

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.

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 (L94)

#### 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

#### ROUTINE CARE

Periapical X-rays

None

Fillings

\$10 per tooth for amalgam;  
 \$15 per tooth for composite resin restorations  
 (anterior teeth and single, stand alone,  
 facial surface of bicuspids only)

Sealants on permanent molars

None

One per lifetime; age 16 and under

Space Maintainers

\$25 per procedure

Age 13 and under

Endodontics

\$20 per tooth for pulpotomy;  
 \$50 per tooth for root canal therapy

Periodontics

\$100 for gingivectomy or gingivoplasty  
 for 4 or more contiguous teeth;  
 \$20 for 1 to 3 contiguous teeth

#### MAJOR CARE

Waiting Periods – New Members

12 Months for Bridges, Dentures & Crowns

Crowns, Bridges

\$200 High noble metal

Dentures

Partial upper or lower denture

\$250 per denture

Complete upper or lower denture

\$300 per denture

Orthodontics

Special member rates