



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 PPP BASIC II PLAN (220)		
PPO Network		
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 Basic and Major Services)	\$50 All Members	
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	
Basic Care		
		Ages 0-18
		Ages 19 and older
Waiting Period for New Members (age 19 and older)	3 Month Waiting Period	
X-rays (Bitewings, full-mouth and periapical)	70% coinsurance	50% coinsurance
Fillings (amalgam & composite)	70% coinsurance	50% coinsurance (composites covered for anterior teeth and single, stand alone, facial surface of bicuspid only)
Endodontics** (root canal therapy)	70% coinsurance	60% coinsurance
Periodontics** (gum maintenance)	70% coinsurance	60% coinsurance
Anesthesia	70% coinsurance	50% coinsurance
Nonsurgical Extractions	70% coinsurance	50% coinsurance
Major Care**		
Waiting Period for New Members (age 19 and older)	12 Month Waiting Period	
Crowns, Bridges***, Dentures	70% coinsurance	60% coinsurance
Surgical Extractions	70% coinsurance	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 for more information.

** Services covered under Major care for age 19 and older.

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

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 per year 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.