

**HMSA'S PREFERRED PROVIDER DENTAL PLANS (EFFECTIVE JANUARY 1, 2009)**

This document supersedes all previous benefit tables. Information contained in this document does not guarantee payment. This HMSA PPO Benefit Table is not intended to replace or supersede dental policy or the members' Guide to Benefits. Both documents are available on the BSH website at [www.bshi.net](http://www.bshi.net). As there may be periodic changes to this document, please go to [www.bshi.net](http://www.bshi.net) for the latest version.

**L CODES**  
REVISED 12-08-11

		% OF ELIGIBLE CHARGE																			
COV CODE	CALENDAR YEAR MAX	PREVENTIVE SERVICES						BASIC SERVICES					MAJOR SERVICES					OTHER PLAN BENEFITS			
		Exams	Prophy	Fluoride	Bitewings	Full Mouth or Pano X-Ray	Pulp Test	Sealants	Periapical X-Rays	Space Maintainers	Endodontics/Periodontics	Palliative and Other Dental Services [L]	Bridges/Dentures [M]	Implants [M]	Crowns, Inlay/Onlays, Veneers	Occlusal Splint Therapy	Ortho	Deductibles	CY Rollover Amount	Accum Rollover Max	
		2 per calendar year	2 per calendar year	2 per calendar year through age 18	1 set per calendar year	Once every 3 years (based on last service date)	Once per calendar year	Through age 16; once per permanent molar/lifetime	As needed	Through age 13	Root canals, gum therapy	Fillings, oral surgery, pins, pre-fab stainless and resin crowns, post & core, crown build-ups, anesthesia, extractions, denture repair/adjustments/relines/rebase and tissue conditioning	12 month waiting period for new members [F]	12 month waiting period for new members	12 month waiting period for new members	Age 15 years or older; once per lifetime. Pre-auth required	Lifetime Max	Not applicable to Preventive and any Ortho services	Member must meet criteria for rollover benefit		
<b>00F</b>	NONE	100%/70% [C] [J]	100%/70% [C] [J]	NOT A BENEFIT [G]	70%/50% [D]	70%/50% [D] [E]	100%/70% [C] [K]	NOT A BENEFIT	70%/50% [D]	70%/50% [D] [K]	70%/50% [D] [K]	70%/50% [D] [K] [N]	NOT A BENEFIT [N]	NOT A BENEFIT	NOT A BENEFIT [N]	50% of the eligible charge, up to \$125 [K]	\$0	NONE	NONE	NONE	
<b>L01</b>	\$2,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	NOT A BENEFIT	80%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
<b>L02</b>	\$2,000	100%	100%	100%	100%	100%	100%	100% [H]	85%	85%	85%	85%	85%	NOT A BENEFIT	85%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
<b>L03</b>	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	50%	NOT A BENEFIT	50%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
<b>L04</b>	\$2,000	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	NOT A BENEFIT	70%/50% [D]	NOT A BENEFIT	\$0	NONE	NONE	NONE	
<b>L05</b>	\$1,000	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	50%	NOT A BENEFIT	50%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
<b>L06</b>	\$600	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	NOT A BENEFIT	70%/50% [D]	NOT A BENEFIT	\$0	NONE	NONE	NONE	
<b>L07</b>	\$1,000	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	NOT A BENEFIT	70%/50% [D]	NOT A BENEFIT	\$0	NONE	NONE	NONE	
<b>L08</b>	\$1,000	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	NOT A BENEFIT	70%/50% [D]	NOT A BENEFIT	\$1,000	NONE	NONE	NONE	
<b>L09</b>	\$2,000	100%	100%	100%	100%	100%	100%	85%	85%	85%	85%	85%	85%	NOT A BENEFIT	85%	NOT A BENEFIT	\$1,000	NONE	NONE	NONE	
<b>L10</b>	\$2,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	70%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
<b>L11</b>	\$1,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	NOT A BENEFIT	80%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
<b>L12</b>	\$1,200	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	50%	NOT A BENEFIT	50%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
<b>L13</b>	\$2,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	NOT A BENEFIT	80%	NOT A BENEFIT	\$1,000	NONE	NONE	NONE	
<b>L22</b>	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	70%	NOT A BENEFIT	\$1,000	NONE	NONE	NONE	
<b>L23</b>	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	70%	NOT A BENEFIT	\$1,500	NONE	NONE	NONE	

