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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 (DU)		Vision (DV)	
	Member Cost		Member Cost	
	Adult	Child	Adult	Child
Routine Eye Care				
Eye Exam (one per calendar year)	$10 copayment	$10 copayment	Refer to medical section for exam benefits	Refer to medical section for exam benefits
Lenses & Frames* (from participating vision care facilities)				
Eyeglass Lenses	$10 copayment	$10 copayment	$10 copayment	$10 copayment
Contact Lenses	$25 copayment (up to $130 allowance)	50% of charge	$25 copayment (up to $130 allowance)	50% of charge
Polycarbonate Lenses	Not covered	$0	Not covered	$0
One Eyeglass Frame (from select group, once per 24 months)	$15 copayment	$15 copayment	$15 copayment	$15 copayment
Additional Benefits				
Contact Lens Fitting (one per calendar year)	All charges less $45 plan payment	50% of eligible charge	All charges less $45 plan payment	50% of eligible charge

*You're eligible for either contact lenses or eyeglass frames (not both) in the same calendar year.

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.

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BENEFITS AT-A-GLANCE: **DENTAL**

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	HMSA Group Dental PPO Plan(C53)
	PPO Network
Calendar Year Maximum	$1500
Rollover Amount	Up to $500 (max accumulation $1250)
Preventive Care	**Member Cost**
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 & full-mouth)	$0
Basic Care	
Fillings (amalgam & composite)	30% coinsurance
Sealants	30% coinsurance
Space Maintainers	30% coinsurance
Endodontics (root canal therapy)	30% coinsurance
Periodontics (gum maintenance)	30% coinsurance
X-rays (periapical)	30% coinsurance
Major Care	
Waiting Period for New Members	12 Month Waiting Period
Crowns, Bridges, Dentures, Implants	50% coinsurance
Orthodontics	Not a benefit

***Enhanced Dental Benefits**: Additional dental services and support is available to enrolled program members for eligible medical conditions. 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 with a maximum amount.
Waiting Period for New Members	The time new members may have to wait until their plan starts paying for certain dental care expenses.

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: **ADDITIONAL BENEFITS**

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LIFE/AD&D

	Benefit Amounts
Life Insurance	$30,000 benefit per eligible subscriber
Accidental Death & Dismemberment	$30,000 benefit per eligible subscriber
Accelerated Death Benefit	$15,000 benefit per eligible subscriber

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