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 Al/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							

HMSA QUALIFIED INDIVIDUAL & SHOP PPO DENTAL PLANS (rev 03.03.14)												
Coverage Code 202		2	203		204		206		207			
Plan Name		HMSA's Small Business Participating Provider Basic Plan		HMSA's Small Business Participating Provider High I Plan		HMSA's Small Business Participating Provider High II Plan		HMSA's Individual Participating Provider High Plan		HMSA's Individual Participating Provider Basic Plan		
Coverage		Pediatric	Adult	Pediatric	Adult	Pediatric	Adult	Pediatric	Adult	Pediatric	Adult	
Product		PPO		PPO		PPO		PPO		PPO		
Deductible		\$25 applies all services	\$25 applies all services	\$0	\$0	\$0	\$0	\$0	\$0	\$25 applies all services	\$25 applies all services	
Preventive (In/Out)		90% / 80%	90% / 80%	100% / 100%	100% / 100%	100% / 100%	100% / 100%	100% / 80%	100% / 80%	90% / 80%	90% / 80%	
Basic (In/Out)		60% / 50%	60% / 50%	70% / 70%	70% / 70%	70% / 70%	70% / 70%	70% / 60%	70% / 60%	60% / 50%	60% / 50%	
Major (In/Out)		40% / 30%	Not Covered for Adults 19+	70% / 70%	70% / 70%	50% / 50%	50% / 50%	50% / 30%	50% / 30%	40% / 30%	Not Covered for Adults 19+	
Ortho- Medically Necessary		40% / 0 %	Not Covered	50% / 0 %	Not Covered	50% / 0 %	Not Covered	50% / 0 %	Not Covered	40% / 0%	Not Covered	
Waiting Periods	Basic	Outho antico 24	·	Ortho only: 24 months	None Basic	Ortho only: 24 months	None Basic	Ortho only: 24 months	6 mo Basic	Ortho only: 24 months	6 mo Basic	
	Major	Ortho only: 24 months			12 mo Major		12 mo Major		12 mo Major		Not Covered for Adults 19+	
Plan Yr Max		N/A	\$1,000	N/A	\$1,000	N/A	\$1,500	N/A	\$1,000	N/A	\$1,000	
Maximum Out of Pocket		\$700 Child /\$1400 Max	N/A	\$700 Child /\$1400 Max	N/A	\$700 Child /\$1400 Max	N/A	\$700 Child /\$1400 Max	N/A	\$700 Child /\$1400 Max	N/A	
Benefit Limitations		Refer to GTB	Current	Refer to GTB	Current	Refer to GTB	Current	Refer to GTB	Current	Refer to GTB	Current	
Endo/Perio/Oral Surgical Services (Except Simple Extractions under Basic)		Basic	Not Covered	Basic	Major	Basic	Major	Basic	Major	Basic	Not Covered	
Rollover		No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	
Enhanced Benefits [12-month waiting period applies to plans that offer perio services]		No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	
Implants		No	No	No	No	No	No	No	No	No	No	