**HMSA'S PREFERRED PROVIDER DENTAL PLANS (EFFECTIVE JANUARY 1, 2009)**

This document supersedes all previous benefit tables. Information contained in this document does not guarantee payment. This HMSA PPO Benefit Table is not intended to replace or supersede dental policy or the members' Guide to Benefits. Both documents are available on the BSH website at [www.bshi.net](http://www.bshi.net). As there may be periodic changes to this document, please go to [www.bshi.net](http://www.bshi.net) for the latest version.

**L CODES**

REVISED 12-08-11

		% OF ELIGIBLE CHARGE																				
COV CODE	CALENDAR YEAR MAX	PREVENTIVE SERVICES						BASIC SERVICES					MAJOR SERVICES					OTHER PLAN BENEFITS				
		Exams	Prophy	Fluoride	Bitewings	Full Mouth or Pano X-Ray	Pulp Test	Sealants	Periapical X-Rays	Space Maintainers	Endodontics/Periodontics	Palliative and Other Dental Services [L]	Bridges/Dentures [M]	Implants [M]	Crowns, Inlay/Onlays, Veneers	Occlusal Splint Therapy	Ortho	Deductibles	CY Rollover Amount	Accum Rollover Max		
		2 per calendar year	2 per calendar year	2 per calendar year through age 18	1 set per calendar year	Once every 3 years (based on last service date)	Once per calendar year	Through age 16; once per permanent molar/lifetime	As needed	Through age 13	Root canals, gum therapy	Fillings, oral surgery, pins, pre-fab stainless and resin crowns, post & core, crown build-ups, anesthesia, extractions, denture repair/adjustments/relines/rebase and tissue conditioning	12 month waiting period for new members [F]	12 month waiting period for new members	12 month waiting period for new members	Age 15 years or older; once per lifetime. Pre-auth required	Lifetime Max	Not applicable to Preventive and any Ortho services	Member must meet criteria for rollover benefit			
L24	\$600	100%	100%	100%	100%	100%	100%	50%	50%	50%	50%	50%	50%	50%	50%	NOT A BENEFIT	50%	NOT A BENEFIT	\$0	NONE	NONE	NONE
L30	\$1,500	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	70%	NOT A BENEFIT	\$1,000	NONE	NONE	NONE
L33	\$1,200	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	70%	NOT A BENEFIT	\$1,000	NONE	NONE	NONE
L35	\$1,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	50%	NOT A BENEFIT	50%	NOT A BENEFIT	\$1,000	NONE	NONE	NONE	
L46	\$600	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	50%	NOT A BENEFIT	50%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L47	\$600	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	70%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L48	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	70%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L53	\$1,500	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	50%	NOT A BENEFIT	50%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L54	\$1,500	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	70%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L60	\$2,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	50%	NOT A BENEFIT	50%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L65	NONE	100%	100%	100%	100%	100%	100%	100% [H]	100%	100%	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L69	NONE	100%/ 0% [B]	100%/ 0% [B]	100%/ 0% [B]	100%/ 0% [B]	NOT A BENEFIT	100%/ 0% [B]	100%/ 0% [B] [H]	100%/ 0% [B]	100%/ 0% [B]	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L71	\$1,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	50%	NOT A BENEFIT	50%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L79	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	50%	NOT A BENEFIT	50%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L81	NONE	100%	100%	100%	100%	100%	100%	100% [H]	100%	100%	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L82	\$600	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	NOT A BENEFIT	70%/ 50% [D]	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L83	\$900	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	70%	NOT A BENEFIT	\$0	NONE	NONE	NONE	

**HMSA'S PREFERRED PROVIDER DENTAL PLANS (EFFECTIVE JANUARY 1, 2009)**

This document supersedes all previous benefit tables. Information contained in this document does not guarantee payment. This HMSA PPO Benefit Table is not intended to replace or supersede dental policy or the members' Guide to Benefits. Both documents are available on the BSH website at [www.bshi.net](http://www.bshi.net). As there may be periodic changes to this document, please go to [www.bshi.net](http://www.bshi.net) for the latest version.

