

# Orthodontia Rider

## Schedule of Benefits

Benefit	Plan Pays*
Lifetime Maximum per Person**	\$2,000
Waiting Period***	Yes

Payment Schedule	Amount Payable by HMAA
Per Month	\$166.66 (for as long as treatment lasts on an eligible member, up to the lifetime maximum)

\* This Orthodontia Rider must be purchased together with one of HMAA's Dental Plans.

\*\* The lifetime maximum amount payable by HMAA for orthodontic benefits for an eligible member is \$2,000.

\*\*\* Benefits are available to members who have been enrolled continuously in a dental plan with the same HMAA group for the 12 months preceding the date of service, and are limited to one course of treatment during the member's lifetime. Payment is limited to treatment received after coverage begins. For orthodontia claims, the initial date appliances are provided is the treatment date.

In the event of termination of the treatment plan prior to completion of the case, or termination of this plan coverage, no payment will be made for treatment after such termination date.

**Note:** This is a summary of benefits effective July 1, 2025. This document is intended to provide a condensed explanation of benefits. Refer to the Orthodontia Rider and Dental Certificate for details. In the case of a discrepancy between this Schedule of Benefits and the language contained within the Rider, the latter will take precedence.

www.hmaa.com • Phone (808) 591-0088 • Fax (808) 591-0463 • Toll-Free (800) 621-6998

Customer Service (808) 941-4622 • Toll-Free (888) 941-4622

In addition to your HMAA dental plan benefits, your plan includes the rider option described below. Please read the following thoroughly for a description of your HMAA orthodontia rider. Your member ID card specifies the dental plan in which you are enrolled.

## Benefits

Coverage for orthodontic benefits as follows:

- Orthodontic treatment is defined as the necessary procedures for treatment, performed by a licensed orthodontist, involving surgical or appliance therapy for movement of teeth and/or jaws, and post-treatment retention.
- Orthodontic records: Exams (initial, periodic comprehensive, detailed and extensive), x-rays (intraoral, extraoral, diagnostic radiographs, panoramic), diagnostic photographs, diagnostic casts (study models limited to once per lifetime) or one cephalometric film.
- Orthodontic benefits are considered a major service and are subject to a 12-month waiting period. Member must be enrolled continuously in a dental plan with the same HMAA group for the 12 months preceding the date of service.
- Eligible persons are members covered under the existing dental plan.
- HMAA will pay up to \$166.66 per month.
- This rider covers adults and children.
- \$2,000 lifetime maximum amount payable by HMAA for orthodontic benefits for an eligible member.

*It is strongly suggested that an orthodontic treatment plan be submitted to and a predetermination be made by HMAA prior to commencement of treatment. A predetermination is not a guarantee of payment.*

*Additionally, payment for orthodontic benefits is based upon eligibility. If an individual becomes ineligible prior to the payment of benefits, subsequent payments will not be made.*

## Limitations

Payment is limited to:

- Completion of treatment.
- Treatment received after coverage begins. For orthodontia claims, the initial date appliances are provided is the treatment date.
- One course of treatment during lifetime per covered person.

Services must be rendered by a licensed orthodontist.

HMAA will issue payment based on our responsibility for the length of the treatment. Payments are issued providing the member remains eligible.

In the event of termination of the treatment plan prior to completion of the case, or termination of the member's dental plan, no subsequent payment will be made for treatment incurred after such termination date.

## Exclusions

- Treatment that began prior to the start of coverage is not covered or prorated.
- Charges for more than one replacement appliance.
- Charges for any repair of an appliance.
- Services considered inappropriate or unnecessary, as determined by HMAA.

*This is not a contract. All covered services are subject to the conditions, limitations, exclusions, terms, and provisions of the Dental Certificate.*

*In the case of a discrepancy between this document and the language contained within the Dental Certificate, the latter will take precedence.*