



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 PPO HIGH I PLAN (206)	
	PPO Network
Calendar Year Maximum (age 19 and older)	\$1,000
Rollover Amount (age 19 and older)	Up to \$350 (Max accumulation \$1,000)
Preventive Care	Member Cost
Exams (two per calendar year)	\$0
Cleaning* (two per calendar year)	\$0
Topical Fluoride* (age 0-18, two per calendar year)	\$0
X-rays (bitewings & full-mouth)	\$0
Basic Care	
Waiting Period for New Members (age 19 and older)	6 Month Waiting Period
X-rays (periapical)	30% coinsurance
Fillings (amalgam & composite)	30% coinsurance for age 0-18 30% coinsurance (composite resin anterior teeth and single, stand alone, facial surface of bicuspid only for age 19 and older)
Endodontics** (root canal therapy)	30% coinsurance for age 0-18 50% coinsurance for over 19
Periodontics** (gum maintenance, age 0-18, 2 per calendar year)	30% coinsurance for age 0-18 50% coinsurance for over 19
Anesthesia	30% coinsurance for age 0-18 30% coinsurance for over 19
Extractions (Non-surgical)	30% coinsurance for age 0-18 30% coinsurance for over 19
Major Care	
Waiting Period for New Members (age 19 and older)	12 Months for Major Care
Crowns, Bridges***, Dentures	50% coinsurance
Extractions (Surgical)	50% coinsurance
Orthodontics	Medically Necessary Orthodontic services covered for ages 0-18

\***Enhanced Dental Benefits:** Additional dental services and support is available to enrolled program members for eligible medical conditions. Visit [hmsa.com/oralhealth](http://hmsa.com/oralhealth) for more information.

\*\*Endodontic and Periodontal procedures are considered Major care for members age 19 and older and are subject to the waiting period of new members.

\*\*\*Services for bridges are not covered for age 0-18.

**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).

## 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.

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