**L CODES**

REVISED 12-08-11

		% OF ELIGIBLE CHARGE																			
COV CODE	CALENDAR YEAR MAX	PREVENTIVE SERVICES						BASIC SERVICES					MAJOR SERVICES					OTHER PLAN BENEFITS			
		Exams	Prophy	Fluoride	Bitewings	Full Mouth or Pano X-Ray	Pulp Test	Sealants	Periapical X-Rays	Space Maintainers	Endodontics/Periodontics	Palliative and Other Dental Services [L]	Bridges/Dentures [M]	Implants [M]	Crowns, Inlay/Onlays, Veneers	Occlusal Splint Therapy	Ortho	Deductibles	CY Rollover Amount	Accum Rollover Max	
		2 per calendar year	2 per calendar year	2 per calendar year through age 18	1 set per calendar year	Once every 3 years (based on last service date)	Once per calendar year	Through age 16; once per permanent molar/lifetime	As needed	Through age 13	Root canals, gum therapy	Fillings, oral surgery, pins, pre-fab stainless and resin crowns, post & core, crown build-ups, anesthesia, extractions, denture repair/adjustments/relines/rebase and tissue conditioning	12 month waiting period for new members [F]	12 month waiting period for new members	12 month waiting period for new members	Age 15 years or older; once per lifetime. Pre-auth required	Lifetime Max	Not applicable to Preventive and any Ortho services	Member must meet criteria for rollover benefit		
<b>L84</b>	\$1,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	80%	80%	NOT A BENEFIT	\$1,000	NONE	NONE	NONE	
<b>L85</b>	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$1,000	NONE	NONE	NONE	
<b>L86</b>	\$1,500	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$1,000	NONE	NONE	NONE	
<b>L87</b>	NONE	100%	100%	100%	100%	100%	100%	100% [H]	85%	85%	85%	85%	85%	85%	85%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
<b>L89</b>	\$1,200	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$0	NONE	NONE	NONE	

**NOTES:**

- A** 100% benefit when using a participating provider; 50% benefit when using a non-participating provider
- B** 100% benefit when using a participating provider; 0% benefit when using a non-participating provider
- C** 100% benefit when using a participating provider; 70% benefit when using a non-participating provider
- D** 70% benefit when using a participating provider; 50% benefit when using a non-participating provider
- E** Full mouth x-ray or panoramic x-ray once every 5 years for Federal Plan OOF.
- F** Repairs and relines of dentures, rebase and tissue conditioning are not subject to the waiting period.
- G** Fluoride not a benefit under Federal Plan OOF.
- H** Sealants paid at 100% of the eligible charge.
- J** One per calendar year for Federal Plan members.
- K** For OOF coverage code, services on deciduous teeth **not** covered except for prophylaxis, exam and x-rays.
- L** Some oral surgery biopsy procedures are paid under the member's medical plan and medical guidelines for coverage.
- M** Please refer to the HMSA Procedure Code List and the members' specific Guide to Benefits for complete benefit details. Both documents are available on the BSH website at [www.bshi.net](http://www.bshi.net).
- N** Crowns, fixed and removable dentures, any crown or denture-related services, veneers, inlays, onlays, crown build ups, post and cores, crown and bridge repair, crown and bridge re cementation are **not** benefits.
- O** Implants and calendar year rollover not a benefit prior to 7/01/10.



**HMSA'S PREFERRED PROVIDER DENTAL PLANS(EFFECTIVE JULY 1, 2010)**

This document supersedes all previous benefit tables. Information contained in this document does not guarantee payment. This HMSA PPO Benefit Table is not intended to replace or supersede dental policy or the members' Guide to Benefits. Both documents are available on the BSH website at [www.bshi.net](http://www.bshi.net). As there may be periodic changes to this document, please go to [www.bshi.net](http://www.bshi.net) for the latest version.

