

DENTAL PLANS	
BENEFITS	DENTAL PLAN A
	<i>Participating Provider Plan Pays:</i>
Annual Maximum	\$1,200
Basic Services	100%
<ul style="list-style-type: none"> • Oral Exams (once per calendar year) • Bitewing X-rays (twice per calendar year) • Full Mouth X-rays (once per 3 calendar years) 	
Preventive Services	100%
<ul style="list-style-type: none"> • Cleanings (twice per calendar year) • Fluoride Treatments (once per calendar year through age 17) • All Other X-rays (as required) 	
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) 	

***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.**

The above reimbursement percentages are based on participating provider negotiated charges. If you go to a non-HMAA dentist, 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.