



This summary is intended to provide a condensed explanation of plan benefits. Certain limitations, restrictions and exclusions may apply. The Guide to Benefits (GTB) is currently under review and will be posted on hmsa.com as soon as it is available. Once the GTB is available, we recommend that you review it for complete information on benefits and provisions. In the case of a discrepancy between this summary and the language contained within the GTB, the latter will take precedence.

Important Information

All plan benefits shown are based on the eligible charge. The eligible charge is the amount that HMSA's participating providers have agreed to accept as payment in full for services rendered. All services received from a nonparticipating provider will likely result in significantly higher out-of-pocket expenses since the member is responsible for any difference between HMSA's eligible charge and the nonparticipating provider's actual charge.

Dental Care Services

PARTICIPATING PROVIDER PROGRAM (L82)

PROVISIONS

Refer to dental certificate for age and benefit limitations.

Annual Maximum Benefits

\$600

Choice of Dentists

HMSA Participating Provider Network (Par)
or any licensed Dentist (Non-Par)

YOUR COPAYMENT

PARTICIPATING

NON PARTICIPATING

PREVENTIVE CARE

Exams	None	Two per calendar year	30%
Cleaning	None	Two per calendar year	30%
Topical Fluoride	None	Two per calendar year; age 18 and under	30%
X-rays	None	One set of bitewings per calendar year and one full mouth x-ray every 3 years	30%

ROUTINE CARE

X-Rays - Periapical	30%	No Limitation	50%
Fillings	30%		50%
Sealants on permanent molars	30%	One per lifetime; age 16 and under	50%
Space Maintainers	30%	Age 13 and under	50%
Endodontics	30%		50%
Periodontics	30%		50%

MAJOR CARE

Waiting Period – New Members		12 Months for Bridges, Dentures & Crowns	
Crowns, Bridges	30%		50%
Dentures			
Partial upper or lower denture	30%		50%
Complete upper or lower denture	30%		50%
Orthodontics		Not a benefit	