

Benefit	Plan Pays	\$25 Deductible Applies
Annual Maximum	\$1,000	
Basic Services	100%	
<ul style="list-style-type: none"> • Oral Exams (twice per calendar year) • Bitewing X-rays (under age 15: twice per calendar year; 15 and older: once per calendar year) • Full Mouth X-rays (once per 5 calendar years) 		
Preventive Services		
<ul style="list-style-type: none"> • Cleanings (twice per calendar year) • Cleaning/Perio Maintenance – Pregnancy (3 times per calendar year) • Cleaning/Perio Maintenance – Diabetic (4 times per calendar year) • Fluoride Treatments (twice per calendar year through age 19) • Fluoride Varnish-High Risk (once per calendar year) • All Other X-rays (as required) • Sealants (through age 18) • Space Maintainers (through age 17) 	70% 70% 70% 70% 70% 100% 70% 70%	✓ ✓ ✓ ✓ ✓ ✓ ✓
Restorative Services	70%	✓
<ul style="list-style-type: none"> • Restorative Treatment • Palliative Treatment • Oral Surgery • Endodontics • Periodontics 		
Major Services*	50%	✓
<ul style="list-style-type: none"> • Crowns ** • Bridges and Dentures ** (repairs and adjustments) • Implants 		

* Major dental services are available to members who have been enrolled continuously with the same HMAA group for the 12 months preceding the date of service.

** Replacements are covered if the existing crown, bridge, or denture is at least 5 years old.

Note: The above reimbursement percentages are based on participating provider negotiated charges. If you go to a non-participating dental provider, benefits will be calculated on a lower eligible charge. The member is responsible for paying any remaining balance over the eligible charge up to the full billed amount. Exclusions and limitations apply. This document is intended to provide a condensed explanation of benefits. Please refer to the Dental Plan documents for details. In the case of a discrepancy between this document and the language contained within the Dental Plan documents, the latter will take precedence.



Dental Plan F

\$1,000 Annual Maximum

Please read the following material thoroughly for a description of your HMAA dental plan. Your member ID card will specify the dental plan in which you are enrolled.

Benefits

BASIC SERVICES / PREVENTIVE SERVICES:

- Routine Oral Examinations: twice per calendar year.
- Bitewing X-Rays: twice per calendar year for children under age 15, and once per calendar year for age 15 and older.
- Panoramic Full Mouth X-Rays: once per 5 calendar years.
- Cleanings: twice per calendar year. ✓
- Cleaning/Perio Maintenance: Pregnancy, 3 times per calendar year; Diabetic, 4 times per calendar year. ✓
- Fluoride Treatments: twice per calendar year through age 19. ✓
- Flouride Varnish-High Risk: once per calendar year. ✓
- All Other X-rays for preventive services: as required.

RESTORATIVE SERVICES:

- Office visits and Palliative Treatments. ✓
- Amalgam Fillings (excluding gold) ✓
- Fillings using composite resin (for anterior teeth only) ✓
- Endodontics: Root Canal Therapy, Apicoectomies and Root Resection. ✓
- Periodontics: Gingival curettage, once every 2 years; Osseous Surgery and Gingivectomies: once every 3 years. ✓
- Following the completion of active Periodontal Surgery (which includes 6 months of follow-up care), 3 Prophylaxis treatments are allowed within the next 12-month period.
- Oral Surgery: Simple Extractions, Surgical Extractions of erupted or impacted teeth, and other Oral Surgical procedures. ✓
- General anesthesia and intravenous sedation when medically necessary. ✓
- Sealants: through age 18. ✓
- Space maintainers: through age 17. ✓

MAJOR SERVICES*:

- Crowns, Crown build-ups (when teeth cannot be restored with fillings): once every 5 years for the same tooth.** ✓
- Complete Dentures, Partial Dentures (acrylic and cast chrome), Bridges: once every 5 years.** ✓
- Complete and Partial Denture repairs and adjustments: twice per calendar year. ✓
- Implants. ✓

Pre-Determination of Benefits

HMAA recommends that the plan of treatment proposed by your dentist be approved by HMAA before treatment begins; however, in cases of emergency or brief routine procedures in which the total fee does not exceed \$300, a treatment form need not be submitted before the dental services are performed.

Coordination of Benefits

The Plan will coordinate dual coverage for you by sharing the Dental expenses you might incur with the other plan.

Limitations

BENEFITS SHALL NOT BE PAYABLE FOR:

- **Any major services performed during the first year of continuous enrollment.**
- Taxes, broken appointments, completion of claim forms, oral hygiene or dietary instruction, plaque control programs, lost, stolen or damaged dentures or dental appliances, and incomplete dental treatments.
- Services started prior to the effective date of coverage and/or services started after termination of coverage date.
- Services relating to work-related injuries and automobile-related injuries or when the patient is not financially responsible.
- Desensitizing treatments, fixed bridgework or dentures for children under age 16, porcelain or plastic veneers placed for cosmetic reasons (including congenital malformations), porcelain crowns posterior to the second bicuspid, precision attachments for partial dentures, gold fillings and gold inlays.
- Composite restorations in posterior teeth (primary and permanent).
- Orthodontic services (including extraction of teeth in preparation of orthodontia).
- Experimental and/or investigational dental services; procedures, appliances, or restorations other than those for replacement of structure loss for caries, that are medically necessary to alter, restore or maintain occlusion. Such procedures include, but are not limited to, increasing vertical dimension, equilibration, periodontal splinting, restoration of tooth structure lost from attrition, restorations for tooth malalignment, gnathological rescorings, and treatments of disturbances of the temporomandibular joint.
- Services with respect to medically-related problems, congenital malformations, or cosmetic surgery or dentistry for purely cosmetic reasons including, but not limited to, cleft palate, maxillary and mandibular malformations, enamel hypoplasia, fluorosis, and anodontia.
- Hospitalization, including any emergency room visits, unless in conjunction with an authorized oral surgery procedure for treatment of fractures or dislocations.
- Specialized technique to include, but not limited to, bone grafting, guided tissue regeneration, locally administered antibiotics or enzyme therapies and any other procedure that may be experimental in nature.
- Dental care rendered by a dentist or other licensed dental care professional beyond the scope of his license, or by unlicensed persons.
- When alternate treatments are available, The Plan will cover the most economical course of treatment. The patient is responsible for any difference in charges to upgrade the treatment.
- Charges in excess of participating provider's negotiated fees. The Plan has the exclusive right to determine eligible fees for Non-Participating Providers.

✓ \$25 deductible applies.

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