



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 BASIC I PLAN (207)	
	<b>PPO Network</b>
Calendar Year Maximum (age 19 and older)	\$1,000
Rollover Amount (age 19 and older)	Up to \$350 (Max accumulation \$1,000)
Deductible (applies to all services)	\$25
<b>Preventive Care</b>	<b>Member Cost</b>
Exams (two per calendar year)	10% coinsurance
Cleaning* (two per calendar year)	10% coinsurance
Topical Fluoride* (age 0-18, two per calendar year)	10% coinsurance
X-rays (bitewings & full-mouth)	10% coinsurance
<b>Basic Care</b>	
Waiting Period for New Members (age 19 and older)	6 Month Waiting Period
X-rays (periapical)	40% coinsurance
Fillings (amalgam & composite)	40% coinsurance (composite resin restorations anterior teeth and single, stand alone, facial surface of bicuspids only)
Endodontics** (root canal therapy)	40% coinsurance
Periodontics** (gum maintenance)	40% coinsurance
Anesthesia	40% coinsurance
Nonsurgical Extractions	40% coinsurance
<b>Major Care**</b>	
Crowns, Bridges***, Dentures (age 0-18)	60% coinsurance
Surgical Extractions	60% 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](https://hmsa.com/oralhealth) for more information.

\*\* This plan does not cover Major Care procedures for members 19 and older.

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

### 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](https://hmsa.com/appeals).