



INDIVIDUAL DENTAL PPO and HMO PLANS

Benefits that Matter to You

You can rely on HMSA to help you maintain healthy teeth and gums.

We make important preventive dental care easy and affordable with comprehensive Dental Participating Provider Program (PPP) and Dental HMO plans. With our plans, you'll be covered for:

Preventive Services: oral exams, dental cleanings, and X-rays

Basic Restorations: fillings

Major Restorations: crowns, bridges, and dentures

If you're looking for a quality dental plan, HMSA has you covered with the individual PPO and HMO plans.

- If your application is received by the 15th of the month, your plan will begin the first of the following month
- Available for all ages
- No waiting period on preventive services such as cleanings and exams

Oral Health for Total Health

Taking proper care of teeth and gums can lead to overall good health. Our Oral Health for Total Health program provides additional benefits for at risk members through Enhanced Dental Benefits.

Enhanced Dental Benefits*

Members who have diabetes, heart disease, suffered a stroke, Sjögren's syndrome, oral cancer, and women who are pregnant may be eligible to receive additional dental services at no charge when they visit an HMSA participating dentist. Services include:

- ✓ Cleanings or periodontal maintenance every three months
- ✓ Periodontal scaling every 24 months
- ✓ Oral cancer screening every six months and fluoride treatment every three months for members diagnosed with oral cancer or Sjögren's syndrome

Convenient Online Tools

Access your dental plan information anytime by visiting hmsa.com/dental and going to Member Login.

*Members are subject to eligible plan benefits and applicable waiting periods prior to obtaining Enhanced Dental Benefits.

Calendar Year Rollover (adult PPO benefits only)

HMSA Calendar Year Rollover rewards you just for visiting the dentist. When the claims we pay each calendar year are less than your yearly threshold amount, a portion of the unused maximum will be rolled over, increasing your total benefit dollars for the following year. These rollover dollars can help cover unexpected visits or higher out-of-pocket costs for complex procedures.

There are no fees for the Calendar Year Rollover benefit and nothing to fill out or send in. The benefit applies automatically as long as:

- ✓ You're an HMSA Dental PPO plan member on the last day of the calendar year
- ✓ You received at least one covered service during the calendar year

If your dental plan's annual maximum benefit amount is:	\$1,000
And if your total claims don't exceed this amount for the benefit period:	\$500
Then we'll roll over this amount for you to use next year and beyond:	\$350
Rollover totals will be capped at this amount:	\$1,000

A National Network

Hawaii's top dentists care about your well-being and have the highest certification and standards. Get a toothache while on vacation? We have a large national dental network, so you don't have to worry while traveling on the Mainland. No matter which PPO plan you choose, you can conveniently search for dentists nationwide on hmsa.com/dental.



An Independent Licensee of the Blue Cross and Blue Shield Association

Choose the Plan that Works for You

With HMSA dental, you have several plan options to choose from. If you're searching for a PPO plan, look no further. HMSA dental offers a selection of Participating Provider Program (PPP) plans which utilize the participating providers in our HMSA Dental PPO network. If you're looking for a dental plan with predictable copays and dental providers offering all your dental needs under one roof, HMSA's Dental HMO plan is the right choice for you.

Dental PPP Plan

- ✓ Choose your own dentist or see a participating HMSA Dental PPO dentist to receive the greatest savings
- ✓ Includes Calendar Year Rollover
- ✓ Low or no coinsurance for preventive services

Dental HMO Plan

- ✓ Choose a dentist from Hawaii Family Dental Centers, the largest group of dentists in Hawaii, serving patients since 1986
- ✓ No deductibles
- ✓ No annual maximum
- ✓ Low copayment for covered preventive services
- ✓ Fixed copayments for other services

Individual PPO and HMO Plans

Benefit/Plan Name	HMSA Individual Dental PPP Pediatric Essential	HMSA Individual Dental PPP High		HMSA Individual Dental PPP Basic		HMSA Individual Dental HMO Basic	
Coverage	Pediatric ¹	Pediatric ¹	Adult	Pediatric ¹	Adult	Pediatric ¹	Adult
Product	PPO	PPO		PPO		HMO	
Deductible	\$0	\$0	\$0	\$25	\$25	\$0	\$0
Waiting Period(s)	None	None	Basic: 6 months Major: 12 months	None	Basic: 6 months	None	Major: 12 months
PREVENTIVE	Amount You Pay (Participating / Nonparticipating Provider) ²					Amount You Pay	
Exams	0% / 20%	0% / 20%		10% / 20%		\$10	
X-rays	0% / 20%	0% / 20%		10% / 20%		\$10 and up	
Cleanings	0% / 20%	0% / 20%		10% / 20%		\$10	
ROUTINE/BASIC	Amount You Pay (Participating / Nonparticipating Provider) ²					Amount You Pay	
Fillings	30% / 40%	30% / 40%		40% / 50%		\$40 and up	
Periodontal Treatment	30% / 40%	30% / 40%	50% ³ / 70% ³	40% / 50%	Not a benefit	\$20 and up	
Root Canals	30% / 40%	30% / 40%	50% ³ / 70% ³	40% / 50%	Not a benefit	\$285	
MAJOR	Amount You Pay (Participating / Nonparticipating Provider) ²					Amount You Pay	
Crowns	50% / 60%	50% / 70%		60% / 70%	Not a benefit	\$225 and up	
Bridges	Not a benefit	Not a benefit	50% / 70%	Not a benefit	Not a benefit	Not a benefit	\$225 and up
Dentures	50% / 60%	50% / 70%		60% / 70%	Not a benefit	\$250 and up	
CALENDAR YEAR							
Calendar Year Maximum	None	None	\$1,000	None	\$1,000	None	None
Out-of-Pocket Maximum	\$350 child / \$700 2 + children max	\$350 child / \$700 2 + children max	Does not apply	\$350 child / \$700 2 + children max	Does not apply	\$350 child / \$700 2 + children max	Does not apply
Rollover	No	No	Yes	No	Yes	No	No
2018 Rates	\$40.96	\$40.71	\$34.24	\$34.18	\$16.53	\$22.25	\$21.18

¹Pediatric benefits apply to members age 0–18. Pediatric rates apply to ages 0-18 adult rates apply for ages 19 and older.

²Amount you're responsible for varies based on if the provider is a participating or nonparticipating network provider in HMSA's preferred provider network. In addition, you may owe the difference between the amount billed by your provider and the eligible charge when services are received from a nonparticipating provider or if you choose a high cost procedure.

³These services are covered under the major category. A waiting period may apply, please refer to the Dental Guide to Benefits for more information on benefits.

Some pediatric services require prior authorization to ensure certain treatments, procedures, or devices meet the payment determination criteria before the service is rendered. Please refer to the Dental Guide to Benefits at hmsa.com/dental for complete information on benefits and provisions.

If you have questions or need more information about our dental plans, please call (808) 948-5555 on Oahu or (800) 620-4672 toll-free on the Neighbor Islands Monday through Friday, 8 a.m. to 5 p.m., or visit hmsa.com/dental.

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.

This overview includes coverage of Qualified Dental Plans with pediatric dental essential health benefits as required under the federal Affordable Care Act and is intended to provide a brief summary of plan benefits effective January 1, 2018. Certain limitations, restrictions, and exclusions may apply. Please refer to the *Dental Guide to Benefits* at hmsa.com/dental for complete information on benefits and provisions. In the case of a discrepancy between this summary and the language contained in the Dental Guide to Benefits, the latter will take precedence.

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