



GROUP DENTAL PPO PLANS



Benefits that Matter to You

You can rely on HMSA to help you maintain healthy teeth and gums.

We make important preventive dental care easy and affordable with comprehensive Dental PPO Plans like our Participating Provider Program (PPP) plans. With our plans, you'll be covered for:

Preventive Services: Oral exams, dental cleanings, and X-rays.

Basic Restorations: Fillings.

Major Restorations: Crowns, bridges, and dentures.

If you're looking for a quality dental plan, HMSA has you covered with these affordable ACA-compliant group PPO plans.

- Enroll anytime — your plan will begin the first of the month following enrollment.
- No waiting period for preventive services such as cleanings and exams.

Convenient Online Tools

Access your dental plan information anytime by visiting hmsa.com/dental and going to Member Login.

A National Network

Hawaii's top dentists care about your well-being and have the highest certification and standards. Get a toothache while on vacation? We have a large national dental network, so you don't have to worry while traveling on the Mainland. No matter which plan you choose, you can conveniently search for dentists nationwide on hmsa.com/dental.

Choose the Plan that Works for You

With HMSA, you have several dental plan options to choose from. If you're searching for a PPO plan, look no further. HMSA offers a selection of PPP dental plans that utilize the participating providers in our HMSA dental PPO network.

- ✓ Choose your own dentist or see a participating HMSA PPO dentist for the most savings.
- ✓ Includes Calendar Year Rollover.
- ✓ No or low copayment for preventive services.

Calendar Year Rollover (adult benefits only)

HMSA's Calendar Year Rollover rewards you just for visiting the dentist. When the claims we pay each calendar year are less than your yearly threshold amount, a portion of the unused maximum will be rolled over, increasing your total benefit dollars for the following year. These rollover dollars can help cover unexpected visits or higher out-of-pocket costs for complex procedures.

There are no fees for the Calendar Year Rollover benefit and no forms to fill out or send in. The benefit applies automatically as long as:

- ✓ You're an HMSA dental PPO member on the last day of the calendar year.
- ✓ You received at least one covered service during the calendar year.

If your dental plan's annual maximum benefit amount is:	\$1,000	\$1,500
And if your total claims don't exceed this amount for the benefit period:	\$500	\$700
Then we'll roll over this amount for you to use next year and beyond:	\$350	\$500
Rollover totals will be capped at this amount:	\$1,000	\$1,250

ORAL HEALTH FOR TOTAL HEALTH

Taking proper care of your teeth and gums can lead to overall good health. Our Oral Health for Total Health program provides additional benefits for at-risk members through Enhanced Dental Benefits.

Enhanced Dental Benefits*

Members who have diabetes, heart disease, or oral cancer and women who are pregnant may be eligible for additional dental services at no charge when they visit an HMSA participating dentist. Services include:

- ✓ Cleanings or periodontal maintenance every three months.
- ✓ Periodontal scaling every 24 months.
- ✓ Oral cancer screening every six months and fluoride treatment every three months for members diagnosed with oral cancer.

For more information, visit hmsa.com/oralhealth.

*Members are subject to eligible plan benefits and applicable waiting periods before obtaining Enhanced Dental Benefits.

