

HAWAII MEDICAL SERVICE ASSOCIATION
 BLUE CROSS BLUE SHIELD OF HAWAII

PARTICIPATING PROVIDER DENTAL PROGRAM

SUMMARY OF CHANGES EFFECTIVE JANUARY 1, 2009

HMSA periodically reviews your health plans to ensure that they provide your employees with quality health plan benefits in compliance with state and federal laws and are structured to best manage health care costs.

This notice contains a summary of the changes that will be made to your plan. Please use this document for general information only. It should not be used as the certificate for the plan. The *Guide to Benefits* or plan certificate will contain complete information on these changes as well as, other benefits and applicable exclusions and limitations of your plan. In the case of a discrepancy between this summary and the language contained in the *Guide to Benefits* or plan certificate, the *Guide to Benefits* or plan certificate takes precedence.

Benefit Changes

Benefit changes are reflected in the following table:

Service Description	Current Benefit	New Benefit
Topical Fluoride	Copayment of 0% One per Calendar Year for age 18 and under	Copayment of 0% Two per Calendar Year for age 18 and under
Sealants	Not a Benefit	Copayment of 30% Once per lifetime on permanent molars for children age 16 and under
Space Maintainers	Copayment of 30% Age 12 and under	Copayment of 30% Age 13 and under
Examinations Age 13 and over	Copayment of 0% One per Calendar Year	Copayment of 0% Two per Calendar Year
X-Rays – Periapical	In lieu of existing X-Ray Benefits	Copayment of 30% No Limitation
Waiting Period – New Members	Bridges & Dentures 12 months	Bridges, Dentures & Crowns 12 months