



An Independent Licensee of the Blue Cross and Blue Shield Association

BENEFITS AT-A-GLANCE: DENTAL

All costs are for participating providers only. Please see your Guide to Benefits for information on providers outside our network.

	Participating Provider Dental (V15)		Hawaii Dental Network (L55)	
	PPO Network		Hawaii Family Dental Centers	
	Member Cost		Member Cost	
Calendar Year Maximum	\$2000		None	
Calendar Year Rollover ⁽¹⁾	up to \$1500		Not applicable	
Out of Pocket Maximum ⁽²⁾	\$400 per child/\$800 for 2 or more children		\$400 per child/\$800 for 2 or more children	
Preventive Care				
Exams* (Two per calendar year)	\$0		\$0	
Cleaning* (Two per calendar year)	\$0		\$0	
Topical Fluoride (Age 0-18, two per calendar year)	\$0		\$0	
	\$0		\$0	
X-rays* (Excluding periapical) One full mouth x-ray every 3 years	Age 0-18 Two sets of bitewings per calendar year	Age 19 and older One set of bitewings per calendar year	Age 0-18 Two sets of bitewings per calendar year	Age 19 and older One set of bitewings per calendar year
Basic Care				
X-rays – Periapical (Up to 6 per date of service)	30% coinsurance		\$0	
Fillings – Amalgam	30% coinsurance		\$10 per tooth	
Fillings – Composite (Tooth color)	30% coinsurance		\$15 per tooth	
Sealants - permanent molars (One every 5 years; age 5-18)	30% coinsurance		\$0 per tooth	
Space Maintainers (Age 5-18)	30% coinsurance		\$25 per procedure	
Endodontics ⁽³⁾ (Root Canals or Retreatment)	30% coinsurance		\$50 per tooth for Root Canal Therapy \$175-\$285 per tooth for Retreatment	
Periodontics (Periodontal Maintenance or Scaling and Root Planing)	30% coinsurance		\$50 per Periodontal Maintenance treatment \$50 per quadrant for Scaling and Root Planning	
Extractions (Non-surgical/Surgical)	30% coinsurance		\$10 per nonsurgical procedure \$50 per surgical procedure	

Understand important information about your plan: This benefits at-a-glance-summary provides a basic overview and comparison of a few of the benefits. Benefits and costs are based on the terms and conditions of your plan, specific exclusions and limitations, coordination of benefits, privacy, third party liability, eligibility requirements, and appeal rights, none of which are described here. For a complete description, see your Guide to Benefits and any riders, certificates, or amendments. To dispute a decision made by HMSA related to benefits, reimbursement, or any other decision or action by HMSA, please follow the instructions at hmsa.com/appeals.

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	Participating Provider Dental (V15)	Hawaii Dental Network (L55)
	PPO Network	Hawaii Family Dental Centers
	Member Cost	Member Cost
Major Care		
Waiting Period for New Members	None	None
Crowns, Bridges	50% for high noble metal 50% for porcelain crowns plus High Cost Difference	\$200 high noble metal \$200 for porcelain crowns plus High Cost Difference
Partial upper or lower denture	50%	\$250 per denture
Complete upper or lower denture	50%	\$300 per denture
Endosteal Implants	50% Age 19 and older	Not a covered benefit
Orthodontics	Medically necessary Orthodontic services covered for ages 0-18.	Medically necessary Orthodontic services covered for ages 0-18.
Cosmetic Orthodontics	Plan pays 100% of charge up to a lifetime maximum of \$1000 ⁽⁴⁾	Plan pays 100% of charge up to a lifetime maximum of \$1000 ⁽⁴⁾

*Enhanced Dental Benefits: Additional dental services and support for pregnant women and members diagnosed with diabetes, coronary artery disease, or oral cancer.

1)Rollover Amount is up to \$600 per year if at least one dental service is required and benefits paid in the prior calendar year do not exceed \$800, applies only to benefits for ages 19 and older

2)The Out of Pocket Maximum under this Plan is limited to members under age 19, benefits for members 19 and older do not include an Out of Pocket Maximum.

3)Please see your Guide to Benefits for a complete list of the covered services under this category as some benefit levels may vary based on the service.

4)Initially 25% paid then remaining 75% paid in equal monthly payments over the term of the treatment plan, not to exceed thirty-six (36) months.

Key Terms

Term	Definition
Calendar Year Maximum	The maximum dollar amount the plan will pay toward covered services during a calendar year.
Calendar Year Rollover	A portion of your unused calendar year maximum that may be carried over to the next calendar year when certain conditions are met. This allows you to accumulate benefit dollars to pay for covered services in the next calendar year.
Waiting Period for New Members	The time new members may have to wait until their plan starts paying for certain dental care expenses.

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