**V CODES**

REVISED 07-11-11

		% OF ELIGIBLE CHARGE																			
COV CODE	CALENDAR YEAR MAX	PREVENTIVE SERVICES						BASIC SERVICES						MAJOR SERVICES				OTHER PLAN BENEFITS			
		Exams	Prophy	Fluoride	Bitewings	Full Mouth or Pano X-Ray	Pulp Test	Sealants	Periapical X-Rays	Space Maintainers	Endodontics/ Periodontics	Palliative and Other Dental Services [L]	Bridges/ Dentures [M]	Implants [M]	Crowns, Inlay/ Onlays, Veneers	Occlusal Splint Therapy	Ortho	Deductibles	CY Rollover Amount	Accum Rollover Max	
		2 per calendar year	2 per calendar year	2 per calendar year through age 18	1 set per calendar year	Once every 3 years (based on last service date)	Once per calendar year	Through age 16; once per permanent molar/lifetime	As needed	Through age 13	Root canals, gum therapy	Fillings, oral surgery, pins, pre-fab stainless and resin crowns, post & core, crown build-ups, anesthesia, extractions, denture repair/adjustments/ relines/ rebase and tissue conditioning	12 month waiting period for new members [F]	12 month waiting period for new members	12 month waiting period for new members	Age 15 years or older; once per lifetime. Pre-auth required	Lifetime Max	Not applicable to Preventive and any Ortho services	Member must meet criteria for rollover benefit		
<b>V48</b>	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$0	NONE	\$350	\$1,000	
<b>V53</b>	\$1,500	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	50%	50%	50%	NOT A BENEFIT	\$0	NONE	\$500	\$1,250	
<b>V54</b>	\$1,500	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$0	NONE	\$500	\$1,250	
<b>V60</b>	\$2,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	50%	50%	50%	NOT A BENEFIT	\$0	NONE	\$600	\$1,500	
<b>V71</b>	\$1,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	50%	50%	50%	NOT A BENEFIT	\$0	NONE	\$350	\$1,000	
<b>V84</b>	\$1,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	80%	80%	NOT A BENEFIT	\$1,000	NONE	\$350	\$1,000	
<b>V85</b>	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$1,000	NONE	\$350	\$1,000	
<b>V86</b>	\$1,500	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$1,000	NONE	\$500	\$1,250	
<b>V92</b>	\$1,500	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	80%	80%	NOT A BENEFIT	\$1,000	NONE	\$500	\$1,250	

**NOTES:**

- A** 100% benefit when using a participating provider; 50% benefit when using a non-participating provider
- B** 100% benefit when using a participating provider; 0% benefit when using a non-participating provider
- C** 100% benefit when using a participating provider; 70% benefit when using a non-participating provider
- D** 70% benefit when using a participating provider; 50% benefit when using a non-participating provider
- E** Full mouth x-ray or panoramic x-ray once every 5 years for Federal Plan 00F.
- F** Repairs and relines of dentures, rebase and tissue conditioning are not subject to the waiting period.
- G** Flouride not a benefit under Federal Plan 00F.
- H** Sealants paid at 100% of the eligible charge.
- J** One per calendar year for Federal Plan members.
- K** For 00F coverage code, services on deciduous teeth **not** covered except for prophys, exam and x-rays.
- L** Some oral surgery biopsy procedures are paid under the member's medical plan and medical guidelines for coverage.
- M** Please refer to the HMSA Procedure Code List and the members' specific Guide to Benefits for complete benefit details. Both documents are available on the BSH website at [www.bshi.net](http://www.bshi.net).
- N** Crowns, fixed and removable dentures, any crown or denture-related services, veneers, inlays, onlays, crown build ups, post and cores, crown and bridge repair, crown and bridge recementation are **not** benefits.
- O** Implants and calendar year rollover not a benefit prior to 7/01/10.

