

HMSA's Dental Network Plan

January 2008



HMSA



Blue Cross
Blue Shield
of Hawaii

An Independent Licensee of the Blue Cross
and Blue Shield Association

Working for a Healthier Hawaii

HMSA's Dental Network Plan

A Discount Dental Program for You and Your Family

If you currently have an HMSA medical plan but don't have dental coverage, you and your family can get the dental care you need at affordable discount prices. This plan features preventive dental care services and discounts on other needed services.

Preventive Dental Care Services

With this special discount dental program, you can maintain good dental health by taking advantage of these services as prescribed by your program dentist. There are NO CHARGES for:

- Examinations
- Cleanings and polishings
- X-rays
- Fluoride applications

Special Member Rates for Dental Services

There are special member rates for services such as:

- Fillings
- Oral surgery
- Crowns and fixed bridges
- Dentures
- Root canal therapy
- Gum disease treatment

How to Use Your Plan

As a member of HMSA's Dental Network Plan, you must receive all your dental care from the dental center of your choice.* Dental centers are conveniently located and many have extended hours to meet your needs.

Quality Care Made Easy

All you do is call your selected HMSA's Dental Network Plan dentist for an appointment. The staff there will take care of your paperwork — there are no claims for you to file.

Once you see your dentist, if additional care is necessary you will be provided with a written treatment plan and the costs associated with the services you need.

You then schedule the follow-up care at your convenience.

Joining HMSA's Dental Network Plan assures you of getting care from dental professionals, plus courteous and efficient dental care services. All of the dentists from HMSA's Dental Network Plan participate in ongoing dental education programs that emphasize modern treatment methods and quality care programs.

Special Member Rates

This brochure is for general information only. It is intended to give you a summary of the discount services available should you be accepted in this discount program, and is not to be used as the certificate for this program.

Upon joining, members will receive The HMSA's Dental Network Plan certificate, which gives further information on the program, limitations and exclusions, which are not described in this brochure. In the case of a discrepancy between this summary and the language contained in the certificate, the certificate will take precedence.

As a member of HMSA's Dental Network Plan, you will pay the Special Member Rates for the following dental services when you go to an HMSA Dental Network provider. If you would like a copy of HMSA's Dental Network Plan certificate before joining this program, please contact your local HMSA office.

* If you go to a dentist outside of HMSA's Dental Network Plan provider network without a referral, special member fees will not apply and you will have to pay the total charge.

SERVICE

YOU PAY

DIAGNOSTIC AND PREVENTIVE SERVICES

Examination	Nothing
Cleaning and polishing (prophylaxis)	Nothing
X-rays	Nothing
Topical application of fluoride (through age 18)	Nothing
Dental sealants (through age 12) (Limited to once per lifetime)	Nothing

STANDARD SERVICES

You owe Special Member Rates for the following services:

Restorative services

Amalgam fillings

One or more surfaces

Fillings using composite resin (for anterior teeth only)

One or more surfaces

Oral surgery

Simple extractions

Surgical extractions

Endodontics

Root canal therapy

Apicoectomy

Pulpotomy

Periodontics

Gingivectomy or gingivoplasty

Scaling and root planing

MAJOR SERVICES

You owe Special Member Rates for the following services:

Crowns

Bridge pontics (fixed bridge)

Crowns on bridges

Prosthetics

Denture repair

Reline

Complete upper or lower denture

Immediate upper or lower denture

Partial upper or lower denture

Standard orthodontia

(Provided at dental center)

Special Fee

Emergency services

For palliative services (to relieve pain)

After hours visit

If you go to a dental provider outside of HMSA's Dental Network Plan without a referral or if you receive dental services other than those listed above, the Special Member Rates will not apply to covered services and you will have to pay the total charge. You must be enrolled in an HMSA medical plan to qualify for this coverage.

This is for general information only. It is intended to give you an overview of the Special Member Rates for dental services received under HMSA's Dental Network Plan. When you join the plan, you'll receive HMSA's Dental Network Plan certificate providing comprehensive information on benefits, limitations and exclusions.

What is Not Covered

- Temporary crowns, bridges and dentures
- Osseointegration and related services in connection with temporomandibular disorders
- Joint problems or malocclusion (misalignment of teeth or jaws, except occlusal splint therapy)
- Cosmetic services (services that may improve physical appearance but do not restore or materially improve a function)
- Treatment of any complications as a result of previous cosmetic, experimental or investigative services, or other services not covered in this plan's certificate
- Services for which no charge of collection would be made if you or your covered dependents had no dental plan coverage
- Services provided without charge by any federal, state, municipal, territorial or other government agency
- Services due to an act of war (whether or not a state of war legally exists) or required during a period of active duty that exceeds 30 days in any armed force
- Services that are or may be covered by workers' compensation or any other employer's liability insurance
- Services for an injury or illness if you may have a right to recover damages from another person or party
- Any service unless rendered, supervised or directed by a dentist
- Services covered by another HMSA medical plan certificate or rider
- Services not described as covered in the plan's certificate

