



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.

INDIVIDUAL DENTAL PPO PEDIATRIC ESSENTIAL (218)

Dental Procedures are not covered for members over 19.	PPO Network
Calendar Year Maximum	None
Rollover Amount	Not applicable
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	
X-rays (periapical)	30% coinsurance
Fillings (amalgam & composite)	30% coinsurance
Endodontics (root canal therapy)	30% coinsurance
Periodontics* (gum maintenance)	30% coinsurance
Nonsurgical Extractions	30% coinsurance
Anesthesia	30% coinsurance
Major Care	
Crowns, Dentures	50% coinsurance
Bridges	Not a covered benefit
Surgical Extractions	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 for more information.

Key Terms

Term	Definition
Calendar Year Maximum	The maximum dollar amount the plan will pay toward covered services during a calendar year.
Rollover Amount	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 with a maximum amount.
Waiting Period for New Members	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.