**HMSA'S PREFERRED PROVIDER DENTAL PLANS (EFFECTIVE JULY 1, 2010)**

This document supersedes all previous benefit tables. Information contained in this document does not guarantee payment. This HMSA PPO Benefit Table is not intended to replace or supersede dental policy or the members' Guide to Benefits. Both documents are available on the BSH website at [www.bshi.net](http://www.bshi.net). As there may be periodic changes to this document, please go to [www.bshi.net](http://www.bshi.net) for the latest version.

**C CODES**  
REVISED 12-08-11

		% OF ELIGIBLE CHARGE																		
COV CODE	CALENDAR YEAR MAX	PREVENTIVE SERVICES						BASIC SERVICES					MAJOR SERVICES				OTHER PLAN BENEFITS			
		Exams	Prophy	Fluoride	Bitewings	Full Mouth or Pano X-Ray	Pulp Test	Sealants	Periapical X-Rays	Space Maintainers	Endodontics/ Periodontics	Palliative and Other Dental Services [L]	Bridges/ Dentures [M]	Implants [M]	Crowns, Inlay/ Onlays, Veneers	Occlusal Splint Therapy	Ortho	Deductibles	CY Rollover Amount	Accum Rollover Max
		2 per calendar year	2 per calendar year	2 per calendar year through age 18	1 set per calendar year	Once every 3 years (based on last service date)	Once per calendar year	Through age 16; once per permanent molar/lifetime	As needed	Through age 13	Root canals, gum therapy	Fillings (amalgams, anterior and posterior composites), oral surgery, pins, pre-fab stainless and resin crowns, post & core, crown build-ups, anesthesia, extractions denture repair/adjustments/ relines/rebase and tissue conditioning	12 month waiting period for new members [F]	12 month waiting period for new members	12 month waiting period for new members	Age 15 years or older; once per lifetime. Pre-auth required	Lifetime Max	Not applicable to Preventive and any Ortho services	Member must meet criteria for rollover benefit	
<b>C01</b>	\$2,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	80%	NOT A BENEFIT	\$0	NONE	\$600	\$1,500	
<b>C02</b>	\$2,000	100%	100%	100%	100%	100%	100%	100% [H]	85%	85%	85%	85%	85%	85%	NOT A BENEFIT	\$0	NONE	\$600	\$1,500	
<b>C03</b>	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	50%	50%	50%	NOT A BENEFIT	\$0	NONE	\$350	\$1,000
<b>C04</b>	\$2,000	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	NOT A BENEFIT	\$0	NONE	\$600	\$1,500	
<b>C05</b>	\$1,000	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	50%	50%	50%	NOT A BENEFIT	\$0	NONE	\$350	\$1,000
<b>C07</b>	\$1,000	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	NOT A BENEFIT	\$0	NONE	\$350	\$1,000	
<b>C08</b>	\$1,000	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	NOT A BENEFIT	\$1,000	NONE	\$350	\$1,000	
<b>C09</b>	\$2,000	100%	100%	100%	100%	100%	100%	85%	85%	85%	85%	85%	85%	85%	NOT A BENEFIT	\$1,000	NONE	\$600	\$1,500	
<b>C10</b>	\$2,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$0	NONE	\$600	\$1,500	
<b>C11</b>	\$1,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	80%	NOT A BENEFIT	\$0	NONE	\$350	\$1,000	
<b>C13</b>	\$2,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	80%	NOT A BENEFIT	\$1,000	NONE	\$600	\$1,500	
<b>C22</b>	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$1,000	NONE	\$350	\$1,000	
<b>C23</b>	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$1,500	NONE	\$350	\$1,000	
<b>C30</b>	\$1,500	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$1,000	NONE	\$500	\$1,250	
<b>C33</b>	\$1,200	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$1,000	NONE	\$350	\$1,000	

**HMSA'S PREFERRED PROVIDER DENTAL PLANS (EFFECTIVE JULY 1, 2010)**

This document supersedes all previous benefit tables. Information contained in this document does not guarantee payment. This HMSA PPO Benefit Table is not intended to replace or supersede dental policy or the members' Guide to Benefits. Both documents are available on the BSH website at [www.bshi.net](http://www.bshi.net). As there may be periodic changes to this document, please go to [www.bshi.net](http://www.bshi.net) for the latest version.

