

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 Group Dental HMO Plan (L50)
	Hawaii Family Dental Centers
	Member Cost
Calendar Year Deductible	Not applicable
Calendar Year Maximum	None
Preventive Care	
Exams (two per calendar year)	\$0
Cleaning* (two per calendar year)	\$0
Topical Fluoride* (age 18 & younger, two per calendar year)	\$0
X-rays (bitewings and full-mouth)	\$0
Basic Care	
Fillings (amalgam & composite)	\$10 per tooth for amalgam; \$15 per tooth for composite resin restorations (anterior teeth and single, stand alone, facial surface of bicuspid only)
Sealants	\$0
Space Maintainers	\$25 copayment
Endodontics (root canal therapy)	\$20 per tooth for pulpotomy; \$50 per tooth for root canal therapy
Periodontics (gum maintenance)	\$100 for gingivectomy or gingivoplasty for 4 or more contiguous teeth; \$20 for 1 to 3 contiguous teeth
X-rays (periapical)	\$0
Major Care	
Waiting Period for New Members	12 months for Crowns, Bridges & Dentures
Crowns, Bridges	\$200 high noble metal
Dentures	\$300 complete denture \$250 partial denture
Implants	Not covered
Orthodontics	Not covered

***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.

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.

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.
Waiting Period for New Members	The time new members may have to wait until their plan starts paying for certain dental care expenses.

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