

# Dental Plans

## Schedule of Benefits

Benefit	Dental Premier	Dental Advanced (formerly Dental A)	Dental Plus (formerly Dental F)	Dental Plus Deductible
	Plan Pays	Plan Pays	Plan Pays	
<b>Annual Maximum</b> (calendar year)	<b>\$2,500</b>	<b>\$1,200</b>	<b>\$1,000</b>	
<b>Annual Rollover Benefit</b>	\$300	None	None	
<b>Basic Services</b>				
Oral Exams	100% 2 per cal. year	100% 2 per cal. year	100% 2 per cal. year	
Bitewing X-rays	100% 2 per cal. year	100% 2 per cal. year	100% <age 15: 2 per cal. yr	
Full Mouth X-rays	100% 1 per 3 cal. years	100% 1 per 3 cal. years	100% 1 per 5 cal. years	
Other X-rays (as required by provider)	100%	100%	100%	
<b>Preventive Services</b>				
Cleanings	100% 2 per cal. year	100% 2 per cal. year	70% 2 per cal. year	✓
Cleaning/Periodontal Maintenance: Pregnancy	70% 3 per cal. year	Not Covered	70% 3 per cal. year	✓
Cleaning/Periodontal Maintenance: Diabetes	70% 4 per cal. year	Not Covered	70% 4 per cal. year	✓
Fluoride Treatments	100% 2 per cal. year (through age 17)	100% 2 per cal. year (through age 17)	70% 2 per cal. year (through age 19)	✓
Fluoride Varnish: High Risk	70% 1 per cal. year	Not Covered	70% 1 per cal. year	✓
Sealants	70% (through age 18)	Not Covered	70% (through age 18)	✓
Space Maintainers	70% (through age 17)	Not Covered	70% (through age 17)	✓
<b>Restorative Services</b>				
Restorative Treatment	80%	70%	70%	✓
Palliative Treatment	80%	70%	70%	✓
Oral Surgery	80%	70%	70%	✓
Endodontics	80%	70%	70%	✓
Periodontics	80%	70%	70%	✓
<b>Major Services*</b>				
Crowns**	50%	50%	50%	✓
Bridges and Dentures**	50%	50%	50%	✓
Implants	50%	Not Covered	50%	✓

\* Major dental services are covered for 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 Plus.

Note: This is a summary of benefits effective July 1, 2025. Reimbursement is based on participating provider negotiated charges. If you go to a non-participating dental provider, benefits will be calculated based 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.