**C CODES**  
REVISED 12-08-11

		% OF ELIGIBLE CHARGE																			
COV CODE	CALENDAR YEAR MAX.	PREVENTIVE SERVICES						BASIC SERVICES						MAJOR SERVICES				OTHER PLAN BENEFITS			
		Exams	Prophy	Fluoride	Bitewings	Full Mouth or Pano X-Ray	Pulp Test	Sealants	Periapical X-Rays	Space Maintainers	Endodontics/ Periodontics	Palliative and Other Dental Services [L]	Bridges/ Dentures [M]	Implants [M]	Crowns, Inlay/ Onlays, Veneers	Occlusal Splint Therapy	Ortho	Deductibles	CY Rollover Amount	Accum Rollover Max	
		2 per calendar year	2 per calendar year	2 per calendar year through age 18	1 set per calendar year	Once every 3 years (based on last service date)	Once per calendar year	Through age 16; once per permanent molar/lifetime	As needed	Through age 13	Root canals, gum therapy	Fillings (amalgams, anterior and posterior composites), oral surgery, pins, pre-fab stainless and resin crowns, post & core, crown build-ups, anesthesia, extractions, denture repair/adjustments/ relines/rebase and tissue conditioning	12 month waiting period for new members [F]	12 month waiting period for new members	12 month waiting period for new members	Age 15 years or older; once per lifetime. Pre-auth required	Lifetime Max	Not applicable to Preventive and any Ortho services	Member must meet criteria for rollover benefit		
<b>C35</b>	\$1,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	50%	50%	50%	NOT A BENEFIT	\$1,000	NONE	\$350	\$1,000	
<b>C48</b>	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$0	NONE	\$350	\$1,000	
<b>C53</b>	\$1,500	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	50%	50%	50%	NOT A BENEFIT	\$0	NONE	\$500	\$1,250	
<b>C54</b>	\$1,500	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$0	NONE	\$500	\$1,250	
<b>C60</b>	\$2,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	50%	50%	50%	NOT A BENEFIT	\$0	NONE	\$600	\$1,500	
<b>C71</b>	\$1,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	50%	50%	50%	NOT A BENEFIT	\$0	NONE	\$350	\$1,000	
<b>C84</b>	\$1,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	80%	80%	NOT A BENEFIT	\$1,000	NONE	\$350	\$1,000	
<b>C85</b>	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$1,000	NONE	\$350	\$1,000	
<b>C86</b>	\$1,500	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$1,000	NONE	\$500	\$1,250	
<b>C96</b>	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	50%	50%	50%	NOT A BENEFIT	\$0	NONE	NONE	NONE	

**NOTES:**

- A** 100% benefit when using a participating provider; 50% benefit when using a non-participating provider
- B** 100% benefit when using a participating provider; 0% benefit when using a non-participating provider
- C** 100% benefit when using a participating provider; 70% benefit when using a non-participating provider
- D** 70% benefit when using a participating provider; 50% benefit when using a non-participating provider
- E** Full mouth x-ray or panoramic x-ray once every 5 years for Federal Plan 00F.
- F** Repairs and relines of dentures, rebase and tissue conditioning are not subject to the waiting period.
- G** Flouride not a benefit under Federal Plan 00F.
- H** Sealants paid at 100% of the eligible charge.
- J** One per calendar year for Federal Plan members.

- K** For 00F coverage code, services on deciduous teeth **not** covered except for prophys, exam and x-rays.
- L** Some oral surgery biopsy procedures are paid under the member's medical plan and medical guidelines for coverage.
- M** Please refer to the HMSA Procedure Code List and the members' specific Guide to Benefits for complete benefit details. Both documents are available on the BSH website at [www.bshi.net](http://www.bshi.net).
- N** Crowns, fixed and removable dentures, any crown or denture-related services, veneers, inlays, onlays, crown build ups, post and cores, crown and bridge repair, crown and bridge recementation **arenot** benefits.
- O** Implants and calendar year rollover not a benefit prior to 7/01/10.

