



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](http://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. Services received from a nonparticipating provider are not covered, which will result in the member being responsible for the nonparticipating provider's entire charge.

Dental Care Services

**PARTICIPATING PROVIDER PROGRAM (L69)**

**PROVISIONS**

Refer to dental certificate for age and benefit limitations.

Annual Maximum Benefits

No Limit

Choice of Dentists

HMSA Participating Provider Network (Par)

**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

X-Rays – Periapical

None

No Limitation

Sealants on permanent molars

None

One per lifetime; age 16 and under

Space Maintainers

None

Age 13 and under

Other Dental Services

Not a benefit