

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. 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 network¹ that includes over 94% 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 HealthSM

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.² 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 Rollover³, 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.



An Independent Licensee of the Blue Cross and Blue Shield Association

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 (age 19 and older)	Pediatric benefits (to age 19)
Deductible	\$25 Applied to preventive, basic, and major	\$25 Applied to preventive, basic, and major
Waiting period for new members	Basic services: 6 months 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 ³	Does not apply
Oral Health for Total Health	Included ²	Included ²
Preventive services	You pay (in-network)¹	
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%
Basic services	You pay (in-network)	
Fillings	40% ⁴	40%
Emergency treatment of dental pain	40%	40%
Simple extractions	40%	40%
Major services	You pay (in-network)	
Root canals	Not covered	40% (basic service)
Periodontal treatment	Not covered	40% (basic service)
Crowns and dentures	Not covered	60% ⁵
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% ⁵

¹Networks 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.

²Qualifying 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.

³Rollover 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.

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

⁵Prior 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.