Payment Determination Criteria

All care you receive must meet all of the following Payment Determination Criteria:

- For the purpose of treating a medical condition.
- The most appropriate delivery or level of service, considering potential benefits and risks to the patient.
- Known to be effective in improving health outcomes; provided that:
 - Effectiveness is determined first by scientific

evidence;

- If no scientific evidence exists, then by professional standards of care; and
 - If no professional standards of care exist or if they exist but are outdated or contradictory, then by expert opinion; and
- Cost effective for the medical condition being treated compared to alternative health interventions, including no intervention. For purposes of this paragraph, cost effective shall not necessarily mean the lowest price.

Services that are not known to be effective in improving health outcomes include, but are not limited to, services which are experimental or investigational.

Definitions of terms and additional information regarding application of this Payment Determination Criteria are contained in the Patient's Bill of Rights and Responsibilities, Hawaii Revised Statutes § 432E-1.4. The current language of this statutory provision will be provided upon request. Requests should be submitted to HMSA's Customer Service department.

The fact that a physician may prescribe, order, recommend or approve a service or supply does not in itself mean that the service or supply meets Payment Determination Criteria, even if it is listed as a covered service.

Participating providers may not bill or collect charges for services or supplies that do not meet HMSA's Payment Determination Criteria unless a written acknowledgement of financial responsibility, specific to the service, is obtained from you or your legal representative prior to the time services are rendered.

Participating providers may, however, bill you for services or supplies that are excluded from coverage without obtaining a written acknowledgement of financial responsibility from you or your representative.

More than one procedure, service or supply may be appropriate for the diagnosis and treatment of your condition. In that case, we reserve the right to approve only the least costly treatment, service or supply.

You may ask your physician to contact us to determine

whether the services you need meet our Payment Determination Criteria or are excluded from coverage before you receive the care.

No Maximum Annual Dollar Limits

HMSA's Dental Network Plan has no maximum annual dollar limit. So no matter how often you visit your HMSA's Dental Network Plan dentist, you're assured dental care protection at affordable prices.

Special Representatives to Serve You

We have special HMSA plan representatives to help you get the care that's right for you, including advice on the best way to use your dental plan and the dental center you've selected. For more information, please call your HMSA representative at 948-5555 on Oahu or toll-free at 1 (800) 620-4672 from the Neighbor Islands.

How to Join

To apply for HMSA's Dental Network Plan, you and your eligible dependents must be enrolled in an HMSA medical plan. To apply for this plan, simply complete the enclosed application card. Select a dental center to receive all of your services. If you select the Dental Independent Network, you must also select a primary care dentist for yourself and each eligible family member you wish to enroll. Please send your completed application card along with a check or money order payable to "HMSA" for the annual membership dues to:

HMSA

Attn: Community Sales & Service / 6
P.O. Box 860
Honolulu, HI 96808-0860

Your coverage will begin on the first day of the month following HMSA's acceptance of your application and payment.* HMSA's Dental Network Plan certificate and membership card will be mailed to you.

Non-refundable dues are payable at the time you enroll in the plan and are payable for the entire plan year.

For more information, please call HMSA

at 948-5555 on Oahu or toll-free at
1 (800) 620-4672 from the Neighbor Islands.

Rates

These benefits and the following rates are effective from January 1, 2008.

2008 Member Dues	
ANNUAL DUES	
Single membership	\$225.00
Two-party membership	\$375.00
Family membership	\$450.00

Please enclose the annual dues with your application card.

* When you become a member of HMSA's Dental Network Plan, your payment is non-refundable.

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HAWAII MEDICAL SERVICE ASSOCIATION
hmsa.com

HONOLULU • 818 Keeaumoku St. • 96814 • Phone: 948-6372

HILO, HAWAII • 670 Ponahawai St., Suite 121 • 96720 • Phone: 935-5441

KAILUA-KONA, HAWAII • 75-1029 Henry St., Suite 301 • 96740 • Phone: 329-5291

KAHULUI, MAUI • 33 Lono Ave., Suite 350 • 96732 • Phone: 871-6295

LIHUE, KAUAI • 4366 Kukui Grove St., Suite 103 • 96766 • Phone: 245-3393

The Hawaii Medical Service Association is a nonprofit, mutual benefit association founded in Hawaii in 1938. It is the most experienced provider of health care coverage in the state. HMSA is a member of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

HMSA is dedicated to providing Hawaii's families with access to quality, affordable health care. We are also committed to improving the health and well-being of all HMSA members and the community at large through a variety of health education, promotion and prevention programs and other community services.