

HMSA QUALIFIED HEALTH PLANS W/ EMBEDDED DENTAL (rev 01.27.14)

Coverage Code	201	205	212	213
Plan Name	HMSA's Small Business Children's Participating Provider High Plan	HMSA's Individual Children's Participating Provider High Plan	HMSA's Individual Children's AI/NA Zero CS Participating Provider Plan	HMSA's Individual Children's Participating Provider Bronze High Plan
Medical Plan Description	SHOP QHP w/ Pediatric Dental	Individual QHP w/ Pediatric Dental	Individual QHP w/ Pediatric Dental (AI/NA)	Individual QHP w/ Pediatric Dental
Coverage	Pediatric Only	Pediatric Only	Pediatric Only	Pediatric Only
Product	PPO	PPO	PPO	PPO
Deductible	Varies by medical plan	Varies by medical plan	Varies by medical plan	Varies by medical plan
Preventive (In/Out)	100% / 80%	100% / 80%	100% / 100%	100% / 80%
Basic (In/Out)	70% / 60%	70% / 60%	100% / 100%	70% / 60%
Major (In/Out)	50% / 40%	50% / 40%	100% / 100%	50% / 40%
Ortho - Medically Necessary	50% / 0 %	50% / 0 %	100% / 0%	50% / 0 %
Waiting Periods	Ortho only: 24 months	Ortho only: 24 months	Ortho only: 24 months	Ortho only: 24 months
Plan Year Max	None	None	None	None
Maximum Out of Pocket	Varies by medical plan	Varies by medical plan	Varies by medical plan	Varies by medical plan
Benefit Limitations	Refer to GTB	Refer to GTB	Refer to GTB	Refer to GTB
Endo/Perio/Oral Surgical Services	Basic	Basic	Basic	Basic
Rollover	No	No	No	No
Enhanced Benefits	No	No	No	No
Implants	No	No	No	No

