



An Independent Licensee of the Blue Cross and Blue Shield Association

BENEFITS AT-A-GLANCE: VISION

All costs are for participating providers only. Please see your Guide to Benefits for information on providers outside our network.

	Vision (DX) – For PPO Network Plans	
	Member Cost	
	Adult	Child
Routine Eye Care		
Eye Exam (one per calendar year)	\$0	\$0
Lenses & Frames (from participating vision care facilities)		
Eyeglass Lenses	\$0	\$0
Contact Lenses	All charges less \$112 payment	50% of charge
Polycarbonate Lenses	\$0	\$0
Two Eyeglass Frames per calendar year	\$0	\$0
Additional Benefits		
Contact Lens Fitting (two per calendar year)	All charges less \$25 payment	\$0

Key Terms

Term	Definition
Contact Lens Fitting	An eye exam to ensure that you have the correct fit and prescription for your contacts.
Lenses	Single vision or multifocal lenses for eyeglasses and non-disposable and disposable contact lenses.
Polycarbonate Lens	An impact-resistant eyeglass material that is thinner and lighter than traditional plastic eyeglass lenses. These lenses provide UV protection and are scratch resistant.

Understand important information about your plan: This benefits at-a-glance-summary provides a basic overview and comparison of a few of the benefits. Benefits and costs are based on the terms and conditions of your plan, specific exclusions and limitations, coordination of benefits, privacy, third party liability, eligibility requirements, and appeal rights, none of which are described here. For a complete description, see your Guide to Benefits and any riders, certificates, or amendments. To dispute a decision made by HMSA related to benefits, reimbursement, or any other decision or action by HMSA, please follow the instructions at hmsa.com/appeals.



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BENEFITS AT-A-GLANCE: DENTAL

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	Participating Provider Dental (M90)
	PPO Network
	Member Cost
Deductible (applies to Basic and Major Services)	\$25 per person/\$75 per family
Calendar Year Maximum	\$2000
Rollover Amount	Up to \$600 (max accumulation \$1500)
Preventive Care	
Exams (two per calendar year)	\$0
Cleaning* (two per calendar year)	\$0
Topical Fluoride* (age 18 & younger, two per calendar year)	\$0
X-rays (bitewings and full-mouth)	\$0
X-rays (periapical)	30% coinsurance
Basic Care	
Fillings (composite)	30% coinsurance
Sealants	30% coinsurance
Space Maintainers	30% coinsurance
Endodontics (root canal therapy)	30% coinsurance
Periodontics (gum maintenance)	30% coinsurance
Major Care	
Waiting Period for New Members	12 Month Waiting Period
Crowns, Bridges, Dentures, Implants	50% coinsurance
Orthodontics	Plan pays up to a maximum of \$1,500 paid 25% initially, remaining 75% paid in equal monthly payments over the term of the Treatment Plan, not to exceed thirty-six (36) months

***Enhanced Dental Benefits:** Additional dental services and support for pregnant women and members diagnosed with diabetes, coronary artery disease, stroke, sjogren's syndrome or oral cancer. Visit hmsa.com/oralhealth for more information.

Key Terms

Term	Definition
Calendar Year Maximum	The maximum dollar amount the plan will pay toward covered services during a calendar year.
Rollover Amount	A portion of your unused calendar year maximum that may be carried over to the next calendar year when you have at least one covered dental service per year. You can rollover up to a specific amount per year.
Waiting Period for New Members	The time new members may have to wait until their plan starts paying for certain dental care expenses.

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BENEFITS AT-A-GLANCE: LIFE/AD&D

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	Benefit Amounts
Life Insurance	\$15,000 benefit per eligible subscriber
Accidental Death & Dismemberment	\$15,000 benefit per eligible subscriber

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Federal law requires HMSA to provide you with this notice.

HMSA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. HMSA does not exclude people or treat them differently because of things like race, color, national origin, age, disability, or sex.

Services that HMSA provides

Provides aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages
- If you need these services, please call 1 (800) 776-4672 toll-free; TTY 711

How to file a discrimination-related grievance or complaint

If you believe that we've failed to provide these services or discriminated against you in some way, you can file a grievance in any of the following ways:

- Phone: 1 (800) 776-4672 toll-free
- TTY: 711
- Email: Compliance_Ethics@hmsa.com
- Fax: (808) 948-6414 on Oahu
- Mail: 818 Keeaumoku St., Honolulu, HI 96814

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, in any of the following ways:

- Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf
- Phone: 1 (800) 368-1019 toll-free; TDD users, call 1 (800) 537-7697 toll-free

- Mail: U.S. Department of Health and Human Services, 200 Independence Ave. S.W., Room 509F, HHH Building, Washington, DC 20201

For complaint forms, please go to hhs.gov/ocr/office/file/index.html.

Hawaiian: E NĀNĀ MAI: Inā ho'opuka 'oe i ka 'Ōlelo Hawai'i, loa'a ke kōkua manuahi iā 'oe. E kelepona iā 1 (800) 776-4672. TTY 711.

Bisaya: ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa 1 (800) 776-4672 nga walay toll. TTY 711.

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1 (800) 776-4672。TTY 711.

Ilocano: PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1 (800) 776-4672 toll-free. TTY 711.

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1 (800) 776-4672 をご利用ください。TTY 711. まで、お電話にてご連絡ください。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1 (800) 776-4672번으로 연락해 주시기 바랍니다. TTY 711 번으로 전화해 주십시오.

Laotian: ກະລຸນາສັງເກດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາ, ບໍ່ມີຄ່າໃຊ້ຈ່າຍ, ແມ່ນມີໃຫ້ທ່ານ. ໂທ 1 (800) 776-4672 ພຣີ. TTY 711.

Marshallese: LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe am ejjelōk

wōñāñ. Kaalōk 1 (800) 776-4672 tollfree, enaj ejjelok wonaan. TTY 711.

Pohnpeian: Ma ke kin lokaian Pohnpei, ke kak ale sawas in sohte pweine. Kahlda nempe wet 1 (800) 776-4672. Me sohte kak rong call TTY 711.

Samoan: MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se tologi, mo oe, Telefoni mai: 1 (800) 776-4672 e leai se tologi o lenei 'au'aunaga. TTY 711.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (800) 776-4672. TTY 711.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1 (800) 776-4672 toll-free. TTY 711.

Tongan: FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1 (800) 776-4672. TTY 711.

Trukese: MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori 1 (800) 776-4672, ese kamo. TTY 711.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1 (800) 776-4672. TTY 711.



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