

Benefit Summary

Small Business PPO Pediatric Essential

Go ahead and smile — you can afford to

The PPO Pediatric Essential plan for children offers valuable benefits that take care of your child's teeth and gums and can help improve their overall health. You don't need to fill out claim forms when you visit a participating dentist, and you don't need a referral to see a specialist.

Our participating dentists meet the comprehensive standards of the National Committee for Quality Assurance. HMSA is the only Hawaii insurer to credential dentists to NCQA standards.



A large PPO dental network

Our PPO dental plans offer a range of benefits and access to a large network¹ that includes over 94% of dentists in Hawaii and more than 100,000 participating providers nationwide. You'll save more on dental services when your child sees a participating dentist.



Oral Health for Total Health

If your child has a qualifying medical condition,² the Oral Health for Total HealthSM program provides additional benefits at no cost that can help improve your child's overall health. These services are covered 100% when you see a participating provider. We make it easy to participate in this program — if you have HMSA medical and dental plans, we'll enroll your child automatically.

Questions?

Our Customer Service team can help! Just call (808) 948-6440 or 1 (800) 792-4672, Monday through Friday, 8 a.m. to 5 p.m. Or visit hmsadental.com.

PPO Pediatric Essential (Plan 217)

	Pediatric benefits (to age 19)
Deductible	None
Waiting period for new members	None
Out-of-pocket maximum if only one child is covered	\$400
Out-of-pocket maximum if more than one child is covered	\$800
Calendar Year Rollover	Does not apply
Oral Health for Total Health	Included ²
Preventive services	You pay (in-network)¹
Oral exams (two per calendar year)	\$0
Cleanings (two per calendar year)	\$0
Bitewing X-rays	\$0
Fluoride treatment	\$0
Basic services	You pay (in-network)
Fillings	30%
Emergency treatment of dental pain	30%
Simple extractions	30%
Root canals	30%
Periodontal treatment	30%
Major services	You pay (in-network)
Crowns and dentures	50% ³
Surgical extractions	50%
Bridges	Not covered
Implants	Not covered
Cosmetic orthodontics	Not covered
Medically necessary orthodontics	50% ³

¹Networks are comprised of independent contracted dentists. Costs shown in this document are for participating providers only. Please see your *Guide to Benefits* for information on providers outside our network.

²Qualifying program conditions include diabetes, coronary artery disease, stroke, oral cancer, head and neck cancers, Sjögren's syndrome, COPD, end-stage renal disease, metabolic syndrome, and pregnancy.

³Prior authorization is required.

This document provides a basic overview and comparison of a few plan 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.