Benefit/Plan Name	HMSA Small Business Dental PPP Pediatric Essential	HMSA Small Business Dental PPP Basic		HMSA Small Business Dental PPP High I		HMSA Small Business Dental PPP High II		HMSA Small Business Dental PPP High III		HMSA Small Business Dental PPP High IV		HMSA Small Business Dental PPP High V	
Coverage	Pediatric ¹	Pediatric ¹	Adult	Pediatric ¹	Adult	Pediatric ¹	Adult	Pediatric ¹	Adult	Pediatric ¹	Adult	Pediatric ¹	Adult
Deductible (per person)	\$0	\$25	\$25	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Waiting Period(s)	Does not apply	Does not apply	Basic: 6 months	Does not apply	Major: 12 months	Does not apply	Major: 12 months	Does not apply	Major: 12 months	Does not apply	Major: 12 months	Does not apply	Major: 12 months
PREVENTIVE													
Exams	0% / 20%	10% / 20%		0% / 0%		0% / 0%		0% / 0%		0% / 0%		0% / 0%	
X-rays	0% / 20%	10% / 20%		0% / 0%		0% / 0%		0% / 0%		0% / 0%		0% / 0%	
Cleanings	0% / 20%	10% / 20%		0% / 0%		0% / 0%		0% / 0%		0% / 0%		0% / 0%	
ROUTINE/BASIC	Amount You Pay (Participating / Nonparticipating Provider)²												
Fillings	30% / 40%	40% / 50%		30% / 30%		30% / 30%		30% / 30%		30% / 30%		30% / 30%	
Periodontal Treatment	30% / 40%	40% / 50%	Not a benefit	30% / 30%	30% ³ / 30% ³	30% / 30%	50% ³ / 50% ³	30% / 30%	30% ³ / 30% ³	30% / 30%	30% ³ / 30% ³	30% / 30%	50% ³ / 50% ³
Root Canals	30% / 40%	40% / 50%	Not a benefit	30% / 30%	30% ³ / 30% ³	30% / 30%	50% ³ / 50% ³	30% / 30%	30% ³ / 30% ³	30% / 30%	30% ³ / 30% ³	30% / 30%	50% ³ / 50% ³
MAJOR	Amount You Pay (Participating / Nonparticipating Provider)²												
Crowns	30% / 40%	60% / 70%	Not a benefit	30% / 30%		50% / 50%		30% / 30%		30% / 30%		50% / 50%	
Bridges	Not a benefit	Not a benefit	Not a benefit	Not a benefit	30% / 30%	Not a benefit	50% / 50%	Not a benefit	30% / 30%	Not a benefit	30% / 30%	Not a benefit	50% / 50%
Dentures	50% / 60%	60% / 70%	Not a benefit	30% / 30%		50% / 50%		30% / 30%		30% / 30%		50% / 50%	
COSMETIC ORTHODONTICS													
Cosmetic Orthodontics	Not a benefit	Not a benefit		Not a benefit		Not a benefit		Up to \$1,000 lifetime max		Up to \$1,000 lifetime max		Up to \$1,000 lifetime max	
CALENDAR YEAR													
Calendar Year Maximum	None	None	\$1,000	None	\$1,000	None	\$1,500	None	\$1,000	None	\$1,500	None	\$1,500
Out-of-Pocket Maximum	\$350 child / \$700 2 + children max	\$350 child / \$700 2 + children max	Does not apply	\$350 child / \$700 2 + children max	Does not apply	\$350 child / \$700 2 + children max	Does not apply	\$350 child / \$700 2 + children max	Does not apply	\$350 child / \$700 2 + children max	Does not apply	\$350 child / \$700 2 + children max	Does not apply
Rollover	Not a benefit	Not a benefit	Yes	Not a benefit	Yes	Not a benefit	Yes	Not a benefit	Yes	Not a benefit	Yes	Not a benefit	Yes
2017 Rates	\$36.65	\$30.93	\$14.66	\$39.20	\$36.50	\$37.73	\$34.74	\$40.16	\$37.46	\$40.16	\$42.30	\$38.69	\$35.70

¹Pediatric benefits apply to members age 0–18. Pediatric rates apply to ages 0-20; adult rates apply for ages 21 and older.

²Amount you're responsible for varies based on if the provider is a participating or nonparticipating network provider in HMSA's PPO network. In addition, you may owe the difference between the amount billed by your provider and the eligible charge when services are received from a nonparticipating provider or if you choose a high-cost procedure.

³These services are covered under the major category. A waiting period may apply, please refer to the Dental Guide to Benefits for more information on benefits.

Some pediatric services require prior authorization to ensure certain treatments, procedures, or devices meet the payment determination criteria before the service is rendered. Please refer to the Dental Guide to Benefits at hmsa.com/dental for complete information on benefits and provisions.

If you have questions or need more information about our dental plans, please call 948-5555 on Oahu or 1 (800) 620-4672 toll-free on the Neighbor Islands Monday through Friday, 8 a.m. to 5 p.m., or visit hmsa.com/dental.

HMSA complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

No dakayo, weno maysa a tao a tultulganyo, ket adda kayatyo a saludsoden maipanggep iti HMSA, adda karbenganyo a dumawag iti tunglo ken impormasion iti bukodyo a pagsasao nga awan ti bayadanyo. Tapno makipatang iti maysa a mangipatarus iti pagsasao, tumawag iti numero nga (800) 792-4672.

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa HMSA, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa (800) 792-4672.

This overview includes coverage of Qualified Dental Plans with pediatric dental essential health benefits as required under the federal Affordable Care Act, and is intended to provide a brief summary of plan benefits effective January 1, 2017. Certain limitations, restrictions, and exclusions may apply. Please refer to the *Dental Guide to Benefits* at hmsa.com/dental for complete information on benefits and provisions. In the case of a discrepancy between this summary and the language contained within the *Dental Guide to Benefits*, the latter will take precedence.

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