**HMSA'S PREFERRED PROVIDER DENTAL PLANS (EFFECTIVE JANUARY 1, 2010)**

This document supersedes all previous benefit tables. Information contained in this document does not guarantee payment. This HMSA PPO Benefit Table is not intended to replace or supersede dental policy or the members' Guide to Benefits. Both documents are available on the BSH website at [www.bshi.net](http://www.bshi.net). As there may be periodic changes to this document, please go to [www.bshi.net](http://www.bshi.net) for the latest version.

**D CODES**

REVISED 07-11-11

		% OF ELIGIBLE CHARGE																		
COV CODE	CALENDAR YEAR MAX	PREVENTIVE SERVICES						BASIC SERVICES					MAJOR SERVICES				OTHER PLAN BENEFITS			
		Exams	Prophy	Fluoride	Bitewings	Full Mouth or Pano X-Ray	Pulp Test	Sealants	Periapical X-Rays	Space Maintainers	Endodontics/Periodontics	Palliative and Other Dental Services [L]	Bridges/Dentures [M]	Implants [M]	Crowns, Inlay/Onlays, Veneers	Occlusal Splint Therapy	Ortho	Deductibles	CY Rollover Amount	Accum Rollover Max
		2 per calendar year	2 per calendar year	2 per calendar year through age 18	1 set per calendar year	Once every 3 years (based on last service date)	Once per calendar year	Through age 16; once per permanent molar/lifetime	As needed	Through age 13	Root canals, gum therapy	Fillings, oral surgery, pins, pre-fab stainless and resin crowns, post & core, crown build-ups, anesthesia, extractions, denture repair/adjustments/relinings/ rebase and tissue conditioning	12 month waiting period for new members [F]	12 month waiting period for new members	12 month waiting period for new members	Age 15 years or older; once per lifetime. Pre-auth required	Lifetime Max	Not applicable to Preventive and any Ortho services	Member must meet criteria for rollover benefit	
<b>D03</b>	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	50%	50% (EFF 07/01/10) [O]	50%	NOT A BENEFIT	\$0	\$25 SINGLE/\$75 FAMILY	\$350 (EFF 7/01/10)	\$1,000
<b>D48</b>	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70% (EFF 07/01/10) [O]	70%	NOT A BENEFIT	\$0	\$25 SINGLE/\$75 FAMILY	\$350 (EFF 7/01/10)	\$1,000
<b>D54</b>	\$1,500	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70% (EFF 07/01/10) [O]	70%	NOT A BENEFIT	\$0	\$25 SINGLE/\$75 FAMILY	\$500 (EFF 7/01/10)	\$1,250
<b>D88</b>	\$2,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	50%	NOT A BENEFIT	50%	NOT A BENEFIT	\$1,500	\$25 SINGLE/\$75 FAMILY	NONE	NONE
<b>D90</b>	\$2,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	50%	50%	50%	NOT A BENEFIT	\$1,500	\$25 SINGLE/\$75 FAMILY	\$600	\$1,500
<b>D98</b>	\$2,000	100%	100%	100% [P]	100%	100%	100%	80% [Q]	80%	80% [R]	80%	80%	50%	50%	50%	NOT A BENEFIT	\$0	\$25 SINGLE/\$75 FAMILY	\$600	\$1,500

**NOTES:**

- A 100% benefit when using a participating provider; 50% benefit when using a non-participating provider
- B 100% benefit when using a participating provider; 0% benefit when using a non-participating provider
- C 100% benefit when using a participating provider; 70% benefit when using a non-participating provider
- D 70% benefit when using a participating provider; 50% benefit when using a non-participating provider
- E Full mouth x-ray or panoramic x-ray once every 5 years for Federal Plan 00F.
- F Repairs and relines of dentures, rebase and tissue conditioning are not subject to the waiting period.
- G Fluoride not a benefit under Federal Plan 00F.
- H Sealants paid at 100% of the eligible charge.
- J One per calendar year for Federal Plan members.
- K For 00F coverage code, services on deciduous teeth **not** covered except for prophyls, exam and x-rays.
- L Some oral surgery biopsy procedures are paid under the member's medical plan and medical guidelines for coverage.
- M Please refer to the HMSA Procedure Code List and the members' specific Guide to Benefits for complete benefit details. Both documents are available on the BSH website at [www.bshi.net](http://www.bshi.net).
- N Crowns, fixed and removable dentures, any crown or denture-related services, veneers, inlays, onlays, crown build ups, post and cores, crown and bridge repair, crown and bridge recementation **are not** benefits.
- O Implants and calendar year rollover not a benefit prior to 7/01/10.
- P Fluoride benefit covered to **age 19**.
- Q Sealants covered to **age 18**.
- R Space maintainers covered to **age 17**.

