



An Independent Licensee of the Blue Cross and Blue Shield Association

## BENEFITS AT-A-GLANCE: DENTAL

All costs are for in-network providers only. Please see your Guide to Benefits for information on non-network providers.

INDIVIDUAL DENTAL HMO BASIC PLAN (211)	
Hawaii Family Dental Centers	
Calendar Year Maximum	None
Rollover Amount	Not applicable
<b>Preventive Care</b>	<b>Member Cost</b>
Exams (two per calendar year)	\$10 copayment
Cleaning* (two per calendar year)	\$10 copayment
Topical Fluoride* (age 0-18, two per calendar year)	\$5 copayment
X-rays (bitewings & full-mouth)	\$5-\$10 copayment per set of bitewings; \$20 copayment per full mouth
X-rays (periapical)	\$5 copayment
<b>Basic Care</b>	
Fillings (amalgam & composite)	\$40 copayment per tooth for amalgam; \$50 copayment per tooth resin-based composite (composite resin restorations anterior teeth and single, stand alone, facial surface of bicuspid only for age 19 and older)
Endodontics** (root canal therapy)	\$285 per tooth
Periodontics** (gum maintenance)	\$90 per treatment
Anesthesia	\$10 copayment
Extractions (Non-Surgical)	\$10 per nonsurgical procedure
<b>Major Care</b>	
Waiting Period for New Members (does not apply to age 0-18)	12 Month Waiting Period
Crowns, Bridges***	\$225 - \$370
Dentures	\$300 for complete dentures, \$250 for partial dentures
Extractions (Surgical)	\$155 per surgical procedure
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 for new members.

\*\*\*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).