan o makakuha ng tulong sa mga gastos.

Kung kayo o isang taong tinutulungan ninyo ay may mga tanong tungkol sa HMSA, may karapatan kayong makuha ang abiso na ito at iba pang tulong sa inyong wika nang walang bayad. Upang makipag-usap sa isang tagapagsalin ng wika, mangyaring tumawag sa 1 (800) 776-4672 toll-free. TTY 711.

**Tongan - Fakatonga:** Ko e fakatokanga mahu'inga eni fekau'aki mo ho'o kole ki he HMSA pe palani penefiti. 'E malava ke hā ai ha ngaahi 'aho 'oku mahu'inga. 'E i ai e ngaahi 'aho pau 'e fiema'u ke ke fai e 'ū me'a 'uhiā ko ho'o palani mo'ui lelei pe ko ho'o ma'u ha tokoni fekau'aki mo e totongi.

Kapau 'oku 'i ai ha'o fehu'i pe ha fehu'i ha'a taha 'oku ke tokonia fekau'aki mo e HMSA, 'oku totonu ke ke ma'u e fakatokanga ko eni pe ha toe tokoni pē 'i ho'o lea faka-fonuá ta'e totongi. Ke talanoa ki ha taha fakatonulea, kātaki tā ta'etotongi ki he 1 (800) 776-4672. TTY 711.

**Trukese:** Ei esinesin a kawor auchean porausen omw HMSA apilikeison me/ika omw kewe plan benefit. A pwan pachanong porausen ekoch ran mei auchea ngeni omw ei plan Ina epwe pwan auchea omw kopwe fori ekoch foror me mwen ekei ran (mei pachanong) pwe omw health plan esap kouno, are/ika ren omw kopwe angei aninisin monien omw ei plan.

Ika a wor omw kapas eis usun HMSA, ka tongeni tungoren aninis, iwe ka pwan tongeni tungoren ar repwe ngonuk eche kapin ei taropwe mei translatini non kapasen fonuom, ese kamo. Ika ka mwochen kapas ngeni emon chon chiakku, kosemochen kopwe kori 1 (800) 776-4672, ese kamo. TTY 711.

**Vietnamese:** Thông báo này có thông tin quan trọng về đơn đăng ký HMSA hoặc phúc lợi chương trình của quý vị. Thông báo cũng có thể bao gồm những ngày quan trọng. Quý vị có thể cần hành động trước một số ngày để duy trì chương trình bảo hiểm sức khỏe của mình hoặc được giúp đỡ có tính phí.

Nếu quý vị hoặc người quý vị đang giúp đỡ có thắc mắc về HMSA, quý vị có quyền nhận thông báo này và trợ giúp khác bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, vui lòng gọi số miễn cước 1 (800) 776-4672. TTY 711.