**HMSA'S PREFERRED PROVIDER DENTAL PLANS (EFFECTIVE JANUARY 1, 2012)**

This document supersedes all previous benefit tables. Information contained in this document does not guarantee payment. This HMSA PPO Benefit Table is not intended to replace or supersede dental policy or the members' Guide to Benefits. Both documents are available on the BSH website at [www.bshi.net](http://www.bshi.net). As there may be periodic changes to this document, please go to [www.bshi.net](http://www.bshi.net) for the latest version.

**A CODES**

REVISED 12-08-11

		<div style="text-align: center;">% OF ELIGIBLE CHARGE</div>																			
COV CODE	CALENDAR YEAR MAX	PREVENTIVE SERVICES						BASIC SERVICES					MAJOR SERVICES					OTHER PLAN BENEFITS			
		Exams	Prophy	Fluoride	Bitewings	Full Mouth or Pano X-Ray	Pulp Test	Sealants	Periapical X-Rays	Space Maintainers	Endodontics/Periodontics	Palliative and Other Dental Services [L]	Bridges/Dentures [M]	Implants [M]	Crowns, Inlay/Onlays, Veneers	Occlusal Splint Therapy	Ortho	Deductibles	CY Rollover Amount	Accum Rollover Max	
		2 per calendar year	2 per calendar year	2 per calendar year through age 18	1 set per calendar year	Once every 3 years (based on last service date)	Once per calendar year	Through age 16; once per permanent molar/lifetime	As needed	Through age 13	Root canals, gum therapy	Fillings, oral surgery, pins, pre-fab stainless and resin crowns, post & core, crown build-ups, anesthesia, extractions, denture repair/adjustments/relinings/ rebase and tissue conditioning	12 month waiting period for new members [F]	12 month waiting period for new members	12 month waiting period for new members	Age 15 years or older; once per lifetime. Pre-auth required	Lifetime Max	Not applicable to Preventive and any Ortho services	Member must meet criteria for rollover benefit		
<b>A99</b>	\$1,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	50%	NOT A BENEFIT	50%	NOT A BENEFIT	\$0	NONE	\$350	\$1,000	

**NOTES:**

- A** 100% benefit when using a participating provider; 50% benefit when using a non-participating provider
- B** 100% benefit when using a participating provider; 0% benefit when using a non-participating provider
- C** 100% benefit when using a participating provider; 70% benefit when using a non-participating provider
- D** 70% benefit when using a participating provider; 50% benefit when using a non-participating provider
- E** Full mouth x-ray or panoramic x-ray once every 5 years for Federal Plan 00F.
- F** Repairs and relines of dentures, rebase and tissue conditioning are not subject to the waiting period.
- G** Fluoride not a benefit under Federal Plan 00F.
- H** Sealants paid at 100% of the eligible charge.
- J** One per calendar year for Federal Plan members.
- K** For 00F coverage code, services on deciduous teeth not covered except for prophys, exam and x-rays.
- L** Some oral surgery biopsy procedures are paid under the member's medical plan and medical guidelines for coverage.
- M** Please refer to the HMSA Procedure Code List and the members' specific Guide to Benefits for complete benefit details. Both documents are available on the BSH website at [www.bshi.net](http://www.bshi.net).
- N** Crowns, fixed and removable dentures, any crown or denture-related services, veneers, inlays, onlays, crown build ups, post and cores, crown and bridge repair, crown and bridge recementation are not benefits.
- O** Implants and calendar year rollover not a benefit prior to 7/01/10.