Dental Advanced (formerly Plan A)
Schedule of Benefits

Benefit	Plan Pays
Annual Maximum (calendar year)	**$1,200**
Basic Services	
• Oral Exams (2 per calendar year)	100%
• Bitewing X-rays (2 per calendar year)	100%
• Full Mouth X-rays (1 per 3 calendar years)	100%
• All Other X-rays (as required by provider)	100%
Preventive Services	
• Cleanings (2 per calendar year)	100%
• Fluoride Treatments (2 per calendar year through age 17)	100%
Restorative Services	
• Restorative Treatment	70%
• Palliative Treatment	70%
• Oral Surgery	70%
• Endodontics	70%
• Periodontics	70%
Major Services*	
• Crowns**	50%
• Bridges and Dentures** (repairs and adjustments)	50%
• Implants	Not Covered

*** Major dental services are covered for 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.**

Note: This is a summary of benefits effective July 1, 2025. Reimbursement is based on participating provider negotiated charges. If you go to a non-participating dental provider, benefits will be calculated based on a lower eligible charge. The member is responsible for paying any remaining balance over the eligible charge up to the full billed amount. Exclusions and limitations apply. This document is intended to provide a condensed explanation of benefits. Please refer to the Dental Plan documents for details. In the case of a discrepancy between this document and the language contained within the Dental Plan documents, the latter will take precedence.