

# Benefit Summary

## HMSA Dental PPO Bronze

### Go ahead and smile – you can afford to

The HMSA Dental PPO Bronze plan for adults and children offers many valuable benefits that take care of your teeth and gums and can help improve your overall health. You don't need to fill out claim forms when you visit a participating dentist, and you don't need a referral to see a specialist.

Our participating dentists meet the comprehensive standards of the National Committee for Quality Assurance (NCQA). HMSA is the only Hawaii insurer to credential dentists to NCQA standards.



### A large PPO dental network

Our PPO dental plans offer a range of benefits and access to a large network<sup>1</sup> that includes over 90% of dentists in Hawaii and more than 100,000 participating providers nationwide. You'll save more on dental services when you see a participating dentist.



### Oral Health for Total Health

If you have a qualifying medical condition, the Oral Health for Total Health program gives you additional benefits at no cost that can help improve your overall health.<sup>2</sup> These services are covered 100% when you see a participating provider. We make it easy to participate in this program – if you have medical and dental plans with HMSA, we'll enroll you automatically.



Your dental benefit dollars can add up

### Calendar Year Rollover

Your benefits go further with Calendar Year Rollover,<sup>3</sup> which lets you save a portion of unused benefit dollars to use in future years. Over time, you can reach up to \$2,000 in calendar-year benefits compared with the standard \$1,000 plan maximum. There are no fees and no paperwork to complete, and rollover dollars do not expire.



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### Questions?

Our Customer Service team can help! Just call (808) 948-6440 or 1 (800) 792-4672, Monday through Friday, 8 a.m. to 5 p.m., or visit [hmsadental.com](https://www.hmsadental.com).

# Individual Dental PPO Bronze (Plan 207)

|   | Adult benefits<br>(age 19 and older)                      | Pediatric benefits<br>(to age 19)               |
|---|---|---|
| Deductible  | \$25<br>Applied to preventive, basic, and major           | \$25<br>Applied to preventive, basic, and major |
| Waiting period for new members                              | Basic services: 6 months<br>Major services: not covered   | None  |
| Out-of-pocket maximum if only one child is covered          | Does not apply  | \$400   |
| Out-of-pocket maximum if more than one child is covered     | Does not apply  | \$800   |
| Adult calendar-year maximum                                 | \$1,000   | Does not apply                                  |
| Calendar Year Rollover (added to the calendar-year maximum) | \$350 per qualifying year, capped at \$1,000 <sup>3</sup> | Does not apply                                  |
| Oral Health for Total Health                                | Included <sup>2</sup>                                     | Included <sup>2</sup>                           |
| <b>Preventive services</b>                                  | <b>You pay (in-network)<sup>1</sup></b>                   |   |
| Oral exams (two per calendar year)                          | 10%   | 10%   |
| Cleanings (two per calendar year)                           | 10%   | 10%   |
| Bitewing X-rays   | 10%   | 10%   |
| Fluoride treatment  | Not covered   | 10%   |
| <b>Basic services</b>                                       | <b>You pay (in-network)<sup>1</sup></b>                   |   |
| Fillings  | 40% <sup>4</sup>  | 40%   |
| Emergency treatment of dental pain                          | 40%   | 40%   |
| Simple extractions  | 40%   | 40%   |
| <b>Major services</b>                                       | <b>You pay (in-network)<sup>1</sup></b>                   |   |
| Root canals   | Not covered   | 40% (basic service)                             |
| Periodontal treatment                                       | Not covered   | 40% (basic service)                             |
| Crowns and dentures   | Not covered   | 60% <sup>5</sup>                                |
| Surgical extractions  | Not covered   | 60%   |
| Bridges   | Not covered   | Not covered                                     |
| Implants  | Not covered   | Not covered                                     |
| Cosmetic orthodontics                                       | Not covered   | Not covered                                     |
| Medically necessary orthodontics                            | Not covered   | 50% <sup>5</sup>                                |

<sup>1</sup>Networks are comprised of independent contracted dentists. Costs shown in this document are for participating providers only. Please see your *Guide to Benefits* for information on providers outside our network.

<sup>2</sup>Qualifying program conditions include diabetes, coronary artery disease, stroke, oral cancer, head and neck cancers, Sjögren's syndrome, COPD, end-stage renal disease, metabolic syndrome, and pregnancy.

<sup>3</sup>Rollover applies to members age 19 years old or older and active on the last day of the calendar year. To qualify, you must also receive at least one covered service during the calendar year (routine cleanings qualify). The amount that can be rolled over is capped at \$1,000 – added to the plan's annual maximum of \$1,000, your total annual benefit can reach \$2,000.

<sup>4</sup>For adults age 19 and older, composite fillings are covered for front teeth and facial surface of bicuspid only.

<sup>5</sup>Prior authorization is required.

This document provides a basic overview and comparison of a few plan 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).