

HAWAII MEDICAL SERVICE ASSOCIATION  
BLUE CROSS BLUE SHIELD OF HAWAII

**HMSA Small Business Dental PPO Bronze 1000 - 202**

**SUMMARY OF CHANGES EFFECTIVE January 1, 2024**

HMSA periodically reviews your dental plans to ensure that they provide your employees with quality dental benefits in compliance with state and federal laws and are structured to best manage dental-care costs.

This notice contains a summary of the changes that will be made to your plan. Please use this document for general information only. It should not be used as the certificate for the plan. The 2024 *Guide to Benefits* or plan certificate will contain complete information on these changes as well as other benefits and applicable exclusions and limitations of your plan. In the case of a discrepancy between this summary and the language contained in the 2024 *Guide to Benefits* or plan certificate, the 2024 *Guide to Benefits* or plan certificate takes precedence.

**We are pleased to announce that monthly premiums will again remain the same in 2024.** Premiums will only change if you move into a different age category. If you move into a new age range next year, the premium for that category will be shown on the billing statement you receive after your 19<sup>th</sup> birthday.

| Member Age | Premium |
|------------|---------|
| 0-18       | \$30.93 |
| 19+        | \$14.66 |

**Benefit Changes**

We are pleased to announce the following benefit changes:

- **Full Mouth X-Rays** - We are changing the benefit frequency for members of all ages. The benefit will be displayed as "One (1) full-mouth x-ray every two (2) years which cannot be taken in conjunction with a panoramic x-ray."
- **Panoramic X-Rays** - We are changing the benefit frequency for members of all ages. The benefit will be displayed as "One (1) every two (2) years which cannot be taken in conjunction with a full mouth x-ray."
- We are clarifying the benefit frequency for members through age 18. The benefit will be displayed as "Submit to Medical carrier for benefit determination" for the following services:
  - **Biopsy of Bony Tissue**
  - **Biopsy of Soft Tissue**
  - **Removal of Cyst or Tumor**
  - **Excision of Soft Tissue Lesion**
  - **Maxillofacial Prosthetic Devices**
- **Device to Aid Eruption of Impacted Tooth** - We are changing the benefit frequency for members through age 18. The benefit will be displayed as "Limited to cases approved for Orthodontic treatment."
- **Incisions** - We are changing the benefit frequency for members through age 18. The benefit will be displayed as "One (1) per tooth per lifetime."
- **Oroantral Fistula Closure** - We are changing the benefit frequency for members through age 18. The benefit will be displayed as "By Report."
- **Palliative Treatment of Dental Pain - Per Visit** - We are changing the benefit frequency for members of all ages. The benefit will be displayed as "Four (4) visits per year."

HAWAII MEDICAL SERVICE ASSOCIATION  
BLUE CROSS BLUE SHIELD OF HAWAII

**Maximum Out Of Pocket Increase for pediatric members through age 18**

This is the maximum amount of money that you have to pay for covered services in a plan year. Your out-of-pocket expenses includes the amount you spend on deductibles, copayments, and coinsurance for in-network care and services. After you spend the maximum out of pocket amount, the plan will pay for 100% of covered services when rendered by a participating dentist for pediatric members through age 18. The Maximum Out Of Pocket amount will increase to \$400 per member or \$800 per family.

**Enhanced Dental Benefits**

Effective January 1, 2024, waiting periods for services covered under Oral Health for Total Health are waived for members who are enrolled in the OHTH program.

Coverage for the following dental care service is provided for each member who is eligible to receive enhanced dental benefits and has been diagnosed with diabetes, coronary artery disease, stroke, Chronic Obstructive Pulmonary Disease, End Stage Renal Disease, Metabolic Syndrome, or who is pregnant:

- Full-mouth debridement covered at 100% with no out-of-pocket expense when provided by a participating provider, covered 1 every 24 months.

Coverage for the following dental care service is provided for each member who is enrolled in Oral Health for Total Health and has been diagnosed with oral, and head & neck cancers or Sjögren's Syndrome:

- Clinical oral exams covered 4 times per calendar year when enrolled in OHTH (compared to only 2 that are covered as standard benefits).

**New Address for Mailed Claims**

We now have a new mailing address, should you need to submit a paper claim:

P.O. Box 69436  
Harrisburg, PA 17106-9436

If you have questions about your policy or plan changes, you can call us at (808) 948-5555 or 1 (800) 620-4672, Monday through Friday, 8 a.m. to 5 p.m. Or visit [hmsadental.com/find-a-dental-plan](https://hmsadental.com/find-a-dental-plan).