

Dental Plans

Schedule of Benefits

Benefits	PLAN E	PLAN A	PLAN B	PLAN F	Plan F Deductible
	Plan Pays	Plan Pays	Plan Pays	Plan Pays	
Annual Maximum	\$1,200	\$1,200	\$1,000	\$1,000	
Basic Services					
• Oral Exams	100% 1x/cal yr	100% 2x/cal yrs	100% 2x/cal yrs	100% 2x/cal yr	
• Bitewing X-rays	100% 2x/cal yr	100% 2x/cal yr	100% 2x/cal yr	100% <15 yrs: 2x/cal yr >15 yrs: 1x/cal yr	
• Full Mouth X-rays	100% 1x/3 cal yr	100% 1x/3 cal yr	100% 1x/3 cal yr	100% 1x/5 cal yr	
Preventive Services					
• Cleanings	100% 2x/cal yr	100% 2x/cal yr	70% 2x/cal yr	70% 2x/cal yr	✓
• Cleaning/Perio Maintenance: Pregnancy	Not Covered	Not Covered	Not Covered	70% 3x/cal. yr	✓
• Cleaning/Perio Maintenance: Diabetic	Not Covered	Not Covered	Not Covered	70% 4x/cal. yr	✓
• Fluoride Treatments	100% 2x/cal yr (through age 17)	100% 2x/cal yr (through age 17)	70% 2x/cal yr (through age 17)	70% 2x/cal yr (through age 19)	✓
• Fluoride Varnish-High Risk	Not Covered	Not Covered	Not Covered	70% 1x/cal yr	✓
• All other X-rays (as required)	100%	100%	70%	100%	
• Sealants	70% (through age 18)	Not Covered	Not Covered	70% (through age 18)	✓
• Space Maintainers	Not Covered	Not Covered	Not Covered	70% (through age 17)	✓
Restorative Services					
• Restorative Treatment	70%	70%	70%	70%	✓
• Palliative Treatment	70%	70%	70%	70%	✓
• Oral Surgery	70%	70%	70%	70%	✓
• Endodontics	70%	70%	70%	70%	✓
• Periodontics	70%	70%	70%	70%	✓
Major Services					
• Waiting Period *	No	Yes	Yes	Yes	
• Crowns **	50%	50%	50%	50%	✓
• Bridges and Dentures ** (repairs and adjustments)	50%	50%	50%	50%	✓
• Implants	50%	Not Covered	Not Covered	50%	✓

* 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.

✓ \$25 deductible applies for Dental Plan F.

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.