

# Benefit Summary

## HMSA Dental PPO Platinum

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

The HMSA Dental PPO Platinum plan for adults age 65 and older 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.



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](http://hmsadental.com).

## Individual Dental PPO Platinum (Plan D91)

	Adult benefits (age 65 and older)
Deductible	\$25 Applied to basic and major services
Waiting period for new members	Basic services: 6 months Major services: 12 months
Adult calendar-year maximum	\$1,000
Calendar Year Rollover (added to the calendar-year maximum)	\$350 per qualifying year, capped at \$1,000 <sup>3</sup>
Oral Health for Total Health	Included <sup>2</sup>
<b>Preventive services</b>	<b>You pay (in-network)<sup>1</sup></b>
Oral exams (two per calendar year)	\$0
Cleanings (two per calendar year)	\$0
Bitewing X-rays	\$0
Fluoride treatment	Not covered
<b>Basic services</b>	<b>You pay (in-network)<sup>1</sup></b>
Fillings	20% <sup>4</sup>
Emergency treatment of dental pain	20%
Simple extractions	20%
<b>Major services</b>	<b>You pay (in-network)<sup>1</sup></b>
Root canals	50%
Periodontal treatment	50%
Crowns and dentures	50%
Surgical extractions	50%
Bridges	50%
Implants	Not covered
Cosmetic orthodontics	Not covered
Medically necessary orthodontics	Not covered

<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. Rollover dollars do not expire.

<sup>4</sup>Composite fillings are covered for front teeth and facial surface of bicuspid only.

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).