



This summary is intended to provide a condensed explanation of plan benefits. Certain limitations, restrictions and exclusions may apply. The Guide to Benefits (GTB) is currently under review and will be posted on hmsa.com as soon as it is available. Once the GTB is available, we recommend that you review it for complete information on benefits and provisions. In the case of a discrepancy between this summary and the language contained within the GTB, the latter will take precedence.

Important Information

All plan benefits shown are based on the eligible charge. The eligible charge is the amount that HMSA's participating providers have agreed to accept as payment in full for services rendered.

For Dental Network Program, services must be arranged by an HMSA Dental Network provider in order to be covered.

Dental Care Services

DENTAL NETWORK PROGRAM (L93)

PROVISIONS

Refer to dental certificate for age and benefit limitations.

Annual Maximum Benefits

None

Choice of Dentists

HMSA Dental Network Providers
Hawaii Family Dental Centers (statewide)

PREVENTIVE CARE

YOUR COPAYMENT

Exams

None

Two per calendar year

Cleaning

None

Two per calendar year

Topical Fluoride

None

Two per calendar year; age 18 and under

X-rays

None

One set of bitewings per calendar year
and one full mouth x-ray every 3 years

Periapical X-rays

None

Sealants on permanent molars

None

One per lifetime; age 16 and under

Space Maintainers

None

Age 13 and under

Other Dental Services

Special Member Rate